

Kamo Home & Village Charitable Trust - Parahaki Court

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Kamo Home & Village Charitable Trust

Premises audited: Parahaki Court

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 4 May 2021 End date: 5 May 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: 24

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Parahaki Court provides rest home level care for up to 25 residents. The service is operated by Kamo Home and Village Charitable Trust and managed by a group general manager, group care manager and a clinical charge nurse. Residents and families spoke positively about the care provided.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, a district nurse and a general practitioner.

This audit has resulted in two continuous improvement ratings in relation to quality improvement planning and activities with no other findings.

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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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. Personal privacy, independence, individuality, and dignity are supported. Staff interact with residents in a respectful manner.

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

Supports are available for residents who identify as Māori, to ensure they have their needs met in a manner that respects their cultural values and beliefs. There was 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.

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

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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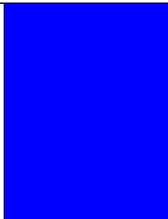
The strategic and bi-annual business and quality plans included the scope, purpose, goals, values and behaviours, and mission statement of the organisation. Monitoring of the services provided to the governing body was regular and effective. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from residents and families. Adverse events are documented with corrective and quality improvement actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver relevant ongoing training which supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

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

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		All standards applicable to this service fully attained with some standards exceeded.
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The clinical charge nurse is responsible for the provision of care and documentation at every stage of service delivery. The care plans are reviewed every six months or earlier if required, with input from the resident/family/enduring power of attorney (EPOA) as appropriate. File samples reviewed identified integration of allied health services and a team approach.

The activities programme involves all staff and is led by an activities coordinator. Staff were observed engaging with residents to meet their needs, preferences and abilities.

Medications are managed appropriately in line with accepted guidelines. Medication competencies are completed annually for those involved in the administration or checking of medicines.

Residents' food preferences and dietary requirements are identified on admission and reviewed at least six monthly. Meals are cooked onsite. The kitchen has a registered food safety plan and current verification of compliance. The menu has been reviewed by a dietitian.

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 facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken offsite and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained.

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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The organisation has implemented policies and procedures that support the minimisation of restraint. Three enablers were in use at the time of audit. Use of enablers is voluntary for the safety of residents in response to individual requests. No restraints were in use. A comprehensive assessment, approval and monitoring process with regular reviews occurs as required. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection prevention and control programme is led by the Kamo Home and Village group general manager with the support of the clinical charge nurse at Parahaki Court. The programme aims to prevent, control/contain, and manage infections. The programme is reviewed annually. Specialist infection and control advice is accessed as required. Those responsible for facilitating the programme attend relevant education.

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 to the quality manager. Follow-up action is implemented when needed. Parahaki Court Rest Home has a low rate of infections.

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	1	44	0	0	0	0	0
Criteria	2	91	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Parahaki Court has policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed could give examples of the rights and how they apply them in day-to-day care (e.g., knocking before entering a resident's room to show respect), giving residents choices and respecting their answer, and promoting independence. Staff were observed closing doors when commencing cares (privacy). Training on the Code is included as part of the orientation process for all staff employed and in ongoing training. Staff attended training on residents' rights in November 2020. Attendance records were kept.</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>Staff interviewed understood the principles and practice of informed consent and the residents right to refuse.</p> <p>Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form for such things as release of information, photos being taken and for what purpose, and transport including for outings. Separate documents are in use for influenza and Covid-19 vaccination consent.</p> <p>Staff were observed to gain consent for day-to-day care. Family/whānau were informed of the</p>

		<p>importance of having Enduring Power of Attorney (EPOA) in place and all five sampled files of current residents had a copy of the resident's EPOA arrangements. The EPOA for one recent resident was documented as activated by the general practitioner when a resident was re-assessed as requiring secure dementia level of care, prior to the residents transfer to secure dementia care services.</p> <p>Residents are asked to identify their 'bereavement wishes' to help guide end of life care planning processes. Residents are asked whether they want to be resuscitated and the resident's choice is documented at admission and reviewed annually (unless the resident is no longer considered competent in decision making). The GP reviewed and verified that the resident was competent to make their decision at the time. There are processes in place to communicate to staff each resident's resuscitation choice.</p>
<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/family members 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.</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 visits, activities, and entertainment, as confirmed by the activities coordinator.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' family members and friends (depending on the National Covid-19 Alert Level). Family/whānau members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff. Residents are able to have family members or other guests to have a meal on site with them with by prior arrangement.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The group complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The complaints register reviewed showed that no complaints have been received over the past year. The group general manager is responsible for complaints management and follow up and</p>

