

Tui Lifecare Limited - Tui

Introduction

This report records the results of a Provisional 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: Tui Lifecare Limited

Premises audited: Tui

Services audited: Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 25 February 2021 End date: 26 February 2021

Proposed changes to current services (if any): The audit was undertaken as the care home is being sold. The new owner plans to take over the provision of services at 11.59 pm on 13 April 2021 if intended arrangements progress as planned.

The audit also included review of the 12 units, with the plan to provide hospital services – medical services to residents in eight of these units (units two, three, four, five, nine, ten, eleven and twelve). These units have previously been certified for residents receiving rest home level care.

Total beds occupied across all premises included in the audit on the first day of the audit: 62

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.

General overview of the audit

Tui House (currently operated by Tui House Limited) provides rest home, and hospital services for up to 67 residents. The facility consists of two adjacent houses on one site. Tui House (30 beds) and Cecelia House (19 beds), plus there are 12 individual units with either one or two beds in each unit, with a total of 18 beds available for resident care. One of the units is used as a staff office area.

The service is currently operated by an owner/director and managed by a clinical manager, and facility manager. A new client services manager role has been recently developed. A registered social worker has been appointed to this role. Residents and families spoke very positively about the care provided. Twelve rooms in Tui House and Cecelia House are suitable for rest home level care only, along with units six, seven and eight.

This provisional 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 records, observations and interviews with residents, family members, management, staff, the contracted physiotherapist, and a general

practitioner. A representative for the proposed purchaser was also interviewed by phone. The audit also included verification that eight of the units would be suitable for the provision of hospital medical services.

This audit has resulted in the identification of four areas requiring improvement in relation to staffing, the fire evacuation documents, installing call bells in the units and making the entrance areas to the units accessible for residents using mobility devices.

Consumer rights

Residents and their families 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 interact with residents in a respectful manner.

Open communication between staff, residents and families/whānau 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 give consent.

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

The service has linkages with a range of specialist health care providers to support best practice and meet resident's needs.

Residents and families understood the complaints process and felt able to make a complaint if they needed to. Complaint forms are readily available to residents and family. Complaints are investigated and responded to in a timely manner.

Organisational management

The philosophy, values, mission statement, scope, and goals of the organisation are documented. The owner/director has owned the rest home since 2005. The clinical manager is responsible for ensuring services are provided to meet residents' needs, legislation, and good practice standards with the support of the facility manager and the client services manager.

The quality and risk system and processes support effective, timely service delivery. The quality management systems include an internal audit programme, complaints management, incident/accident reporting, corrective action planning, hazard management, and infection control data collection. Quality and risk management activities and results are shared with management and staff. Corrective action planning is documented.

New staff have an orientation. Staff participate in relevant ongoing education. Applicable staff and contractors maintain current annual practising certificates. Residents and family members confirmed during interview that all their needs and wants are met. The service has a documented rationale for staffing. There is always at least one registered nurse on duty.

Tui Lifecare Limited are in negotiation with Tui House Limited to purchase the facility and it is anticipated that the change of ownership will occur if accepted, at 11.59 pm on 13 April 2021. The facility will be called Tui House.

The prospective provider is experienced in providing aged related residential care services and has a documented transition plan. The existing quality and risk programme will continue to be implemented onsite. All existing managers and staff will be offered employment. Residents, family members and staff are yet to be informed.

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

Continuum of service delivery

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

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

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

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

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

Safe and appropriate environment

The service has processes in place to protect residents, visitors and staff from harm as a result of exposure to waste or infectious substance.

There are documented emergency management response processes which are understood and implemented by staff. This includes six monthly fire drills. The building has a current building warrant of fitness. There have been no significant changes to the facility since the previous audit.

The facilities meet residents' needs and provide furnishings and equipment that are regularly maintained. Bedroom areas allow residents to move around with or without assistance. There are adequate toilet, bathing and hand washing facilities. Appropriate recreation areas to meet residents' relaxation, activity and dining needs are available.

