

Oceania Care Company Limited - Eldon 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 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: Oceania Care Company Limited

Premises audited: Eldon Rest Home

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

Dates of audit: Start date: 5 May 2021 End date: 6 May 2021

Proposed changes to current services (if any): Change 80 hospital level care beds to dual purpose beds to accommodate either hospital or rest home level residents.

Total beds occupied across all premises included in the audit on the first day of the audit: 93



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

Eldon Rest Home provides residential services at rest home and hospital level care for up to 103 residents. The facility is operated by Oceania Healthcare Limited and is managed by a business and care manager.

Residents and families reported satisfaction with 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, families, managers, staff and general practitioners.

A continuous improvement rating has been awarded relating to staffing levels and resident care.

There are no areas requiring improvement from this audit.

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.

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents of Eldon Rest Home when they are admitted. Opportunities are provided to discuss the Code, consent, and availability of advocacy services at the time of admission and thereafter as required.

Services at Eldon Rest Home are provided in a manner that respects the choices, personal privacy, independence, individual needs, and dignity of residents. Staff were observed to be interacting with residents in a respectful manner.

Care for any residents who identify as Māori is guided by a comprehensive Māori health plan and related policies.

There was no evidence of abuse, neglect or discrimination and staff understood and implemented related policies. Professional boundaries are maintained.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required.

Eldon Rest Home has linkages with a range of specialist health care providers, which contributes to ensuring services provided to residents are of an appropriate standard.

A complaints register is maintained with complaints resolved promptly and effectively. There have been no complaints investigated by external agencies 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.

Oceania Healthcare Limited is the governing body responsible for the services provided at Eldon Rest Home. A strategic plan and mission, vision and values statement reflect a person/family-centred approach to all residents. Information packs provided to residents and their families on admission and displayed within the facility include this information. Staff are also provided with this information during their orientation and ongoing training.

Quality and risk management systems are well embedded and support the provision of clinical care and quality improvement. Policies are current and reflect good practice. Reports to the national office provide monthly monitoring of service delivery.

The service is managed by a business and care manager who started in the position in August 2020. The business and care manager is supported by the clinical manager, the regional clinical quality manager and the regional operations manager.

An internal audit programme is in place. Adverse events are documented on electronic adverse events forms. Corrective action plans for deficits relating to internal audits and adverse events are developed, implemented, monitored and signed off. Quality, staff, registered nurse/restraint, health and safety, infection control and residents' meetings are held on a regular basis.

Actual and potential risks, including health and safety risks, are identified and mitigated.

Policies and procedures on human resources management are implemented. Staff have the required qualifications. An in-service education programme is provided and staff performance is monitored.

A documented rationale for determining staffing levels and skill mix is in place. Registered nurses are always rostered on duty. Staff are rostered on call after hours.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained using integrated electronic and hard copy files.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
--	--	--

The clinical team at Eldon Rest Home liaises closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is appropriate and efficiently managed. When a vacancy occurs, relevant information is provided to the potential resident or their family to facilitate the admission.

Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers and communication sheets guide continuity of care.

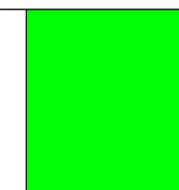
Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that arise. All residents' files reviewed demonstrated that needs, goals, and outcomes are identified and reviewed on a regular basis. Residents and families who were interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

The planned activity programme is provided by two diversional therapists. The programme provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses and care staff, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified overall satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
--	---	--

A building system status report is displayed at the front entrance. Preventative and reactive maintenance programmes include equipment and electrical checks.

There is a mix of rooms with individual and shared full ensuites. Adequate numbers of additional bathrooms and toilets are available. Several lounges, dining areas and alcoves are available. Shaded, external areas for sitting are provided.

An appropriate call bell system is available, and residents reported timely responses to call bells. Security and emergency systems are in place. Staff are trained in emergency procedures and emergency resources are readily available. Supplies are checked regularly. Fire evacuation procedures are held six monthly.

Protective equipment and clothing are provided and used by staff. Chemicals, soiled linen and equipment were safely stored. All laundry is undertaken on site and cleaning and laundry processes are evaluated for effectiveness.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

Standards applicable to this service fully attained.

The service has clear policies and procedures that meet the requirements of the restraint minimisation and safe practice standard. There were residents using restraints and enablers at the time of audit. Restraint processes in place meet the standards.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection prevention and control programme, led by an experienced and appropriately trained infection control nurse, aims to prevent, and manage infections. Specialist infection prevention and control advice is accessed from the organisations nursing and clinical strategy team or the infection control nurse at Capital Coast District Health Board.

The programme is reviewed annually.