		was able to detail the process that would be undertaken should any oral or written complaints be received. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Residents and family members interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) through the admission information provided, discussion with staff and by written information. The Code is displayed in the main foyer together with information on advocacy services, how to make a complaint and feedback forms. Posters are also displayed in the main reception and in each wing. Opportunities are provided for explanations, discussion, and clarification about the Code with the resident and their family/whānau prior to and on entry to the service.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	Residents and family/whānau members confirmed during interview that they/their relative receives services in a manner that has regard for their dignity, privacy, spirituality and choices. Staff were observed to maintain privacy throughout the audit by closing doors to bedrooms where appropriate and respecting a resident's request that their bedroom not be entered as part of the audit. All residents have a private room, decorated with personal mementos and furniture. Residents are encouraged to maintain their independence by continuing outings with family/whānau, and having visits. Care plans included documentation related to the resident's abilities, and strategies to maximise independence, personalised for each resident. Staff were observed encouraging residents participation in day-to-day activities. Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified on admission, documented and incorporated into their care plan. 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 as part of the regular ongoing education programme. The next in-service is scheduled for September 2021.
Standard 1.1.4: Recognition Of Māori Values And Beliefs	FA	There was one resident who identified as Māori. The resident and family member were interviewed and confirmed satisfaction with the way respect was shown and care was provided.

<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>The resident and family/whānau have no specific cultural needs, and verify any other identified individual needs were met. Family/whānau and residents were involved in the admission process and in developing and the care plan on admission and reviewing the care plan every six months. There are at least three staff who identify as Māori and the clinical charge nurse notes no identified barriers to Māori residents accessing services.</p> <p>The Māori health plan supports a holistic approach when considering Māori wellbeing and is guided by best practice according to tikanga. Advice was able to be sought from appropriate cultural advisor/kaumatua. Tikanga guidelines are displayed in the main entrance includes key phrases and definitions and principals for cultural safety. This document was developed by a local primary health organisation (PHO).</p> <p>Cultural awareness and the Treaty of Waitangi training occurs as part of the orientation programme for staff, and ongoing training occurs every two years (due later in 2021). Staff confirmed they are provided with appropriate training to support them in caring for residents with different cultural and other needs, and are guided by the resident and their family's requests.</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 and family/whānau members verified that they were consulted on their individual culture, values and beliefs on admission and that this information was used to form the basis of the care plan. Resident's personal preferences, required interventions and special needs were included in care plans reviewed, for example, faith-based requests/needs. Family/whānau members interviewed were very satisfied that staff are caring and meet the residents needs in a respectful manner. Religious services are available on site as party of the activities programme. In addition, key dates of significance such as Waitangi Day, Saint Patricks day, Anzac Day and Easter are celebrated as part of the activities programme for willing residents.</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>Family/whānau members interviewed reported they had neither witnessed or experienced any discrimination, coercion, harassment, sexual, financial, or other exploitation. Residents stated they felt safe and supported and commented positively on all aspects of interactions with staff.</p> <p>Staff were able to explain the process if they suspected any form of discrimination or exploitation. The clinical charge nurse advised there have been no concerns reported by staff, residents or family. Staff advised the organisations expectations about staff conduct are clearly detailed in their employment contract.</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 is available from specialised services such as podiatry, physiotherapy and mental health services for the older persons. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and staff were responsive to medical requests. The clinical charge nurse (CCN) is supported by regular visits from the group care manager from Kamo Home and Village.</p> <p>Staff advise there is regular ongoing education relevant to their role.</p> <p>The move to an electronic record has made it easier to access and print key information in the event a resident requires transfer out to acute care services.</p> <p>Pressure relieving cushions and air mattresses are being used for at risk residents. Wound care services have been sought from the district health board district nursing service for a resident admitted with very complex wounds.</p> <p>A programme has been implemented to help residents to create new memories and record key moments in time to develop a photo album for their reference and their family (refer to 1.3.7.1).</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>On admission, residents and family/whānau members are asked to identify if they want to be advised of all incidents and accidents, or only those that require medical intervention and the timeliness of communications. The resident and family/whānau members requirements are documented as part of the informed consent processes on admission, and clearly summarised in the individual resident's record. Residents and family/whānau members interviewed 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 in accordance with their preference/request, and outcomes of regular and urgent medical reviews.</p> <p>Staff understood the principles of open disclosure, which is discussed during orientation, and noted the most senior staff member on duty is responsible for ensuring appropriate communication occurs. Open disclosure is supported by policies and procedures that meet the requirements of the Code. Family/whānau members confirmed that they are encouraged to approach the clinical charge nurse with any concerns.</p> <p>Staff knew how to access interpreter services, although reported this is rarely required. All the current residents and family members are able to communicate effectively in English.</p>