There are 12 units, of which eight are now intended for the provision of Hospital services - Medical services. Each unit has either one or two bedrooms. Three units will continue to be used for rest home level of care and one unit is being used as a staff office. There is a lounge, dining room and mobility bathroom (with or without laundry equipment) in each unit.

Opening doors and windows creates an air flow for ventilation. The facility is kept at a suitable temperature. Outdoor areas provide furnishings and shade for residents' use. There is a designated external area for the use of residents that smoke. Security cameras are utilised on site.

Restraint minimisation and safe practice

Policies and procedures are available for staff on the use of enablers and restraint minimisation practices. There were no restraints and four residents using enablers during the audit. Staff are provided with education on restraint minimisation and use of enablers during orientation and the ongoing education programme.

Infection prevention and control

The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

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

Aged care specific infection surveillance is undertaken, and results 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	41	0	1	3	0	0
Criteria	0	88	0	1	4	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Tui House 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 as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed show 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. Staff were observed to gain consent</p>

		for day-to-day care.
<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>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were also displayed and available in the facility. Family/whānau members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons. Staff provided examples of the involvement of Advocacy Services in relation to regular staff training.</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 potential for self-help and to maintain links with their family/whānau and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility usually has unrestricted visiting hours and encourages visits from residents' family/whānau and friends. However, as the region was in Alert Level Two, family/whānau were required to phone for a time to visit the resident. Those interviewed said this system works well.</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>Tui House implements organisational policies and procedures to ensure complaints processes reflect a fair complaints system that complies with the Code. During interview, residents, family and staff reported their understanding of the complaints process and noted they had no complaints. 'Concerns/complaints' forms are present throughout the facility and include an area for the recording of complaints.</p> <p>A complaints register is maintained. There have been six concerns or complaints received since 1 January 2020. There have been no complaints received from the Ministry of Health, District Health Board or Health and Disability Commissioner since the last audit. A review of four complaints verified they have been acknowledged, investigated,</p>

		<p>and responded to in a timely manner.</p> <p>New Provider Interview February 2021: The prospective provider is aware of the complaints management processes and timeframes required to meet the Code.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents interviewed report being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided, discussion with staff registered nurses (RN) and managers. The Code is displayed in the entry and communal areas 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/whānau 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. All residents have a private room, or share a room with another person with their consent.</p> <p>Residents are encouraged to maintain their independence by engaging in community activities, arranging their own visits to the doctor and participating 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>	FA	<p>Staff support residents in the service who identify as Māori to integrate</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>their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day-to-day practice, as is the importance of whānau. There is a current Māori health plan developed with input from cultural advisers. Guidance on tikanga best practice is available and is supported by staff who identify as Māori in the facility. Māori residents and their whānau interviewed reported that staff acknowledge and respect their individual cultural needs.</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>Residents verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences, required interventions and special needs were included in care plans reviewed. For example preferred getting up and bedtimes. The resident satisfaction survey confirmed that individual needs are being met.</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>Residents and family/whānau members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. All registered nurses (RN) 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.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, diabetes nurse specialist, wound care specialist, psychogeriatrician 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 reported they receive management support for external education and access their own professional networks to support contemporary good practice.</p> <p>Other examples of good practice observed during the audit included a topic focus at the regular RN meetings to ensure consistency and best practice care is implemented.</p>
<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>Residents and family/whānau members stated they were kept well informed about any changes to their/their relative's 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 are 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 due to all residents able to speak English and staff able to provide interpretation as and when needed.</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>The philosophy, values, mission statement, scope, and goals of the organisation are documented. The owner/director is a registered nurse, has owned the rest home since 2005 and provides oversight of financial services and 'bigger picture' responsibilities. The owner /director comes on site at least two days a week and is available when not on site. The owner /director reports the management team are very efficient in managing services on a day-to-day basis. The management team and owner/director review progress in achieving goals via resident and family feedback, the quality and risk programme and ensuring individualised and culturally appropriate services are provided.</p> <p>The service is managed by a clinical manager (CM) who is a registered nurse. The CM has been in the role for over three years and prior worked in Tui House as a registered nurse. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The clinical manager (CM) demonstrates</p>

