

Gwynn Holdings Limited - Rata Park 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: Gwynn Holdings Limited

Premises audited: Rata Park Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 4 March 2021 End date: 5 March 2021

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: 13

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

Rata Park provides rest home care for up to 20 residents. On the day of audit there were 13 residents.

This certification audit was conducted against the relevant Health and Disability Services 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, the general practitioner, staff and management.

The owners (husband and wife) are both registered nurses and have owned Rata Park for ten years. The long-standing registered nurse has recently been appointed the manager position. They are supported by a team of experienced caregivers.

Rata park is situated in rural Southland and provides a warm homely atmosphere for residents and relatives. Rata Park continues to have a clear resident-centred approach and accommodate resident routines of daily life. The staff get to know each individual resident in a holistic manner. There are good quality systems in place to include follow-up of corrective actions. An online education system has been implemented to ensure education needs are met.

There were two areas for improvement identified at this certification audit around medication competencies and care plan interventions.

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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Rata Park provides an environment that supports resident rights. Policies and procedures are documented to guide staff around resident rights. Staff demonstrated an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. A complaint register is in place; there have been no complaints lodged since the previous audit.

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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Rata Park has fully implemented its quality and risk management system. Services are planned, coordinated, and are appropriate to the needs of the residents. Quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and safety processes.

Adverse, unplanned and untoward events are documented by staff. The health and safety programme meets current legislative requirements.

Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place. There are adequate numbers of staff on duty to ensure residents are safe. The residents' files are appropriate to the service type.

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.		Some standards applicable to this service partially attained and of low risk.
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The owners and the manager (all registered nurses) manage entry to the service. An information pack is available prior to or on entry to the service. The manager completes initial assessments including interRAI assessments, care plans and evaluations. Care plans are integrated and include the involvement of allied health professionals. Residents interviewed, and care plan evaluation documentation confirmed residents and relatives were involved in the care planning and review process. The general practitioner reviews residents at least three monthly or more frequently if needed.

Each resident has access to an individual and group activities programme. The group programme is tailored to suit current resident requests and includes outings, entertainers and community interactions.

Medicines are stored and managed appropriately in line with legislation and guidelines. Registered nurses and caregivers administer medication. The general practitioners review the medication charts at least three-monthly.

Meals are prepared and cooked on site. A current food control plan is in place. The menu is varied and provides meal options. Individual and special dietary needs are catered for. Residents interviewed were very 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. The environment is homely, warm and comfortable. There is adequate room for residents to move freely about the home using mobility aids. The communal area is spacious and utilised for group and individual activities. The dining and lounge seating placement encourages social interaction. Outdoor areas are safe and accessible and provide seating and shade for residents. There is adequate equipment for the safe delivery of care. All equipment is well maintained and on a planned schedule. All chemicals are stored safely, and the laundry is well equipped. The cleaning service maintains a tidy, clean environment. There is an emergency evacuation plan in place and sufficient civil defence supplies. All staff are first aid trained.

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. Staff receives training in restraint minimisation and challenging behaviour management. Rata Park remains restraint free, and there were no residents using an enabler on the day of the audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The manager and director coordinate infection control. The infection control policy identifies the roles of the infection control coordinator.

The infection control programme is appropriate for the size and complexity of the service. The programme is approved and reviewed annually by the management team. Staff are informed about practises through meetings, training and information posted up on staff noticeboards.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

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	43	0	2	0	0	0
Criteria	0	91	0	2	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Policies around the Code are implemented, and staff could describe how the Code is incorporated in their everyday delivery of care. Rata Park ensures that all residents and relatives are informed about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). There are posters displayed on the noticeboard in the lounge. Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with staff (one caregiver, one activities coordinator, and one cook/caregiver), reflected their understanding of the key principles of the Code.</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>Informed consent processes are discussed with residents and relatives on admission. The resident or their enduring power of attorney (EPOA) signs for written general consents including outings and indemnity. Separate consent forms are held in the activities folder around social media, use of photographs and advertising.</p> <p>Cardiopulmonary resuscitation status has been appropriately signed in the five resident files reviewed using the Clinical Order Articulating Scope of Treatment (COAST) forms. The GP has been involved in decision making around resuscitation. Copies of enduring power of attorney where known were included in the resident file.</p>