<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The strategic and business plans, which are reviewed bi-annually, outline the purpose, objectives, direction, values and goals of the organisation. The documents described annual and longer-term objectives and strategies, with associated operational plans. The Kamo Home and Village Charitable Trust comprises of seven volunteer trustees and meets monthly. The group general manager attends these meetings and provides a written report. A sample of monthly reports and bi-monthly quality reporting reports to the trust board showed adequate information to monitor performance is reported including quality data, any emerging risks, progress on business plan initiatives and facility specific information.</p> <p>The service is managed by a group general manager (GGM) who holds relevant qualifications and has been in the role for 11 years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. They are supported by the Parahaki Court Rest Home clinical charge nurse who has been with the organisation for 20 years, the group care manager and the group support services manager who work together to ensure service planning covers the business strategies for all aspects of service. The GGM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through a current practising certificate and relevant external study.</p> <p>The service holds contracts with DHB and ACC for rest home level care. 24 residents were receiving services under the contract (23 under the DHB and one under the ACC contract) at the time of audit. There were no residents receiving respite care.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>When the GGM is absent, the group care manager carries out all the required duties under delegated authority. During absences of key clinical staff, the clinical management will also be overseen by the group care manager or the GGM who are experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient and family satisfaction survey, monitoring of outcomes, health and safety reporting, hazard management, clinical incidents including infections, falls and skin injuries.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the bi-monthly management team meeting and</p>

<p>principles.</p>		<p>quarterly staff meetings. The organisation has implemented a system using a balanced score card approach. This groups together results of the monthly quality checks with other relevant components as determined by an internal matrix, and the amalgamated results are reported in five different categories, as part of the balance score card to the management team, staff and the board of trustees. Staff reported their involvement in quality and risk management activities through audit activities with input into the quality checks which feed into the balanced score card report.</p> <p>Relevant corrective actions by way of quality improvement plans, are developed and implemented to address any shortfalls with a focus on system and process improvements. These are organisational wide with specific facility initiatives also able to be implemented if required. Benchmarking is done quarterly to support and ensure the work they are doing is based on best practice. Resident and family satisfaction surveys are completed annually. The most recent survey showed some issues with the quality and variety of the food. In response an outside agency has been contracted in to provide support and education to the staff to address this.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The GGM described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements.</p> <p>A continuous improvement is awarded for data, analysis and review of a quality initiative for skin and wound management.</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>Staff document adverse and near miss events on an accident/incident form in the CMS system. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported to the senior management team and in the board bi-monthly quality reports.</p> <p>The GGM described essential notification reporting requirements, including for pressure injuries. They advised there have been no notifications of significant events made to the Ministry of Health or the DHB since the previous 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>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff electronic records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role, including a buddy system. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a competency check after a three-month period.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Attendance at the training sessions is high, with follow up activity for those who were unable to attend being completed. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. The education co-ordinator is the internal assessor for the programme with another member of staff completing their training to also be able to complete assessments.</p> <p>There is a trained and competent registered nurse who is maintaining annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</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>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). The facility adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. 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 five weekly roster cycles confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate. RN coverage (40 hours per week onsite) in the rest home, is sufficient to meet the ARC requirements, with an on-call RN roster in place if needed.</p>
<p>Standard 1.2.9: Consumer Information</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the five residents' files sampled for review. Clinical notes were current and integrated with GP and</p>