	<p>current knowledge of the sector, regulatory and reporting requirements, and has attended more than eight hours of education per annum related to managing an aged related residential care facility.</p> <p>There is a facility manager who has worked at Tui House since 2005. The facility manager has held a number of roles and was appointed to the facility manager role before the last audit. The facility manager is responsible for the roster, human resources, supplies, overseeing maintenance and cultural safety. A new client services manager role has been recently established. A registered social worker has been in this role for the last five months and is very experienced working in rehabilitation services.</p> <p>The facility has an Aged Related Residential Care Contract with Counties Manukau District Health Board (CMDHB) for the provision of rest home and hospital level care services. There were 16 residents receiving rest home level and 25 residents at hospital level care. Another contract is in place for the provision of short-term care. There are no residents receiving services under this contract.</p> <p>There is a Residential (Non-Aged) contract with the Ministry of Health for the provision of rest home and hospital level care. There was one resident receiving care under this contract at the time of audit. There is a Long-Term Conditions Chronic Health Contract (LTC CHC). There were six residents receiving rest home and three residents receiving hospital level of care under care under this contract. A contract with Accident Compensation Corporation is in place for the provision of residential services. There are eleven residents receiving services under this contract: low needs (two residents), medium needs (three residents), high needs (five residents), residential bed retention (nil residents) and residential temporary accommodation (one resident). There are no boarders. There was a total of 62 residents receiving care at audit.</p> <p>The current owner has notified Counties Manukau District Health Board (ADHB) that a provisional audit is being undertaken and discussed the plan to change the use of some of the units to hospital services – medical services.</p> <p>New Provider Interview February 2021: The prospective owner was</p>
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		<p>interviewed and reported the intention to continue business as usual, continuing to use the existing policies and procedures and quality and risk programme. The facility will be known as 'Tui House', owned by Tui Lifecare Limited. One of the directors was interviewed during this provisional audit. A draft transition plan is documented and planned to implement in stages over a six month period (commencing November 2020). The transition plan will be finalised with timeframes specified once the date for ownership (anticipated 13 April 2021) has been confirmed. The current owner director confirmed an agreement is in place to work with the prospective owners to ensure a smooth transition of care. It is expected that the other management team and existing staff will remain in place in the facility. A general manager clinical and operations, who has 25 years' experience in aged care including management roles has been appointed to assist the prospective owner with the transition process and who will be the key link between the current day to day management team and the new owners/directors.</p> <p>Staff, residents, and their family members will be informed of the planned change of ownership. These communications are noted in the draft transition plan, and timeframes will be finalised prior to the change of ownership.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>When the clinical manager (CM) is absent, a senior RN is responsible for the services provided with the support of the owner / director and the facility manager.</p> <p>There are documented delegation arrangements in place.</p> <p>New Provider Interview February 2021: The prospective provider advised there will be no planned changes to the day-to-day management structure, responsibilities, and personnel. The prospective owner confirms their understanding of the Age Residential Related Care (ARRC) agreement and has appointed a 'general manager clinical and operations' who will be available to support the existing management team.</p>