		Staff interviewed fluently described instances where verbal consent is obtained when delivering care. All resident files contained a signed admission agreement.
<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	Information on advocacy services through the HDC office is included in the resident information pack that is provided to residents and their relatives on admission. Pamphlets on advocacy services are available in the lounge area and in the nurses' station. Interviews with the residents confirmed their understanding of the availability of advocacy (support) services. Staff interviewed were aware of the advocacy service and described instances where the service would be appropriate. The role of advocacy services is included in staff training.
<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	The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events. The service provides assistance to ensure that the residents are able to participate in as much as they can safely and desire to do. Resident meetings are held three-monthly. Residents interviewed stated they have the opportunity to provide suggestions for outings and go out for coffee and shopping trips with the activity's coordinator. Entertainers visiting the facility have reduced since the Covid-19 lockdown. The activities coordinator is working on reintroducing school groups and entertainers back to the facility. The residents interviewed confirmed open visiting.
<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>A complaints policy and procedures are in place. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings and complaint forms. Information on the complaint's form includes the contact details for the Health and Disability Advocacy Service. A complaint register is in place.</p> <p>The residents interviewed were not aware of where the complaints forms were. However, the residents stated they tell the management if they have any concerns, and any concerns or issues are addressed promptly. Staff interviewed stated the residents were proactive and let management or staff know if they have concerns. Due to being a small facility, the management team talk to the residents on a daily basis, any concerns are addressed immediately. Complaints are also an agenda item at the residents' meetings.</p> <p>Resident meetings are an open forum for residents to air any concerns or issues, which are then dealt with in a timely manner (as sighted in the meeting minutes). There have been no complaints lodged since the previous audit.</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 are included in the resident information pack that is provided to new residents and their relatives. This information is also available at the nurses' station. The management discuss aspects of the Code with residents and their relatives on admission to the service. The seven residents interviewed, reported that the residents' rights are being upheld by the service. There were no relatives available for interview during the audit.</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>It was observed that residents are treated with dignity and respect. Residents were positive about the service in relation to their values and beliefs being considered and met. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans.</p> <p>Privacy is ensured, and independence is encouraged. There are four double rooms at Rata Park, three currently have single occupancy. The residents in the shared room have written consents in place. Privacy curtains are in place and used to provide privacy.</p> <p>Spiritual needs are identified, and church services are available in the community for residents to attend if they wish. A local church group visits the residents and contact details of spiritual/religious advisors are available to staff. There is a policy on abuse and neglect and staff have received training via the online education programme.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There is a documented Māori health plan and individual's values and beliefs policy which includes cultural safety and awareness. The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service.</p> <p>On the days of the audit, there was one resident who identified as Māori. This residents' affiliation with Māori culture was identified in their care plan. Rata Park have a relationship with Murihuki Marae.</p> <p>Staff receive education on cultural awareness during their induction to the service and as a regular online in-service topic. The staff interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's</p>	FA	<p>The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents interviewed, and care plan evaluation</p>

<p>Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>forms sighted confirmed resident and relative (where appropriate) were involved in developing the residents' plan of care, which included the identification of individual values and beliefs. All care plans reviewed included the resident's social, spiritual, cultural and recreational needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>A staff Code of Conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are reconfirmed through education/training sessions.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Rata Park is a small rural facility, and the owners (both) registered nurses are on site seven days a week. The manager (registered nurse) is available Monday to Friday and shares on call with the owners. The service has implemented an online education system to ensure all education needs are met. A physiotherapist, occupational therapist, district nurses and dietitian are available on referral. There is a house general practitioner (GP) who visits the facility as required for three monthly reviews and any acute needs. The residents can attend the GP if they wish.</p> <p>There is a clear resident centred approach at Rata Park. Challenging behaviour is well documented and managed. One owner (clinical manager) has oversight of the quality programme and signs off internal audits and corrective actions. The other owner (director) has overall oversight of the facility and shares clinical responsibilities with the manager (registered nurse).</p> <p>Staff/quality meetings are held regularly and evidence discussion around quality data. Resident meetings evidence discussion around all aspects of the service. The last two years satisfaction surveys evidenced a high level of satisfaction.</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>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twelve accident/incident forms reviewed (from December 2020), identified relatives (where appropriate) are kept informed.</p> <p>The service continues to use the Facebook page to keep relatives informed of the resident outings and activities they participate in. Many of the residents do not have family involvement. Resident consents</p>