<p>Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database.</p> <p>Records were legible with the name and designation of the person making the entry identifiable. Parahaki Court Rest Home commenced using an electronic system for all resident care documentation in September 2019. Medicine management activities are recorded in a separate electronic record. Each staff member has a unique password to maintain privacy and only have access to sections relevant to their position. All paper-based documents including laboratory results, consents, advanced directives, wound care plans (with photographs) are scanned into the system. Resident records are kept secure and not publicly accessible.</p> <p>Historic paper-based files are stored at Kamo Home and Village and requested information readily retrievable. There are daily backup systems in place to an offsite server for all electronic files. This is managed by a contracted information technology service provider.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission. A tour of the facility provides opportunity to view vacant rooms, meet staff and ensure needs would be met. Senior staff are able to show prospective family/whānau and residents around the facility. Only the CCN can accept an admission. Where beds are available, short term admissions are accepted.</p> <p>Family/whānau members confirmed they were satisfied with the information process and the information that had been made available to them on admission. The files reviewed contained complete demographic detail, assessments, and signed admission agreements in accordance with contractual requirements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner. Family/whānau are invited to accompany the resident, but if unavailable, a staff member will act as an escort. The service prints off transfer information from the electronic system, including contact information, advanced directives, care plan, recent medical notes, GP contact details and any medication given to facilitate transfer of residents to and from acute care services. The 'yellow envelope' is used providing a framework for the information to be included. 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. If transferring to another facility, a verbal handover is also given.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>This service provider uses a computerised system for their medication management. Medications are prescribed and reconciled by the GP in a timely manner evidenced by the date of prescription compared with the date of admission. Medications are prescribed for short courses and for pro re nata (PRN) purposes, evaluated and discontinued as required, evidenced from a resident's file who had a short-term care plan for an infection. The evidence supports the service provider evaluation of the effectiveness of PRN medications, documented on the computerised system and in the progress notes.</p> <p>All staff responsible for medicine management have current medication competence which is reviewed annually. The service providers also have competency for staff who were responsible for checking controlled medication. The auditor observed the service provider using the process of the 5 Rights of medication prior to administration. Residents weren't rushed and the practitioner did not leave the resident until the medication was taken, it was then signed off as administered.</p> <p>The auditor witnessed an assessment from the GP which supported one resident as competent to self-administer medication, the resident had given consent and signed an agreement to support this. Although the resident declined to be interviewed, the staff reported the resident keeps the medications in a locked container in the resident's bedroom. they confirmed that the resident requests a refill and this coincides with the depletion of medications as prescribed.</p> <p>There is sufficient evidence to meet this standard. Medication round observed was seamless and completed by a confident competent practitioner. The medication process was safe and complied with current legislative requirements and guidelines.</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>Individualised resident diet profiles are provided to the kitchen staff identifying each residents nutritional needs, preferences, and modified diets. These are gained from the initial nursing assessment and discussions with the resident and their family members. One resident had given the cook a note with requests for specific foods. This was facilitated by the cook. There are notes to reflect the special needs of residents on restricted fluids. There were no residents on a modified diet (pureed) on the day of the audit. One resident who identified as Maori felt his nutritional needs were being met.</p> <p>There are two seasonal menus in use. These were reviewed by a registered dietitian, (February 2020). There is a valid food safety plan (expiry 31 August 22) and food safety certificates for staff were current.</p> <p>The kitchen was clean and tidy with hand hygiene facilities, cooking equipment and utensils were</p>