<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Tui House has a quality and risk management system which is understood and implemented by service providers. This includes internal audits, satisfaction surveys, incident and accident reporting, health and safety reporting, hazard management, infection control data collection and management, restraint minimisation, and compliments and complaints management. Regular internal audits are conducted, which cover relevant aspects of service including aspects of care, documentation, and medicine management. A resident satisfaction survey has recently occurred. The residents are very satisfied with the services provided and this was also reported by residents during interview.</p> <p>If an issue or deficit is found, a corrective action is put in place to address the situation. Corrective actions have been developed and implemented. Quality information is shared with all staff via shift handover as well as via the monthly staff meetings. The minutes of staff meetings are made available to staff. Staff interviewed verified they were kept well informed of relevant quality and risk information. Opportunities for improvement are discussed, along with the organisation's expectations / policies. Quality and risk activities and outcomes are also discussed at the three-monthly quality meetings, weekly registered nurse (RN) meetings and the regular management team meetings.</p> <p>Policies and procedures were readily available for staff. The clinical manager advised as these documents are updated, there will be changes made to the document control information to standardise formatting. Many of the policies and procedures are due for review later in 2021, and as documents are being updated, the requirements related to the updated privacy legislation is being included. When there are new policies/procedures or significant changes, the documents are distributed to staff to read and sign. There is one copy of all policies and procedures available in the main staff office (Tui House). Policies and procedure are discussed where applicable during the staff education programme.</p> <p>Actual and potential hazards/risks are identified in the continuity and risk management plan (April 2020). The hazard register and mitigation strategies are regularly reviewed by the owner/director. The owner/director reports staff are working to mitigate the risks related to</p>
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		<p>the Covid-19 pandemic by having a robust staff, visitor, and resident screening programme. There is a stable workforce, including the registered nurse team. The CM and facility manager inform the owner/director of any concerns or changing risks. There is a 'potential hazard register' that details hazards/risks related to the facility, equipment, and processes, along with applicable mitigation strategies.</p> <p>New Provider Interview February 2021: The prospective owner advised the existing policies and procedures, and quality and risk activities/programme will continue as is, with the management team reporting to the new 'general manager clinical and operations' on the results of applicable quality and risk activities and for any operational or other concerns the management team have.</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>Policy and procedures detail the required process for reporting incidents and accidents including near miss events. Staff are provided with education on their responsibilities for reporting and managing accidents and incidents during orientation and as a component of the ongoing education programme.</p> <p>Appropriate events are being reported in a timely manner and disclosed with the resident and/or designated next of kin. This was verified by residents and family members interviewed. A review of reported events including falls, skin abrasion, a medication error, absconding, and challenging behaviour demonstrated that incident reports are completed, investigated, and responded to in a timely manner. Staff communicate incidents and events to oncoming staff via the shift handover. Applicable events have been discussed with staff at the staff meetings as verified by interview and detailed in meeting minutes sighted.</p> <p>The CM advised nine essential notifications to the Ministry of Health have been made since the last audit. These included an unstageable pressure injury, residents absent without prior communication / staff knowledge, behaviours of concern, and for events where the police were contacted. Documentation related to these events was sighted.</p> <p>New Provider Interview February 2021: There are no known legislative or compliance issues impacting on the service. The prospective owner</p>

		<p>is aware of applicable legislative requirements and DHB contractual requirements including essential notifications. The prospective owner advised there are no plans to change the incident reporting and management processes that are currently in use. Events requiring essential notification are expected to be escalated to the general manager clinical and operations.</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 management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes completing an application form, interviews, referee checks, police vetting (records are held electronically by the current owner/director), and validation of qualifications and practising certificates (APCs), where required. The job description and employment contract are on file. The orientation programme includes ensuring staff are aware of the expectations related to resident and information privacy and confidentiality. A sample of staff records reviewed confirmed that policies are being consistently implemented and records retained. All employed and contracted registered health professionals have a current annual practising certificate (APC). Staff annual performance appraisals were current in sampled files.</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.</p> <p>A staff education programme is in place with in-service education identified and provided monthly. An annual competency assessment process is also in place for caregivers and registered staff, including mandatory training requirements. This includes but is not limited to manual handling, hoist use, hand hygiene, medication competencies for applicable staff. A competency related to the use of personnel protective equipment (PPE) has been developed and introduced in 2021, although staff were provided with training on this in 2020. The CM noted the competency framework evolves over time with a competency framework related to use of bipap and continuous positive airway pressure (CPAP) under development.</p>