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, analysed, trended, benchmarked and results reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	50	0	0	0	0	0
Criteria	1	100	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Eldon Rest Home (Eldon) has policies, procedures, and processes in place to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing yearly training, and this was verified in training records.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need	FA	Nursing and care staff interviewed understand the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed show that informed consent has been gained appropriately using the organisation's standard consent form including for photographs, outings, invasive procedures, and collection of health information. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented where relevant in the resident's file. Staff demonstrated their understanding by being able to explain situations when this may occur.

to make informed choices and give informed consent.		Staff were observed to gain consent for day-to-day care on an ongoing basis.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters related to the Advocacy Service were also displayed in the facility, and additional brochures were available at reception. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>Staff were aware of how to access the Advocacy Service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. The information is provided to residents and families on admission and complaints information and forms are available at the main entrance.</p> <p>Seventeen complaints have been received in the last year and these have been entered into the complaints register. Complaint documentation was reviewed and actions taken were documented and completed within the timeframes specified in the Code. Action plans reviewed showed any required follow up and improvements have been made where possible.</p> <p>The business and care manager (BCM) is responsible for complaint management and follow-up. Staff interviewed confirmed a sound understanding of the complaints process and what actions are required.</p> <p>There have been no complaint investigations by external agencies 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>Residents of Eldon and their family members when interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussion with staff. The Code is displayed in every resident's room and in common areas around the facility. Posters and brochures on advocacy services are also on display and accessible throughout the facility. Information on how to make a complaint and feedback forms are available at the main reception area.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and their family members confirmed that services are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, and choices.</p> <p>Staff understood the need to maintain privacy and were observed doing so throughout the audit, when attending to personal cares, ensuring resident information is held securely and privately, exchanging verbal information and discussion with families and the GP. All residents have a private room, though double rooms are available for use by couples if requested. Several small lounging areas are located throughout the facility enabling quiet areas to chat, away from the main communal areas.</p> <p>Residents are encouraged to maintain their independence by participating in community activities, regular outings to the local shops or areas of interest and participation in clubs of their choosing. Each resident's care plan included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious, and social needs, values and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for staff, and is then provided on an annual basis, as confirmed by staff and training.</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</p>	FA	<p>There were no residents in Eldon at the time of audit who identify as Māori, however interviews verify staff can support residents who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day-to-day practice, as is the importance of whānau to Māori residents. There is a current Māori health plan developed with input from cultural advisers. The rights of the residents/whānau to practise their own beliefs are acknowledged in the Māori Health Plan.</p>

respects and acknowledges their individual and cultural, values and beliefs.		
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Residents and resident's family members verified that they were consulted on their individual culture, values and beliefs and that staff respect these. Resident's personal preferences required interventions and special needs were included in all care plans reviewed, for example, food likes and dislikes and attention to preferences around activities of daily living. A resident satisfaction questionnaire includes evaluation of how well residents' cultural needs are met, and this supported that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. Two general practitioners (GPs) also expressed satisfaction with the standard of services provided to residents.</p> <p>The induction process for staff includes education related to professional boundaries and expected behaviours. All registered nurses (RN's) have records of completion of the required training on professional boundaries. Staff are provided with a Code of Conduct as part of their individual employment contract. Ongoing education is also provided on an annual basis, which was confirmed in staff training records. Staff are guided by policies and procedures and, when interviewed, demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, wound care specialist, district nurses and the psycho-geriatric team. Both GPs confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and access their own professional networks, such as on-line forums, attendance at RN training run by Capital Coast District Health Board (CCDHB) and</p>

		<p>attendance at Hospice training sessions to support contemporary good practice. Eldon Rest Home also enables the RNs to keep up to date with best practice by providing them access to several online sites including the New Zealand Wound Care Society. The facility has their own on-site assessor to enable care staff to be assessed at work when they want to gain additional national qualifications in caring for the older adult. Ongoing yearly training for RNs and care staff is provided in house.</p> <p>Other examples of good practice observed during the audit included a commitment to improving the quality of palliative care provided, specifically in relation to the understanding and experience by the resident and the family.</p> <p>In August 2020 it was acknowledged that several concerns remained with residents and families around the lack of understanding of how the palliative care provided at Eldon differed from normal care. Family members and residents were frequently asking questions about what was occurring, and staff were spending a lot of time explaining this each time. Explanations were often needing to be repeated as families' anxiety levels often meant they did not hear what was being said. It was identified that Eldon could enable families and residents to have a better experience if they were provided with more education and support. Eight family members had offered suggestions regarding how things could be improved. Suggestions included families having easy access to linen to enable them to assist with the resident's hygiene needs, snacks to be available so family did not need to leave, activities to be provided as there is nothing to do in the time spent with the resident, a request for light music to break the silence, magazines, or a newspaper to read and coloured linen to reduce the starkness of the care. As a result of these suggestions Eldon developed palliative care trolleys, one with coloured linen for use when caring for the palliative resident and the other with snacks (coffee, tea, food), music, aroma therapy, brochures from the hospice on palliative care-that answers a range of questions about what to expect, and a range of activities. These items being available in the room enabled family to be involved (flannels, towels, information brochures etc available) and not have to leave (snacks, children's activities). They also enable the nurse to have everything available when needed. Harp therapy is offered to residents receiving palliative care. Research indicated that harp music enables the resident to experience harmony and calmness.</p> <p>In addition, when the resident dies the staff provide a Guard of Honour, to pay their respects, prior to the resident leaving the facility.</p> <p>A review in March 2021 of the palliative care provided by Eldon, evidences families are now more open regarding the difficulties they are experiencing when visiting someone who is receiving palliative care. This has enabled Eldon to add additional resources to the trollies. Emails from twelve families evidence satisfaction with the palliative care provided at Eldon, however only three referred to the value of the additional actions taken (outlined above) and its impact on care. There is evidence of actions taken on findings however no evidence of an evaluation to evidence there has been an improvement in resident care, based on these actions.</p>
Standard 1.1.9:	FA	Residents and family members stated they were kept well informed about any changes to their own or their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any