		<p>clean and stacked tidily and separate from the waste disposal system. The recordings of fridge and freezer were evident and within the specified range. Food decanted were dated and the original packaging were evidenced. Meals were served from the kitchen to the tables and staff were present to assist where necessary. It was evident that residents were not rushed during mealtimes and the portion sizes appeared sufficient. There was a selection of fruit and sweet option served with meals and residents were able to make choice.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines.</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>	FA	<p>Rest home level of care only is provided at Parahaki Court. Prospective residents are declined if they require a different level of care. If there are no beds currently available the prospective residents details are recorded and the resident is added to a 'wait list' unless urgent, where the resident/family is referred back to the NASC service and advised of alternative options.</p> <p>If the needs of a 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 family/whānau. The CCN gave an example of a resident requiring a higher level of care. In consultation with the resident, family/EPOA and GP a reassessment was undertaken and the resident transferred to an affiliated facility for secure dementia care.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Information is documented using validated nursing assessment tools such as, a pain scale, mobility/transfer/falls risk, cognitive function/communication, continence/toileting, skin integrity, spiritual /cultural needs, emotional/relationships and behaviour, nutritional screening and behaviour/mood/depression, as a means to identify needs for initial care. The interRAI assessments are then completed within 21 days and incorporated into the long-term care plan. Resident goals are identified and documented. The sample of care plans reviewed had an integrated range of resident-related information. All residents had a current interRAI assessment completed by the CCN the trained interRAI assessor on site. Residents and family/whānau confirmed their involvement in the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and</p>	FA	<p>Care 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>promote continuity of service delivery.</p>		<p>Care plans evidence service integration with progress notes and medical notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff through hand over, progress notes, and short-term care plans as required. The electronic system has a handover component that staff were observed to used including aspects requiring further input by staff during the next shift. These notes are discussed at the shift handover.</p> <p>Residents and family/whānau reported participation in the development and ongoing evaluation of care plans, and this was further verified by the resident or family/whānau members signature on the care plan documents or the staff documentation of resident/family feedback.</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>	<p>FA</p>	<p>Documentation, observations and interviews verified the care provided to residents was consistent with their needs, goals and the plan of care. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. The district nurse documented wound care provided in the resident record. Care staff confirmed that care was provided as outlined in the documentation. With the small number of residents all staff work very much as a team and everyone helps out in any way they can. A range of equipment, wound care, continence products and other appropriate resources was available, suited to the levels 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>	<p>CI</p>	<p>There is an activities coordinator who guides the programme and documents the day's activities on a board in the open planned lounge/dining area. Staff are continually interacting with residents and lots of laughter was observed during the audit. During the day, residents are free to move around the facility, or go outside as they wish and are encouraged to regather in the lounge for meals.</p> <p>A new project has begun to develop photograph albums to help residents process feelings of loss and remembrance for recently deceased residents, and to develop an album of new memories for current residents that can be given to resident's family members in celebration of the resident's life and for remembrance at the applicable time. This is an area of continuous improvement. The admission consent process includes obtaining the residents consent for photographs to be obtained and utilised.</p>
<p>Standard 1.3.8: Evaluation</p>	<p>FA</p>	<p>Resident care is evaluated on each shift and reported in the care summary or progress notes. If there is an area of concern it is flagged in the electronic system and is presented at shift handover</p>

<p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>ensuring further action is taken. If any change is noted, it is reported to the CCM, investigated, documented and followed up appropriately. The CCN also documents an evaluation of each resident on a weekly basis in the progress notes and includes any infections, incidents, family interactions, changes in medications and participation in day-to-day activities.</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 intervention of care. An example of a short-term care plan being consistently reviewed, and progress evaluated as clinically indicated was noted for a resident's complex wound, and a resident with weight loss. Families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p> <p>Monitoring was observed for such things as behaviour, bowel charts, fluid balance, regular monthly (or more often when clinically indicated) weights and vital signs. Neurological monitoring is conducted post an unwitnessed fall.</p> <p>Laboratory and the results of other requested investigations are present in sampled files. The GP confirms a copy of results is received by the GP directly as well as Parahaki Court.</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 'facility doctor', residents may choose another medical practitioner. If the need for non-urgent services is indicated or requested, the GP or CNN sends a referral to seek specialist or other applicable health professional input. The CCN gave an example of referral to the mental health services for older people which was well documented in the resident's file. The resident was reassessed as requiring secure dementia level of care. Another resident with weigh loss was referred to and seen by the dietitian.</p> <p>The resident and the family/whānau are kept informed of the referral process, as verified by interviews with family/whānau. Any acute/urgent referrals are attended to immediately, such as sending the resident to the emergency department 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</p>	<p>FA</p>	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed</p>

during service delivery.		using this.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness (expiry date 3 September 2021) was publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed, interviews with the group manager support services and observation of the environment. Water temperature testing was reviewed and this is completed monthly with appropriate temperatures being maintained. The environment was hazard free and resident safety was promoted.</p> <p>External areas are easily accessed, safely maintained and were appropriate to the resident group and setting.</p> <p>Staff confirmed they know the processes they should follow if any repairs or maintenance are required and that requests are actioned. Residents and family members were happy with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes 21 toilets, which comprises of 19 rooms with ensuites and two other access toilets. There are four showers. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheelchairs and mobility scooters. Staff and residents reported the adequacy of bedrooms.</p>
Standard 1.4.5: Communal Areas For	FA	Communal areas are available for residents to engage in activities. The dining and lounge area is