		<p>Care staff are encouraged to complete a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB.</p> <p>New Provider Interview February 2021: The prospective owner intends to offer all staff employment, and ongoing education will continue as currently planned and implemented.</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>PA Moderate</p>	<p>There is a documented process for determining staffing levels and skill mix to provide safe service delivery, 24 hours a day, seven days a week (24/7). This needs to be updated to incorporate the additional staffing requirements for the units with the proposed changes to the residents' level of care.</p> <p>The organisation has yet to recruit the additional registered nurses and other care staff that will be required for the provision of hospital level care in the units, although have sufficient care staff available for the existing residents current assessed level of care. A registered nurse is on site 24/7, however a RN is not on duty overnight in Cecelia House, where there are current nine residents receiving hospital level of care.</p> <p>New Provider Interview February 2021: The prospective owner intends to maintain the current staffing levels and skill mix and offer all existing staff ongoing employment.</p> <p>The prospective owner is aware of the need to have a registered nurse on duty 24/7 in the units if these units are used for the provision of hospital level care. The prospective owner has worked in ARRC organisations that provide the levels of care currently provided (geriatric/medical and rest home) as well as the proposed new services (hospital -medical level of care), and confirms knowledge of the ARRC contract requirements.</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>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. Records were legible with the name and designation of</p>

		<p>the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files 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/whānau 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 NASC and their general practitioner (GP) for residents accessing respite care.</p> <p>Family whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</p> <p>Tui House has contracts to provide rest home, hospital, respite, younger people with a disability (YPD) Accident Compensation Corporation (ACC) and long-term chronic conditions (LTCC).</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 acute care services. There is open communication between all services, the resident and the family/whānau. 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 notes. An example reviewed of a patient recently transferred</p>

		<p>to the local acute care facility showed all processes and documentation were completed. Family/whānau 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>	<p>PA Low</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management was observed on the day of audit. The staff observed demonstrated good knowledge and they had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided monthly and 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 medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three monthly GP review is consistently recorded on the medicine chart. Standing orders are used, are current and comply with guidelines.</p> <p>At the time of audit there is one resident who self-administers their medications. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>

		<p>Partial Provisional</p> <p>The planned use of units for residential care services requires a medicine storage facility and this requires improvement.</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 provided on site by a qualified cook and kitchen team 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 operates with an approved food safety plan and registration issued by Auckland Council dated 20 October 2020. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The food services manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals is verified by resident and family/whānau interviews, satisfaction surveys and residents' meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided. The existing food service arrangements will continue for the residents in the units.</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</p>	FA	<p>If a referral is received but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family/whānau are supported to find an appropriate care alternative. If the needs of a</p>

<p>organisation, where appropriate.</p>		<p>resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed. 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 Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Information is documented using validated nursing assessment tools such as pain scale, falls risk, skin integrity, nutritional screening and depression scale and continence, 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. All residents have current interRAI assessments completed by one of two trained interRAI assessors on site. Residents and families/whānau confirmed their involvement in the assessment process.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<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 evidence 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/whānau reported participation in the development and ongoing evaluation of care plans.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Documentation, observations and interviews verified the provision of care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a good</p>

		<p>standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities programme is provided by one trained diversional therapist (DT) holding the national Certificate in Diversional Therapy, and two part time activity coordinators.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated the DT and as part of the formal six monthly care plan review.</p> <p>Activities reflect residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Residents and families/whānau are involved in evaluating and improving the programme through residents' meetings, satisfaction surveys. Residents interviewed confirmed they find the programme varied and suited to them.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs 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 falls, bruising, infections, wounds, continence changes. When necessary, and for unresolved problems, long term care plans are added to and updated. Residents and families/whānau interviewed provided examples of involvement in evaluation of 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 appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor', residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to mental health services for older people, and medical consultants. The resident and the family/whānau are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to the emergency department (ED) in an ambulance if the circumstances dictate.</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>	<p>FA</p>	<p>Policies detail how waste is to be segregated and disposed. The policy content aligns with current accepted practice.</p> <p>Chemicals sighted were stored in designated and secure areas. Material safety data sheets detailing actions to take in the event of exposure were sighted for chemicals in use. Applicable staff have been provided with training on chemical safety and handling.</p> <p>Appropriate personal protective equipment (PPE) was available on site including disposable gloves, aprons, masks, and face protection.</p> <p>Staff advised they would report inadvertent exposures to hazardous substances and blood and body fluids via the incident reporting system. Staff confirmed receiving education on handling chemicals and waste as part of health and safety induction and orientation where relevant to their role.</p> <p>A pest control contractor visits three-monthly. The pest control contractor has a New Zealand Certificate in Urban Pest Control, and a current certificate in the management of hazardous substances.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical</p>	<p>PA Moderate</p>	<p>A current building warrant of fitness (expiry date 13 October 2021) is publicly displayed.</p>