<p>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services can be accessed via CCDHB, Aged Concern and the Citizens Advise Bureau. Staff reported interpreter services were rarely required. A resident with English as a second language has family members to assist when interpretations are needed. Residents with reduced sight are assisted with the availability of large print, for example labels for room numbers.</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 Oceania Healthcare Limited vision, values, mission statement and philosophy are displayed. The organisation has systems in place recording the scope, direction and goals of the organisation. The managers provide monthly status reports to the national office. Reports include but not limited to quality and risk management issues, occupancy numbers, human resource issues, complaints, abuse, quality improvements, policies, education, issues, internal audit outcomes and clinical indicators.</p> <p>The facility is managed by an experienced BCM who has been in the position since August 2020 and prior to this appointment was the clinical manager at Eldon. The BCM is supported by the clinical manager (CM) who is responsible for overseeing the clinical service. The CM has been in this role since June 2020 and prior to that was the charge nurse in the rest home wing at Eldon.</p> <p>Eldon is certified to provide hospital and rest home level care. The rest home wing provides rest home level care only for 23 residents. The 80 hospital level beds are fit for purpose to provide dual purpose beds for both hospital and rest home level of care. This includes 10 care suites within the footprint of the facility where the residents have occupational rights agreements (ORAs).</p> <p>Eldon has a contract with ACC (3 residents-2 hospital & 1 RH). Contracts with the DHB include-aged related residential care services (44 hospital & 38 RH), respite (1 RH), long term chronic health conditions (2 Hospital & 1 RH), flexi funding-palliative care (2 hospital) and 2 YPD residents on individual contracts with the MoH-(1 resident under 65 years and the other older than 65 years).</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in</p>	<p>FA</p>	<p>If the BCM is absent, the regional operations and clinical managers will cover the BCM aspects of the service. During the absence of the CM, the charge nurses will cover the clinical service.</p>

<p>an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The Oceania documented quality improvement policy defines quality, quality assurance and quality improvement. The facility's quality improvement is defined in the quality plan, the policies and procedures and Oceania Healthcare model of care and quality and risk framework which guides the quality programme.</p> <p>Service delivery is monitored through robust reporting systems utilising a number of clinical indicators such as infections, choking, complaints, falls, medication errors, weight loss, wounds, food safety and implementation of the internal audit programme. Clinical indicators are collated monthly by the CM. The internal audit programme is implemented as scheduled and documentation reviewed evidenced quality improvement data is managed well. Data is being collected and collated with analysis of data that identifies any trends. Corrective action plans from quality activities are developed, implemented, reviewed and closed out. Month by month graphs are generated as well as benchmarking with other like facilities within the group.</p> <p>All aspects of quality improvement, risk management and clinical indicators are discussed at the various meetings held. Copies of meeting minutes are available for staff to review and sign to confirm that they have read these. Staff confirmed they are kept well informed of quality improvements and any subsequent changes to procedures and practice through meetings. Residents and families are notified of changes and events at the residents' meetings. Residents and families interviewed confirmed this.</p> <p>Satisfaction surveys for residents and families are completed as part of the annual internal audit programme. Surveys reviewed evidenced high satisfaction with the services provided.</p> <p>Policies are current and align with the Health and Disability Sector Standards and reflect accepted good practice guidelines. Policies are reviewed nationally with comments sought from staff and reviewed by the clinical governance group. New and revised policies are discussed at staff meetings and as part of relevant in-service education. Staff sign to confirm that they have read and understood each new policy and/or update. Staff confirmed they are made aware of new and updated policies.</p> <p>The organisation has a risk management programme in place. A health and safety plan and objectives plus policies and procedures are documented along with a hazard management programme. Health and safety is monitored as part of the annual internal audit programme. Staff confirmed an awareness of health and safety processes and their responsibilities to report hazards, accidents and incidents promptly. Accidents, incidents and corrective actions are discussed at staff meetings.</p>