		<p>were in place for the use of social media and sharing of information.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and relatives are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</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>Rata Park Rest Home provides rest home care for up to 20 residents. On the day of audit there were 13 residents including one resident assessed as hospital level care, one resident on a younger person with a disability contract (YPD) through Accessibility and one resident on long term respite (mental health contract). All other residents are on the age-related residential contract (ARRC). The manager has applied for a further dispensation on 10 December 2020 for the hospital resident.</p> <p>The service is set in a rural setting and their philosophy is “Country living, family values”. The service tailor the care to suit residents’ individual needs, and ability.</p> <p>The service has an annual business plan and quality and risk management plan that include goals that are reviewed annually. The 2021 goals are being implemented.</p> <p>The owners (husband and wife) are both registered nurses and have owned the facility for ten years. The husband (director) has oversight of the running of the facility and is supported by the manager (previous registered nurse) who has worked at the facility for eight years. The clinical nurse (wife) has oversight of the quality systems and signs off all internal audits and corrective actions.</p> <p>The management team have maintained at least eight hours of professional development in relation to management of a rest home.</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</p>	FA	<p>The owners (director and clinical nurse) and the manager support each other in their roles when either one is absent.</p>

consumers.		
<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>	FA	<p>The quality management manual includes the quality risk and management plan and service philosophy. An external consultant provides the service with policies and procedures and updates. There is a document control policy that outlines the system implemented, whereby all policies and procedures are reviewed regularly. Documents no longer relevant to the service are removed and archived.</p> <p>There is an implemented 2021 quality improvement calendar. The quality programme is reviewed annually (last completed December 2020). The current quality and risk management plan has documented aims and objectives. The internal audit schedule and internal audits are being completed. Corrective actions have been developed where compliance is less than expected, evidenced full completion and sign off. Combined staff meetings are held bi-monthly and evidence discussion of quality outcomes. Meeting minutes reviewed reflect discussion of quality data. Staff interviewed, reported they are fully informed of all infections and incidents as well as any other issues on a daily basis, due to the small size of the facility. Resident meetings are held three-monthly.</p> <p>The resident and relative survey was conducted in 2020 with respondents advising that they were overall very satisfied with the care and service they receive. The management team review responses, and corrective actions are completed for areas of low satisfaction. A comparison was held with the 2020 survey, which also evidenced high satisfaction. The manager reported that residents talk to the management team daily and any issues are identified and addressed. This was confirmed in all resident interviews.</p> <p>Rata Park promotes a safe working environment. The director is the health and safety officer and oversees all health and safety matters, which are discussed at the staff meetings. Contractors have all been inducted to the service, the hazard register is reviewed annually, and new hazards are discussed at the staff meetings and added to the hazard register if required. Information on resident incidents and accidents as well as staff incidents/accidents are collated monthly and reported at the staff meetings. Security and safety policies and procedures are in place to ensure a safe environment is provided. Emergency plans ensure appropriate response in an emergency.</p> <p>Falls prevention strategies are implemented on a case-by-case basis. Security cameras have been installed in the corridors to alert staff of residents falling.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are</p>	FA	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Twelve accident/incident forms for the months of December 2020, January and February 2021 were reviewed. All document timely RN review and follow-up. Neurological observation forms were documented and completed for all unwitnessed falls with potential head injury. There is documented evidence the family had been notified of any incidents (where appropriate). Discussions with the management team</p>

