

Bucklands Beach Resthome Limited - Bucklands Beach Rest Home

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 BSI Group New Zealand Ltd, 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:	Bucklands Beach Resthome Limited
Premises audited:	Bucklands Beach Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 18 September 2020 End date: 18 September 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:	18

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

General overview of the audit

Bucklands Beach Rest Home can provide rest home level care for up to 20 residents. On the day of the audit there were 18 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, staff, management and the general practitioner.

The owner/manager is a registered nurse. She has been operating this facility for 20 years. The manager has maintained a minimum of eight hours of professional development relating to the management of an aged care facility. She is supported in her role by a newly appointed second registered nurse who works four mornings a week.

The service has an established quality and risk management system. Residents, family and the general practitioner interviewed, commented positively on the standard of care and services provided.

This audit did not identify any areas for improvement.

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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Bucklands Beach Rest Home provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review process. Information about services provided is readily available to residents and families/whānau. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. There is a policy to support individual rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code.

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 quality and risk management plan and quality and risk policies describe quality improvement processes. Policies and procedures are maintained by an external aged care consultant who ensures they align with current good practice. Quality data is collated for infections, accident/incidents, concerns and complaints, internal audits and surveys. Quality data is discussed at meetings and is documented in minutes. Adverse, unplanned and untoward events are documented by staff. There is an implemented health and safety programme. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The orientation programme provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

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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The manager takes primary responsibility for managing entry to the service. Service information is available. Initial assessments are completed by the manager who is a registered nurse, including interRAI assessments. The assessment, care planning and evaluation of care plans was timely and care plans reflected the care needs of residents.

Each resident has access to an individual and group activities programme. The group programme is varied and interesting.

Medicines are stored and managed appropriately in line with legislation and guidelines. General practitioners review residents at least three monthly or more frequently if needed.

Meals are prepared on site under the direction of a dietitian. The menu is varied and appropriate. Individual and special dietary needs are catered for. Residents interviewed were complimentary about the food service.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. There is sufficient space to allow the movement of residents around the facility using mobility aids. The internal areas are ventilated and heated. The outdoor areas are safe and easily accessible. Cleaning and

maintenance staff are providing appropriate services. Staff have planned and implemented strategies for emergency management. Emergency systems are in place in the event of a fire or external disaster. There is a first aider on duty at all times.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of approved restraints and enablers. Staff receive regular education and training on restraint minimisation. There were no residents who required the use of a restraint or an enabler.

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.
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and the ongoing in-service education programme. The type of surveillance undertaken is

appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

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	45	0	0	0	0	0
Criteria	0	93	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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 Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) is being implemented at this rest home level aged care facility. The owner/manager/registered nurse (RN) and six staff interviewed (one staff RN, two caregivers, one activities coordinator, one cook, one housekeeper) could provide examples of how the Code is incorporated into their job role and responsibilities. Staff receive training about the Code during their induction to the service. This training continues through the staff education and training programme (last provided on 22 May 2019 by Age Concern).
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	The service has policies and procedures relating to informed consent and advanced directives. All five resident files reviewed included signed informed consent forms and resuscitation status. Staff are aware of advanced directives. Admission agreements are in place for all residents, all are signed by the resident or nominated representative. Discussion with residents and families identified that the service actively involves them in decision making.
Standard 1.1.11: Advocacy And	FA	Health and Disability advocacy brochures are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and family

<p>Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>		<p>interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service encourages their residents to maintain their relationships with friends and community groups. Residents may have visitors of their choice at any time. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do. Examples were provided to indicate that residents attend a variety of community activities.</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>There is a complaints policy that aligns with Right 10 of the Code. A complaints register is maintained. Concerns/complaints are discussed during the (two-monthly) staff meetings. Complaints forms are available at the entrance to the facility.</p> <p>There have been no complaints lodged in 2020. Two complaints were lodged with HDC in 2019; one has been closed and one remains open (and is sitting with HDC). The manager confirmed that a number of corrective actions have been implemented as a result of these complaints. She rings the office every weekend and documents resident updates, she has updated the emergency response poster that now includes emergency response contact details, and a new (multi-purpose) chart has been implemented to record residents' vital signs.</p> <p>Residents and families interviewed are aware of the complaints process.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code and the HDC advocacy service are included in the resident information that is provided to new residents and their families during their entry to the service. The manager discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the six-weekly resident meetings. Three residents and three family members interviewed reported that the residents' rights were being upheld by the service.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p>	FA	<p>The residents' personal belongings are used to decorate their rooms. Caregivers interviewed reported that they knock on bedroom doors prior to entering rooms. Care staff confirmed they</p>