<p>environment and facilities that are fit for their purpose.</p>		<p>The two facility vehicles have a current registration, warrant of fitness and the vehicle hoist has been serviced.</p> <p>The testing and tagging of electrical equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed, interviews with the facility manager and observation of the environment. Hot water temperatures of five areas are monitored monthly in resident care areas and are within the required range. An annual review by a registered plumber has just been completed verifying the temperature of hot water in resident care areas is within the required temperature range.</p> <p>External areas are safely maintained and were appropriate to the resident groups and setting with the exception of the entrance areas to some of the units that need to be made accessible for residents using mobility devices. Privacy curtains need to be installed or placed in appropriate locations in the bedrooms that can be used to care for two residents.</p> <p>New Provider Interview February 2021: There are no plans for any significant environmental changes in the facility, with the exception of having the opportunity of utilising the identified units for the provision of Hospital services - Medical services. The prospective provider confirmed a period of due diligence has been undertaken in relation to the facility and building. The intent is to maintain the other services as usual.</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 adequate numbers of accessible bathroom and toilet facilities throughout the facility, some of the rooms share an ensuite bathroom. Hand basins are present in the bathrooms / ensuites. Waterless hand gel is readily available. Appropriately secured handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence. There are separate bathroom facilities for staff and visitors to use. Privacy locks and signs are present on communal bathroom facilities where this aspect was reviewed.</p> <p>There are accessible bathrooms in each of the units. Most also contain</p>

		a washing machine.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. Residents were sighted mobilising inside and outside the facility independently and with staff support, including while using a mobility aid.</p> <p>The staff interviewed advised there is sufficient space for the residents to mobilise, including when assistance was required. The residents and family members interviewed confirmed this.</p> <p>The eight units proposed for the care of hospital level care residents are appropriate.</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>	FA	<p>There are areas in each wing that residents can use for activities or to meet with family and friends. This includes the open planned lounge and dining room in each house, and outside areas.</p> <p>There is an appropriately sized lounge and kitchenette in each of the 12 units. The residents and family members interviewed confirmed that there is sufficient space available for residents and support persons to use in addition to the residents' bedrooms.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Policies and a tasks list detail how the cleaning services are to be provided. All laundry including resident's personal clothing is laundered on site daily. The main laundry facility with washing machines and driers are located on the ground floor of Tui House. There is a laundry in Cecelia House that contains a washing machine only. Staff take the washed laundry across to Tui House for drying.</p> <p>There are small washing machines in most of the units. Staff advise they work with the residents to do their own laundry as part of promoting independence. Where residents are unable to do their washing, this is undertaken by staff.</p>