<p>systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications including section 31 notifications. There have been no section 31 notifications lodged since the last audit.</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>There are human resources management policies in place. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. The human resources policies also include orientation, staff training and development. Five staff files were reviewed (the manager/registered nurse, the director, and three caregivers). The director described how reference checks are completed before employment is offered. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. Staff were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Competencies are completed during orientation to the service and are reviewed as part of the ongoing education plan, however, not all staff have current medication competencies in place (link 1.3.12.3).</p> <p>Discussion with the management team and staff members confirmed that in-service training has been provided regularly via an online system and face-to-face sessions. There is an implemented in-service programme. Advised that accessing external training remains difficult for this rural provider. Therefore, staff complete a number of training sessions through self-directed learning and questionnaires. The registered nurses (management team) complete training with staff around policies and procedures, online sessions and DHB trainings when available. Appraisals are completed annually. The manager and director are interRAI trained. One member of staff has level 4 New Zealand Qualification Authority (NZQA).</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 is a policy in place to include staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The manager/registered nurse works full time. The owners are available during work hours and after hours on-call. The manager interviewed stated there is adequate time to perform RN and management tasks in work hours. The owners provide support to ensure completion of documentation responsibilities and resident cares.</p> <p>There is a minimum of one caregiver on duty at any one time with two caregivers (one long shift and one short shift) rostered in the afternoon shift. There is one caregiver on at night. The manager supports the caregiver with resident cares. All staff are trained in all roles (caregiving, cooking, cleaning, activities) so that staff can fill in for each other when a specific staff member is absent. All staff have current first aid certificates to ensure there is a current first aider across 24/7. Interviews with staff and</p>

		residents identified that staffing is adequate to meet the needs of the residents.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being locked away in the nurses' station. Electronic resident systems (interRAI) have secure password entry.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. All entries in resident notes are legible, dated and signed by the relevant caregiver or registered nurse. Individual resident files demonstrate service integration.</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>The service has admission policies and processes in place. The director or manager screens all potential residents prior to entry and records all admission enquiries. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. Residents interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with any of the management team. The admission agreement form in use aligns with the requirements of the ARC contract. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement.</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>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.</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</p>	PA Low	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The management team (all RNs) and senior caregivers who administer medications have been assessed for competency on an annual basis, however, not all medication competencies were current. All medication is checked on delivery against the medication chart and also the blister pack. This is signed in on the electronic medication system. All medications are stored safely. The medication fridge and room temperatures are checked and maintained within the acceptable</p>

<p>guidelines.</p>		<p>temperature range.</p> <p>Eye drops are dated on opening. There were no residents self-medicating medicines on the days of audit. Ten medication charts reviewed on the electronic medication system were reviewed and met legislative requirements. All medication charts had photo identification and allergy status documented. Indications for 'as required' medication were documented on the medication charts.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a functional kitchen, and all food is cooked on site. There is a current food control plan in place expiring on 27 February 2022. The cook has completed food safety training and has trained the caregivers around food safety as they also work in the kitchen. The cook follows a four-week rotating menu which has been reviewed by a dietitian. The temperatures of refrigerators and freezers and recorded daily and are within ranges. Cooked food temperatures are recorded at each main meal. There is special equipment available for residents if required. All food is stored appropriately and is dated to ensure good stock rotation. Cleaning schedules are in place and are adhered to. Supplements are available for residents who experience unintentional weight loss. A resident dietary profile is developed for each resident on admission and provided to the kitchen staff. The kitchen is able to meet the needs of residents who need special diets, and the cook works closely with the manager. Residents 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 reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicates directly with the referring agencies and family/whānau as appropriate if entry was declined.</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>The manager/RN completes an initial assessment and care plan on admission including relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. Risk assessments including (but not limited to); pressure, falls continence, pain and oral assessments are completed and reviewed at least six-monthly for residents on the YPD and respite contracts. InterRAI assessments were completed within 21 days of admission as sighted in three resident files admitted within the last six months. Resident needs and supports are identified through available information such as discharge summaries, assessments, medical notes and in consultation with significant others</p>