<p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit confirmed that the residents' privacy is respected. Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect, which begins during their induction to the service.</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>	<p>FA</p>	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered. There are policies and guidelines to assist staff in the delivery of culturally safe care for Maori. A cultural in-service was last provided for staff on 15 July 2019. There were no residents who identified as Māori.</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>	<p>FA</p>	<p>The service identifies the residents' personal needs, culture, values and beliefs at the time of admission. This is achieved in consultation with the resident, whānau/family and/or their representative. Beliefs and values are incorporated into the residents' care plans in resident files reviewed. Residents and family interviewed confirmed they were involved in developing the resident's plan of care, which includes the identification of individual values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are also described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Examples of good practice were evident during the audit. A minimum of one registered nurse is available at the facility six days a week (daytime only) and is on-call if not on site. Resident/family meetings are held six-weekly. Residents and relatives interviewed reported that they are either satisfied or very satisfied with the services received. A resident/family satisfaction survey was completed on 20 March 2020. Three responses were returned and all were very positive. Interviews with caregivers confirmed that the teamwork amongst staff is very good. The facility</p>

		has implemented an electronic medication system (January 2020) to assist with medication management.
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There is a policy to guide staff on the process of open disclosure. Residents and families interviewed confirmed the admission process and agreement was discussed with them and that they were provided with adequate information on entry. Ten incident forms reviewed identified family were notified following a resident incident. Interviews with families and staff confirmed family are kept informed (eg, incident/accident, doctor visit, change in resident's state of health).</p> <p>Interpreter services are available through the DHB if required. Families are used in the first instance. At the time of the audit, there were no residents who were unable to converse in English.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Bucklands Beach Rest Home provides care for up to 20 rest home level residents. There were 18 residents on the day of audit. Three residents were on the long-term service – chronic health conditions contract (LTS-CHC), and the remaining fifteen residents were on the age-related residential services agreement (ARCC) contract.</p> <p>A philosophy, mission, vision and values are in place. The strategic plan is regularly reviewed by the manager who is also the owner of the facility. She is an RN who has been operating this facility for over 20 years.</p> <p>The manager has maintained a minimum of eight hours of professional development relating to the management of an aged care facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>A staff RN who is employed to work four days a week is available to cover for the manager if the manager is away on leave.</p>
<p>Standard 1.2.3: Quality And Risk</p>	FA	<p>The quality and risk management plan and quality and risk policies describe quality improvement</p>

<p>Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>processes.</p> <p>Policies and procedures, developed and maintained by an external contractor, align with current good practice. They are reviewed annually, as per the document review schedule. An amendments log is being implemented. Staff are required to sign that they have read and understand the policies and procedures.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data (eg, skin tears, falls, and infections) and is collated and analysed. An internal audit programme is being implemented. Quality data and outcomes are discussed with staff in the staff meetings. Where improvements are identified, corrective actions are documented, implemented and signed off by the manager.</p> <p>A risk management plan is in place. An interview was conducted with the health and safety officer who is a senior caregiver. Staff health and safety training begins during their induction to the service. Staff watch a health and safety DVD and complete a competency questionnaire. Health and safety is a regular topic covered in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise the risk. Contractors are formally inducted into the facility's health and safety programme.</p> <p>Falls management strategies include the development of specific falls management plans to meet the needs of each resident who is at risk of falling. This includes (but is not limited to) decluttering residents' rooms, and intentional rounding. Physiotherapy input is available as needed.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident with immediate action noted including any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme.</p> <p>Ten accident/incident forms were reviewed (witnessed and unwitnessed falls). There was timely RN assessment and follow-up including relative notifications, corrective action and GP review as required. Neurologic observations were conducted for suspected head injuries and unwitnessed falls.</p> <p>The manager reported that she is aware of her responsibility to notify relevant authorities in relation to essential notifications. Section 31 notification forms were completed since the last audit for two police investigations. No other official notifications were documented.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources policies are in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (one manager/RN, one staff RN, two caregivers, one activities coordinator) included evidence of reference checking, signed employment contracts and job descriptions, and completed orientation programmes. The orientation programme provides new staff with relevant information for safe work practice. Staff interviewed stated that they believed new staff were adequately orientated to the service.</p> <p>An education and training programme is provided for staff that meets contractual obligations. Competencies are completed specific to worker type. A register of current practising certificates for health professionals is maintained. The manager/RN has completed her interRAI training and the staff RN is scheduled to attend an interRAI refresher course in October 2020.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>At the time of the audit, there were 18 residents living in the care facility. The manager (RN) is on site during the AM shift, five days a week (Monday – Friday). A staff RN (employed 1 September 2020) works on Tuesday, Wednesday, Friday and Saturday from 0930 – 1400. There is RN on-call cover by the manager when an RN is unavailable on site.</p> <p>Two caregivers, (one long shift and one short shift) cover the AM shift and PM shift, seven days a week. One caregiver covers the night shift.</p> <p>There are separate cleaning staff rostered four days a week (0900 – 1100). Caregivers assist with laundry duties. An activities coordinator (diversional therapist) is available Monday – Friday from 0900 – 1300.</p> <p>The caregivers, residents and relatives interviewed confirmed that there are sufficient staff on duty at all times.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded,</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into each resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access. Archived records are kept secure. Residents' files demonstrate service integration. Entries are legible,</p>