		<p>The residents and family members interviewed confirmed the facility is kept clean and tidy and residents' laundry is normally washed and returned in a timely manner.</p> <p>The methods and processes used by the laundry and cleaning service are monitored via the internal audit programme.</p> <p>Chemicals are stored in designated secure cupboards or rooms which are locked. Two housekeepers interviewed confirmed being provided with training on the safe handling of chemicals and had written instructions readily available on the use of products and required cleaning processes / activities. Each resident's bedroom is 'spring cleaned' on a rotating basis.</p> <p>Instructions for managing emergency exposures to chemicals are readily available to staff.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Moderate</p>	<p>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. Fire drills are conducted. The latest approved fire evacuation plan was unable to be located.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, walkie talkies, stationary, continence supplies, catering supplies and other commonly used consumables were sighted and meet the requirements for all residents. These supplies are centrally located and checked monthly. Two water storage tanks are located onsite with 1000 litres of water available.</p> <p>Call bells alert staff to residents requiring assistance, however wall mounted call bells are not present in the bedrooms and the bathroom area in each unit.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time. Internal security cameras are in use monitoring public areas. Signage alerts residents and visitors that these are in use.</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 and opening external windows with security stays fitted. Some rooms (including the units) have direct access out to a courtyard area or deck. Heating is provided by air conditioning units or heat pumps. Areas were at an appropriate temperature and well ventilated throughout the audit and residents confirmed the facilities are maintained at a comfortable temperature. There is a designated external area for residents who smoke.</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. The infection control programme and manual are reviewed annually.</p> <p>A registered nurse is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the facility manager (FM) and tabled at the quality meeting. This committee includes the facility manager, IPC coordinator, the health and safety officer, and representatives from food services and household management an RN and a care staff member.</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 responsibilities. On the days of audit, the service was at National Alert Level 2 for Covid-19 and family/whanau visiting was by appointment only.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs</p>	FA	<p>The IPC coordinator has appropriate skills, knowledge and qualifications for the role, and has been in this role for two years. The coordinator has attended relevant study days, as verified in training</p>

<p>of the organisation.</p>		<p>records sighted. Additional support and information are accessed from the infection control team at the DHB, the community laboratory, the GP and public health unit, as required. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC coordinator confirmed the availability of resources to support the programme and any outbreak of an infection.</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>	<p>FA</p>	<p>The infection prevention and control policies reflect the requirements of the infection prevention and control standard and current accepted good practice. Policies were last reviewed in February 2021 and include 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 technique and use of disposable 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>	<p>FA</p>	<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 RNs, and the IPC coordinator. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of attendance is maintained. When an infection outbreak or an increase in infection incidence has occurred, there is evidence that additional staff education has been provided in response. An example of this occurred during the Covid-19 pandemic in 2020.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, increasing fluids during hot weather, as observed on the days of audit.</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 to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. The IPC coordinator reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the current year, and comparisons against previous years. These are reported to the facility manager quality team and RN meetings. There is evidence of a decreased number of infections in 2020 compared to 2019.</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 clinical manager is the restraint co-ordinator.</p> <p>On the day of audit, no residents were using restraints and four residents had enablers in use. Staff interviewed were aware of the difference between restraints and enablers. A resident interviewed confirmed that an enabler (lap belt) was being used at the resident's request and staff were responsive to requests to remove this.</p> <p>Staff are provided with training on the use of enablers and restraint minimisation and safe practice policies during their orientation and in the ongoing education programme.</p> <p>New Provider Interview February 2021: The prospective provider advised there are no plans to change policies and procedures in relation to the use of restraint and identifies that restraint should be used as a last resort after other alternative options have been attempted.</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)
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). This has not been updated to incorporate the staffing requirements for the units with the proposed changes to resident’s level of care, although the owner/director has started to identify/draft what the new roster would look like.</p> <p>The clinical manager and facility manager both work full time. Both are experienced in their roles and are on call when not on site. Staff report they have good access to advice and support when needed.</p> <p>There are eleven registered nurses employed (including two part time), 35 healthcare assistants (HCAs), six staff responsible for cleaning and laundry, six</p>	<p>A registered nurse is not in duty in Celeste House overnight. There are nine residents currently receiving hospital level care in this unit.</p> <p>The service has yet to recruit the registered nurses and health care assistants required to utilise the units (units two to five and units nine,10,11 and 12) for the provision of hospital level of care.</p>	<p>Ensure a registered nurse is on duty in both houses (Celeste and Tui Houses) if residents have been assessed as requiring hospital level care.</p> <p>Recruit the additional and appropriately trained staff (HCA and registered nurses) as required in order to safely care for residents requiring hospital level care in the units.</p> <p>30 days</p>