		and are included in the long-term care plans.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Low	<p>Support needs as assessed were included in the long-term care plans reviewed. Resident care plans reviewed were resident focused, however these were not always individualised. Short-term care plans are used for changes to health status and sighted in resident files, for example, infections and wounds and have either resolved or if ongoing transferred to the long term-care plan. Long-term care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Resident files demonstrate service integration.</p> <p>There was evidence of allied health care professionals involved in the care of the resident including mental health services for the older person, podiatrist, and the GP.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition alters, the manager/RN initiates a review and if required, GP, nurse specialist consultation. There is documented evidence the family/whānau contact sheet in each resident file and progress notes that evidence relatives or next of kin (where appropriate), were notified of any changes to their relative's health including (but not limited to) accident/incidents, behaviours, infections, health professional visits, referrals and changes in medications. Changes to resident's health are monitored and identified through ongoing daily assessments. Changes to health are reported to the manager (or owners) who informs the GP or other allied health specialists.</p> <p>Adequate dressing supplies were sighted, and on the day of the audit there was one resolving non-facility acquired stage 2 pressure injury. There was a wound assessment, plan and evaluation to evidence progression of the wound. The manager described accessing the wound care specialist or local district nurses as required for advice on wounds when required.</p> <p>There were adequate supplies of continence products, and advice is available through the DHB continence and stoma service if required.</p> <p>Residents are weighed monthly; a dietitian is available on request. Staff interviewed feel they have adequate equipment such as hoists, sensor mats, manual handling equipment and pressure relieving equipment.</p> <p>Monitoring charts in use included weight and vital signs, fluid balance charts, turning charts, behaviour monitoring and wound care charts.</p>
Standard 1.3.7: Planned	FA	The activities coordinator has been in her role since September 2020. She has a current first aid

<p>Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>certificate and works three days a week between 9 am and 2 pm. On admission to the service, residents and relatives (where appropriate) are asked to complete a social history, and the activities coordinator completes an activity assessment soon after admission, which forms the basis of the activity plan (link 1.3.5.2).</p> <p>Due to the small number of residents, there is no formal activity planner in place. The activities coordinator asks the residents what they would like to do. There are a variety of outdoor activities including feeding the animals (alpacas, goats and pigs), gardening, outdoor games and outings to the café and shops. There is a walking track which residents and the activities coordinator use (weather permitting). Indoor activities include movies, indoor group games, newspaper reading and household chores as the residents wish.</p> <p>The younger residents take a pride in folding towels and putting tablecloths on the dining tables and setting the tables for residents to enjoy their meals. The residents have been utilising the polytunnels in the garden and growing vegetables for the kitchen to use.</p> <p>One-on-one activities include hand massages and nail care, applying make up to the ladies, reading and general chats. Attendance records are maintained. Resident meetings provide a 'formal' forum for residents to discuss suggestions and improvements they would like to see, as well as sharing compliments about the service. The activities coordinator described the residents, providing feedback at the time of the activity. The satisfaction survey and resident interviews evidenced high satisfaction with the current activities. Entertainers and school groups plan to revisit the facility. Residents are supported to attend community groups, and residents have mobility scooters and frequently go to the local town independently. A church group visits on a regular basis. Church services are also available for residents on TV. One resident who identifies as Māori has access to whānau and cultural programmes on TV, as they wish.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans for long-term residents were evaluated by the RN within three weeks of admission. Long-term care plans have been evaluated by the RN six monthly or earlier for any health changes for the five files reviewed. Written evaluations identified if the resident goals had been met or unmet. The care plans had been updated with changes identified at the multidisciplinary review or earlier. Relatives (where appropriate) are invited to attend the care plan review and are informed of any changes if unable to attend. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services</p>	<p>FA</p>	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The manager initiates referrals to nurse specialists and allied health</p>