current, confidential, and accessible when required.		dated, timed and signed by the relevant caregiver or RN, including designation.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	The service has admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the manager.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives are notified if transfers occur.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	Ten medication files were sampled. The service has implemented an electronic medication system. The medication management policies comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Resident's medicines are stored securely in the medication room. Medication administration practice complies with the medication management policy for a medication round in each of the areas observed. Registered nurse, manager, and caregivers administer medicines. All staff that administers medicines are competent and have received medication management training. The facility uses a pre-packaged medication management system for the packaging of all tablets. The RN on duty reconciles the delivery and documents this. Medical practitioners write medication charts correctly and there was evidence of three-monthly reviews by the GP. There were no self-administering medicines at the time of audit. Fridge and room temperatures were within acceptable ranges.
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	FA	All meals are prepared and cooked on site. The service has cooks who cover Monday to Friday. The head cook oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen. Meals are served directly from the kitchen to the dining rooms via a hatch. Special equipment such as lipped plates are available if required. The menu has been approved by a dietitian. The food control plan has been registered and the service is waiting for audit.

<p>delivery.</p>		<p>The kitchen is able to meet the needs of residents who require special diets and the kitchen manager works closely with the RNs on duty. On the day of audit meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded weekly. Food temperatures are checked, and these were all within safe limits.</p> <p>All kitchen staff have completed food safety training.</p> <p>Residents and the family members interviewed were very happy with the quality and variety of food served.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service would record the reasons for declining service entry to prospective residents should this occur and communicate this decision to prospective residents/family/whānau and the referring agency. Anyone declined entry is referred back to the referring agency for appropriate placement and advice, the service has not declined entry as yet.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. The interRAI assessment tool is implemented and additional paper-based assessments as needed, such as continence, dietary profile and pain. The interRAI and paper-based assessments formed the basis of care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>A range of resident conditions were reviewed for this audit including; falls, a resident who required mental health service input to care, a new resident, a resident with a wound and a resident admitted under the LTC-CHC contract. The long-term care plans reviewed were all paper based. Care plans described the support required to meet the residents' goals and needs. There was evidence of allied health care involvement in the resident files reviewed including a dietitian, speech and language therapist, mental health for older people, podiatrist and wound care specialists. Residents and their family interviewed reported that they are involved in the care planning and review process. Short-term care plans were in use for changes in health status. Staff interviewed reported they found the care plans easy to follow and were well informed</p>

		regarding resident needs.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Caregivers follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the RNs will initiate a referral (eg, to the district nurse, hospice nurse and wound care specialist nurse). If external medical advice is required, this will be actioned by the GPs. Staff have access to sufficient medical supplies. Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessment, monitoring and wound management plans were in place for all identified wounds. There were three wounds on the day of audit, there were no pressure injuries. All wounds have been reviewed in appropriate timeframes. The RNs have access to specialist nursing wound care management advice through the virtual wound clinic as evidenced on one chronic wound reviewed.</p> <p>Interviews with caregivers demonstrated an understanding of the individualised needs of residents. There was evidence of pressure injury prevention interventions such as turning charts and skin care documented in care plans. There was also regular monitoring of bowels and regular (monthly or more frequently if required) weighs. Monitoring charts had been consistently documented. The GP praised the service and the care provided.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service employs an activities coordinator who works four hours daily, five days a week. On the day of audit residents were observed participating in exercises, making flowerpot art and listening to music.</p> <p>There is a weekly programme. The daily programme is written up on a whiteboard in the dining room. Residents have the choice of a variety of activities in which to participate, and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include exercises, brainteasers, news from the NZ Herald, music, walks outside and games.</p> <p>There are weekly van outings and entertainers visit the facility and there is community input from local kindergartens and schools. Special events like birthdays, Easter, Mothers' Day, Anzac Day and the Melbourne Cup are celebrated.</p> <p>There is evidence that the residents have regular input into the activity programme. The activity coordinator chats to residents every day about activities and encourages them to join in. Six</p>