		<p>kitchen staff, two activities staff and a diversional therapist. Maintenance is outsourced, and administration responsibilities are undertaken by the current owner. Two nurses have interRAI competency. Despite this, the interRAI assessments for all residents are current.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents, and examples were provided.</p> <p>Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of a two-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. Agency staff are reported to be very rarely used.</p> <p>There are nine residents living in Cecelia House who are receiving hospital level care. A registered nurse is not on duty in this building at night, although there is a registered nurse on site in Tui House 24/7. The organisation has yet to recruit the additional registered nurses and other care staff that will be required for the provision of hospital level care in the 12 units, although there are sufficient HCA staff available for the existing residents current assessed level of care.</p> <p>There are sufficient cleaners and catering staff employed as these units are currently occupied. Most of the units have their own washing machine, and the intent is that staff will continue to work with the residents to do their washing as part of the activities</p>		
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		of daily living.		
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>The service is planning to extend the use of units for aged residential care. However, a medication storage room/facility has not yet been installed.</p>	<p>A medication storage facility has not been installed as yet in the units-as required by the medicines guidelines.</p>	<p>Install a medication storage facility to meet the requirements of the medicines guidelines.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	PA Moderate	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities are maintained. Staff confirmed they know the processes they should follow if any repairs or maintenance is required, that any requests are appropriately actioned and that they are happy with the environment.</p> <p>The external access points to some of the units needs review and change in order to ensure safety for residents including residents using mobility equipment. Some units have stairs for entry, while others have a ramp. There are also some with prominent edges that need covering. This has already been undertaken for some but not all of the applicable units.</p> <p>With the exception of the above issues, the environment was hazard free, residents were safe and independence is promoted. Grab rails are present in all the bathrooms and in the corridors in both Tui and Cecelia Houses.</p>	<p>The external access to some of the units needs review and correction to ensure they are accessible for all residents including those using mobility devices.</p> <p>Privacy curtains need to be installed or placed in appropriate locations in the rooms that may be used for the care of two residents.</p>	<p>Ensure all units are accessible to residents including those using mobility devices/aids.</p> <p>Install privacy curtains in appropriate locations in the multibed rooms.</p> <p>30 days</p>

		<p>External areas are safely maintained and were appropriate to the resident groups and setting. There is a deck area outside each unit.</p> <p>Most rooms are single occupancy. There are five bedrooms in Tui House that can have two residents in the room. Privacy curtains have not been installed or are not in the appropriate location.</p> <p>Six rooms in Cecelia House, and six rooms in Tui House are suitable for rest home level care only.</p> <p>Units 6 to 8 will continue to be used for rest home level of care only. These units each have two bedrooms. Unit one will continue be used as a staff office area. The remainder of the units (unit two to five and units nine to twelve) can be used for hospital level care. Four of these units have two bedrooms and four are single occupancy.</p>		
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	<p>PA</p> <p>Moderate</p>	<p>The current approved fire evacuation plan was unable to be located. The fire evacuation plans and approval letters were sighted dated March 1999 and April 2008. The owner/ director advised another fire evacuation plan had been approved after the units were built, however the documents could not be located.</p> <p>A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 26 November 2020. The orientation programme includes fire and security</p>	<p>Records were not available to demonstrate that the New Zealand Fire Service has approved a fire evacuation plan after the 12 units were built. The owner\director advised this did occur.</p>	<p>Provide evidence that the fire evacuation plan has been approved by the New Zealand Fire Service since the 12 units were installed.</p> <p>30 days</p>

		training. Staff confirmed their awareness of the emergency procedures. The fire extinguishers have been checked by external contractors.		
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	<p>PA</p> <p>Moderate</p>	<p>Call bells alert staff to residents requiring assistance. They alert via an audible sound and notification of the room number/location through to a centralised panel and to staff pagers. Two call bells tested at random were fully functioning.</p> <p>There is a call bell in the lounge area of the units. Fixed call bells are not present in the unit bedrooms or bathrooms, although some residents are observed to be using a portable pendant to call for assistance. Staff were observed to attend the unit promptly when a resident called.</p> <p>Residents and families reported staff respond promptly to call bells.</p>	<p>Wall mounted call bells are not installed in the bedrooms and bathroom (toilet and shower areas) for each unit .</p>	<p>Install fixed call bells in the bedrooms and bathroom (toilet and shower areas) in all the units.</p> <p>30 days</p>

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.