<p>Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>spacious and enables easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</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>	<p>FA</p>	<p>Laundry is undertaken off site at one of the other facilities in the group. Laundry, including personal laundry, is picked up daily at 9am and is returned the next day. Care staff demonstrated a sound knowledge of the process for handling of soiled linen and how to ensure the laundry is ready for the morning pick up. Monitoring of effectiveness is completed by Ecolab and the internal audit process. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>There is a small, designated cleaning team who have received appropriate training. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. Cleaning processes are monitored through, the internal audit programme.</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>Policies and guidelines for emergency planning, preparation and response were displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 17 March 2000. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 23 February 2021. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, include food, water, blankets, torches, plug-in phone, an oxygen concentrator, medical and continence supplies and gas BBQ's were all sighted and meet The National Emergency Management Agency recommendations for the region. These undergo monthly checks. The amount of water stored (2000 litres) meets the Ministry of Civil Defence and Emergency Management recommendations for the region. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are monitored regularly by staff and residents and families report prompt responses to the call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked when as it gets</p>

		dark and CCTV cameras are installed and monitored.
<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, opening external windows. Heating is provided by a central heating system in the hallways and residents' rooms with additional heat pumps in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service implements an infection prevention and control (IP&C) 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 is reviewed annually (last in August 2020).</p> <p>The Kamo Home and Village (KH&V) group general manager is responsible for the infection prevention and control programme across all three facilities in the KH&V group. The group general manager is the designated IP&C coordinator, whose role and responsibilities are defined in a job description. The group general manager is supported by the clinical charge nurse who is responsible for the day-to-day infection prevention control activities at Parahaki Court. Infection control matters, including surveillance results, are reported at the three-monthly infection prevention and control committee meetings, staff meetings, management meetings, and to the board as part of the clinical care quality matrix.</p> <p>QR Signage at the main entrance to the facility requests anyone who is visiting the facility to scan in for COVID-19 tracking purposes. All visitors are required to complete the visitor register, and Covid-19 health screening questions and have their temperature checked prior to entrance. Signage alerts visitors not to come if they are unwell, and to wear a mask if visiting from Australia.</p> <p>The temperature of residents is being checked daily as part of the Covid-19 screening programme, and new or returning residents have a Covid-19 screen completed and documented prior to admission. All residents have had their first Covid -19 vaccination. Annual influenza vaccinations are provided to staff and visitors with prior consent.</p> <p>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. Appropriate personal protective equipment is available and observed to be in use.</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>The IP&C coordinator has appropriate skills, knowledge and qualifications for the role. They have attended relevant training as verified in training records sighted. Additional support and information are accessed from the CCN, the DHB, the community laboratory, the GP and public health unit, as required. The IC coordinator and the CCN have access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IP&C coordinator confirmed the availability of resources to support the programme and any outbreak of an infection. The IP&C coordinator and CCN confirmed sufficient stock of personal protective equipment was on hand during recent COVID-19 restrictions and was able to explain the facility's response at the different pandemic response lockdown levels, and those in place at the time of audit. Staff verified they are kept updated on key IP&C issues.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection prevention and control policies reflect the requirements of the infection prevention and control standard and current accepted good practice.</p> <p>Staff were observed following organisational policies, such as appropriate use of hand-sanitisers and good hand-washing technique. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices including Covid-19 related plans.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Interviews, observation and documentation verified staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is provided by the educator, external suppliers/specialists, and the CCM. Content of the training is documented and evaluated to ensure it is relevant, current and understood. Infection prevention and control training occurred in August 2020 and March 2021. A record of attendance is maintained. Staff are also required to complete an annual infection prevention and control questionnaire (August 2020), hand hygiene competency (April). Informal education is also provided.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing and encouraging residents to remain in their room if they are unwell.</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/skin, eye, gastro-intestinal tract and the upper and lower respiratory tract, systemic, scabies and other infections. The CCN reviews all reported infections and these are documented on the electronic system. This data is reviewed by the IP&C coordinator. New infections and any required management plan are discussed at handover and documented in progress notes to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated, graphs are formulated and discussed, identification of possible trends, possible causative factors and required actions are discussed. This data is analysed and developed and graphed, so comparison can be made. Any trends observed are followed up. This information is shared with the KH&V management team, board of directors and feedback given to staff and used as an opportunity to remind staff of preventative measures, such as hand hygiene.</p> <p>There have been no outbreaks at Parahaki Court since the last audit and they have a low rate of infection.</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 GGM provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>On the day of audit, no residents were using restraints and three residents were using enablers, which were the least restrictive and used voluntarily at their request. A similar process is followed for the use of enablers as would be used for restraints. Each resident has the appropriate approvals, an enabler plan, with photos of the enabler, in their care plans and these are updated every six months. All enablers have been requested by the resident to assist with their comfort and to feel safe and secure.</p> <p>Restraint will only be used as a last resort when all alternatives have been explored. No restraint has been used since the facility was purchased by the current provider in 2018.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	During the quarter of November 2020 – January 2021, a rise in skin and wound infections was noted from the quality checks where analysis and trends are identified. Across the organisation 15 skin and wound infections were reported. The comparison in the benchmarking report, using an Australasian product which uses both national and international data, confirmed they were higher than the benchmark. A quality improvement was raised on the client management system(CMS) to address the issue. Actions implemented were the introduction of antibacterial hand and body wash, and the scheduling of hand washing refreshers. Education for all staff around the actions was completed and monitoring responsibilities were allocated to roles for completion. Progress on the actions is then required to be monitored via the CMS alert bell under the “QI incomplete” section. The data was then analysed the following quarter (February - April 2021) where there were nil skin and wound infections reported. The initiative here is reflective of the process that the organisation has in place to highlight, plan, act and check to improve outcomes. This is demonstrated by the reduction in the number of skin and wound infections with the implementation of some simple but effective interventions.	The process of active review and analysis of the quality data followed by the implementation of a quality improvement plan has resulted in a significant reduction of the incidence of skin and wound infections across the organisation. With just the introduction of the use of an antibacterial hand and body wash for residents and education refreshers relating to techniques for handwashing for all staff, the number of skin and wound infections, have been reduced to a nil report for the last quarter. This is down from a total of 15 in the prior