		<p>weekly resident meetings include discussion of activities.</p> <p>An activity profile is completed on admission in consultation with the resident/family (as appropriate). Relatives and residents interviewed advised that the activity programme was enjoyable.</p> <p>In the files reviewed the recreational plans had been reviewed six-monthly at the same time as the care plans were reviewed.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The manager (RN) evaluates all initial care plans within three weeks of admission. The paper-based files all documented historical, six-monthly written evaluations of care. There was at least a three-monthly review by the GP. Reassessments have been completed using interRAI for all residents who have had a significant change in health status. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Referrals and options for care were discussed with the family, as evidenced in medical notes. The staff provided examples of where a resident's condition had changed and the resident was reassessed.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and were all stored safely throughout the facility. Safety data sheets are available.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an</p>	FA	<p>The building holds a current warrant of fitness which expires June 2021. There is no maintenance person on site, but the manager phones contractors when maintenance is required.</p>

<p>appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius.</p> <p>The facility has sufficient space for residents to mobilise using mobility aids. External areas are maintained. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. Residents interviewed confirmed their privacy is assured when staff are undertaking personal care.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms.</p>
<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>	<p>FA</p>	<p>There is a large central dining room and lounge. There are also several sitting areas in the rest home.</p> <p>There is adequate space throughout the facility to allow maximum freedom of movement while promoting safety for those that wander. There is adequate space to allow for group and individual activities.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the</p>	<p>FA</p>	<p>There are dedicated cleaning staff to clean the facility. Staff have access to a range of chemicals, cleaning equipment and protective clothing. The standard of cleanliness is monitored through the internal audit programme. Residents interviewed were satisfied with the standard of cleanliness in the facility.</p> <p>Care staff and laundry staff complete all laundry on site. The laundry has a clear dirty to clean</p>

service is being provided.		flow. Residents interviewed were satisfied with the laundry service.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months with the last fire drill taking place as a competency questionnaire in August 2020 (a trial fire evacuation was placed on hold due to the Covid-19 lockdown). The orientation programme and annual education and training programme include fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food, water, and blankets. A gas cooker is available.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. Call bells are checked regularly.</p> <p>There is a minimum of one staff member available 24 hours a day, seven days a week with a current first aid/CPR certificate.</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>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open.</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>Bucklands Beach rest home has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The manager (RN) is the designated infection control nurse with support from the newly appointed RN. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation.</p>
<p>Standard 3.2: Implementing the</p>	FA	<p>There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The service can access support from the nurse specialist at the</p>

<p>infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>		<p>DHB. The infection control team is part of the monthly staff meeting. Infection prevention and control is included as part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p> <p>Additional training has been provided to staff around infections control, Covid-19 and the use of PPE. There have been no new admissions during lockdown. Staff stated that they have been kept up to date with infection control practices and there is always plenty of PPE available. The service was able to show the additional cleaning processes that have been implemented. They have also increased cleaning hours.</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>There are policies and procedures developed by an external contractor that are appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The infection control policies include an outbreak management plan. The infection policies have also been updated to include Covid-19. The service explained how it would isolate residents if needed.</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>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The manager collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at the monthly staff meeting and includes discussion around trends and analysis of infections and corrective actions as required. The service completes monthly comparisons of infection rates for types of infections. Systems in place are appropriate to the size and complexity of the facility. There have been no</p>

		outbreaks.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There is a restraint policy in place that states the organisations philosophy to restraint minimisation. The policy identifies that restraint is used as a last resort. The restraint coordinator is the manager. Staff receive regular education on maintaining a restraint free environment. During the audit, there were no residents using a restraint or an enabler.

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.

No data to display

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.