<p>(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>services. Other specialist referrals are made by the GP. Referrals and options for care were discussed with the resident and relatives as evidenced in interviews and medical notes.</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>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets for chemicals are readily accessible for staff. Chemicals are stored in a locked area within the facility. Bottles have manufacturer labels. Staff have completed chemical safety training. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of audit.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The service displays a current building warrant of fitness, which expires on 27 June 2021. Testing and tagging of electrical equipment has been completed. Medical equipment, the sling hoist, syringe driver and stand on scales have all been checked and calibrated by an external provider. Fixtures and fittings are appropriate to meet the needs of the residents. Monthly hot water temperature checks are recorded and are within expected ranges. The director completes all reactive and preventative maintenance. Any breakages are written on the whiteboard and attended to promptly. External contractors are accessible. Staff interviewed confirmed they know the processes they should follow if any repairs/maintenance is required and that requests are appropriately actioned by the director or external contractors.</p> <p>The director reported working alongside the council to improve the septic tank and waste-water management. There is a plan in place and is waiting on approval with the council. Currently the waste-water tanks and septic tanks are being emptied regularly by and external contractor.</p> <p>There is a communal lounge which is decorated with 'homely' adornments. The dining area provides adequate space for residents to move around freely with mobility aids. The communal bathroom and toilet facilities throughout the rest home are easily accessible. There is a garden area which rest home residents can easily access that provides seating and shade. A gate has recently been installed, the residents ask for the code if they wish to go for a walk, and some residents know the code and leave the facility independently. Interviews with caregivers confirmed there is adequate equipment to carry out the</p>

		cares according to the resident needs as identified in care plans. Residents interviewed confirmed they are able to move freely around the facility and that the accommodation meets their needs and confirmed they have access to the gate code if they wish.
<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>	FA	There are adequate numbers of toilets and showers with access to a hand basin and paper towels. The communal toilets and showers are well signed, identifiable and have privacy locks on the door indicating if the facility is engaged. Bathrooms and toilet facilities were viewed to be kept in a clean and hygienic state. Fixtures, fittings, floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices for this environment. Residents interviewed stated their privacy and dignity is maintained while attending to their personal cares and hygiene.
<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>There are four large double rooms with fixed curtain screening between each bed, three currently have single occupancy. One room is shared by two ladies who don't like being alone during the night. Consents were in place for sharing a room, and relatives were happy with these residents sharing.</p> <p>All resident rooms are personalised to individual taste. New vanities have been purchased for resident rooms and are waiting to be fitted. The resident's rooms in all areas are spacious and appropriate to the needs of the residents. Staff interviewed confirmed there is space to perform resident cares and use the hoist for the hospital level resident. The residents interviewed were happy with their rooms.</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	There is one large lounge/communal area, and a separate dining area. The lounge area is homely with a turtle tank and plenty of space for residents to move around freely with mobility aids. The lounge area is utilised for group activities.
<p>Standard 1.4.6: Cleaning And Laundry Services</p>	FA	All residents' laundry is completed on site by the staff. The laundry is of sufficient size with a dirty and clean laundry flow. Laundry and cleaning services have been monitored for effectiveness. Laundry services and cleaning audits have been completed. Cleaning chemicals were securely stored.