			quarterly reporting.
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>Activities are planned on a monthly basis and communicated to residents. The activities are based on the assessments undertaken of residents on admission to identify interest, hobbies and cognitive and physical abilities. Records of attendance/participation are maintained daily. The activities include exercise, weekly outings (Covid -19 alert levels permitting), arts and crafts, games, visiting entertainers, chaplaincy visits, and celebrating residents' birthdays and other days of significance such as Easter, Anzac Day, Mother's Day and Waitangi Day. Participation is voluntary.</p> <p>The staff at Parahaki Court started a project in November 2020, initially in response to the Covid-19 pandemic. Due to the lockdowns experienced in the national alert levels three and four, residents and staff were unable to attend the funerals of residents that subsequently passed away after moving to a higher level of care. To help residents with their feelings of grief and loss, a project commenced to develop a photograph album of the applicable residents using photographs that had been taken day to day and during special celebrations, of the resident interacting with others and with family members visiting. Residents who wanted to, 'scrap booked' the albums decorating the pages and along with staff making personal notations. These albums were then given to the family members of the deceased resident. Where there were not many photographs available, the best photographs were located, framed and sent to each of the resident's family members. The current residents are noted to have found benefit in making the album and remembering the residents that are no longer with them. The feedback from family was very positive about this initiative and they expressed appreciation that photographs included were many that the family had never seen before. As an example, the photographs included remembrance of the resident's birthday's, Christmas Day's, happy hour, Mother's Day as well as those during day-to-day activities.</p> <p>In response to the positive feedback, the project has since expanded and staff are actively working to help residents create new memories as part of the activities programme, including to visit localities of significance for individual residents and to record these journeys, along with the residents time at Parahaki Court, with relevant photographs. The albums are being created with the resident to document their life at Parahaki Court and these will be provided to the designated family member(s) when determined by the resident or at the residents passing.</p>	<p>In response to the national Covid-19 restrictions at alert level three and four, residents and staff developed memorial albums for the family members of recently deceased residents as a way of remembrance and to help work through feelings of grief and loss. The feedback from residents, staff and family members was very positive.</p> <p>Parahaki Court has since expanded this programme to work with residents to actively create new memories and to record the residents life at Parahaki Court with photographs. These are being developed into 'memory' albums that will be provided to the designated family member(s) when determined by the resident or at the residents passing. This is an area of continuous improvement.</p>

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End of the report.