<p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>Chemical safety data sheets are kept. Care staff (who complete the laundry service) have received training around the use of the chemicals. The residents confirmed they are happy with the management of their laundry. Visual inspection evidenced the implementation of cleaning and laundry processes. Personal protective equipment is readily available to staff in the laundry. Residents interviewed were happy with the standard of cleaning, and the laundry service. One resident described helping to fold towels.</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>FA</p>	<p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence resources are available. There is a generator available if needed. There is an emergency management manual and a fire and evacuation manual. Fire system monitoring, and maintenance is provided by an external contractor. Emergency management training is provided to all staff during orientation and induction and as part of their ongoing training programme. Training includes fire drills and emergency evacuation drills. A fire drill is currently due. Adequate supplies of food and water was sighted during the audit in line with Ministry of Health recommendations.</p> <p>There is an approved New Zealand Fire Service fire evacuation scheme. The facility has emergency lighting, gas hot water heating and gas cooking facilities in the kitchen. Emergency food and water supplies are maintained and are sufficient for at least three days. The service has a diesel fire in the lounge. There is a staff member with a current first aid certificate 24/7. The owners (director and clinical nurse) live next door and are available as needed.</p> <p>There have been renovations completed to the owners' house including the installation of a new fire wall between the facility and the owners' house. The director reported that the fire department have assured him the current fire certificate is still valid. The director is expecting a revised fire certificate to be issued once approved by the fire department.</p> <p>A call bell system is available in all areas including bedrooms, toilets, bathrooms and communal lounges and dining areas. The building is secured during the hours of darkness. Staff on afternoon duty conducts security checks.</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</p>	<p>FA</p>	<p>Residents were provided with adequate natural light and safe ventilation. There is a diesel heater/fire in the lounge room, heaters in the corridors and panel heaters in resident rooms. The residents interviewed confirmed temperatures were comfortable. All resident rooms have external windows with rural views.</p>

comfortable temperature.		
<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 director and the manager share infection control responsibilities with the manager collating monthly data and the director collating and trending results. An established infection control programme is in place. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The programme is reviewed at least annually (last completed in January 2021) and has been updated to include Covid-19 procedures. Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation, through the online education system and spot hand hygiene competencies. Visitors are asked not to visit if they are feeling unwell. Hand sanitiser is available at the entrance to the facility and throughout the facility.</p> <p>Covid-19 was well prepared for. Adequate supplies of personal protective equipment were sighted. There is information readily available for staff regarding lockdown levels and procedures and protocol around each level. Policies, procedures and the pandemic plan have been updated to include Covid-19 measures. Wellness declarations and temperature checks are completed by visitors in accordance with current MOH guidelines. Training was performed around isolation, donning and doffing personal protective equipment. Staff uniforms continue to be laundered on site, and procedures implemented (and remain in place) around staff changing clothes at work. Red and green areas were identified. There were no recommendations following the Covid-19 DHB audit.</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 of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The infection control team (comprising all staff) has external support from the local laboratory infection control team and IC nurse specialist at the DHB. Infection control is an agenda item at the regular staff meetings. Infection prevention and control is part of staff orientation and ongoing education. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</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</p>	FA	<p>There are infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed by an external contractor and have been reviewed and updated to include Covid-19 policies and procedures.</p>

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.		
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	Online infection control education for staff has occurred on a regular basis and questionnaires are completed. The infection control nurse (manager) has completed infection control training with the DHB. 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 are appropriate to their needs and this is documented in medical records.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Surveillance of all infections is entered onto a monthly infection summary and an analysis is completed. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at management and staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the management team. There have been no infections in 2021 year to date, and there have been no outbreaks since the previous audit.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Restraint minimisation and safe practice policies and procedures are in place. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Rata Park remains restraint free with no residents requiring restraint or enablers at the time of the audit. The service is committed to maintaining a restraint free environment. Staff receive training in restraint minimisation and challenging behaviour management through the online system.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.	PA Low	The management team (all RNs) and senior caregivers who administer medications have been assessed for competency on an annual basis, however, not all medication competencies are current.	Four of five long-standing staff do not have a current medication competency in place	Ensure all staff administering medications have a current medication competency in place 60 days
Criterion 1.3.5.2 Service delivery plans	PA Low	There is a clear resident focus at Rata Park. Due to the small number of residents residing at Rata Park, staff know each individual resident's needs and preferences and could fluently	(i) Two of five resident files reviewed did not document resident	(i) Ensure all resident care plans are

<p>describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>		<p>describe these during interview; however, not all care plans reviewed reflect the knowledge of the staff. Attendance records were maintained, however, not all residents had an activity care plan documented.</p>	<p>specific interventions. (No de-escalation strategies for two residents with challenging behaviour). (ii) Two of five resident files did not have activity plans documented.</p>	<p>individualised to resident needs. (ii) Ensure activity plans are in place for each resident. 180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.