		<p>Two health and safety representatives demonstrated good knowledge of their roles and have completed the health and safety training. Hazard identification forms are completed when a hazard is identified, addressed and risks minimised. There is a national risk register plus a site-specific hazard/risk register that is reviewed at each health and safety meeting and updated at least annually or when a new hazard is identified. Review of the meeting minutes confirmed this.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Adverse, unplanned or untoward events are documented by staff on adverse event forms electronically. All care issues are received by the CM who is alerted by email. Sentinel events including but not limited to absconding and sudden death are received by the regional clinical manager. All incident/accidents are investigated with corrective actions developed and implemented and evidenced close out. Documentation reviewed and interviews of staff indicated adverse events are managed well.</p> <p>Residents' files evidenced communication with families following adverse events involving the resident, or any change in the resident's health status. Families confirmed they are advised in a timely manner following any adverse event or change in their relative's condition.</p> <p>Policies and procedures comply with essential notification reporting. Staff stated they are made aware of their essential notification responsibilities through job descriptions, policies and procedures, and professional codes of conduct. Review of staff files and other documentation confirmed this. The BCM reported there have been Section 31 notifications to HealthCERT since the previous audit. These include notification of the change of BCM and CM, an outbreak of norovirus, three pressure injuries, two medication errors, one police involvement and a notifiable infection (waterborne). Review of documentation confirmed this.</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>	FA	<p>A staffing policy and procedures is in place that meets the requirements of legislation. The skills and knowledge required for each position is documented in job descriptions, with accountabilities, responsibilities and reporting lines clearly identified.</p> <p>Staff files reviewed demonstrated that recruitment processes for all staff include an application, CV, reference checks, police vetting, a current work visa where relevant, identification verification, a position specific job description, drug screening and a signed employment agreement.</p> <p>A system is in place to ensure that annual practising certificates are current. Current certificates were evidenced for all staff and contractors who required them.</p> <p>An orientation/induction programme is available that is position specific and covers the essential components of the services provided. Health care assistants are buddied with an experienced staff member until they demonstrate competency on specific tasks.</p>

		<p>The education and research manager and team at national office develop the role specific mandatory annual education and training module/schedule, that includes topics relevant to all services and levels of care provided. Training is currently provided through study days repeated throughout the year. Online training with a quiz is currently being implemented throughout the Oceania facilities. There are electronic systems and processes in place to ensure that all staff complete their required mandatory training modules and competencies. The CM is responsible for alerting staff as to what training they need to complete and when training is overdue. Specific training is also developed and provided by the CM and BCM for staff working at Eldon. All RNs and some health care assistants have current first aid certificates.</p> <p>The CM and 13 of the 16 RNs have completed interRAI assessment training and competencies. Care staff complete annual competencies or demonstrate awareness on specific tasks, for example medication management, restraint, moving and handling, and health and safety awareness. Education session attendance records evidenced that ongoing education is provided relevant to the services delivered. Interviews and training records reviewed confirmed that all staff, including RNs undertake at least eight hours of relevant education and training hours per annum. Health care assistants are encouraged to complete Careerforce training. Currently 14 have attained level 4, 15 have attained level 3 and one has attended level 2.</p> <p>An annual performance appraisal schedule is in place. All staff files evidenced staff have completed a current performance appraisal.</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 organisation's staffing policy provides guidelines to ensure staffing levels are sufficient to meet the needs of residents' acuity and the minimum requirements of the DHB contract. Staffing levels are determined by acuity, the layout of the facility and occupancy to ensure there is appropriate skill mix of staff available. Staffing is adjusted as residents' acuity changes. When required, additional staff are rostered on duty.</p> <p>A continuous improvement rating has been awarded for a quality project which was developed and implemented relating to residents' feedback of staff being rushed while on duty. Data also showed the percentage of sick leave being taken by staff resulting in care staff not being able to complete their cares in a timely way. Meetings were held and a plan put in place to address this. Residents were surveyed following the initiative and reported a marked change in the timeliness of cares provided once there was again the full quota of staff on each shift.</p> <p>There are sufficient RNs and HCAs available to safely maintain the rosters for the provision of care. Rosters sighted reflected adequate staffing levels to meet current resident acuity and bed occupancy. The facility has three separate rosters for the west wing, the east wing and the rest home wing. The BCM and CM work fulltime Monday to Friday.</p> <p>There were 41 residents in the west wing on the first day of audit (including the care suites). On the morning shift there is one charge nurse and an RN and another RN that floats between the two wings. Eight health care assistants and a dedicated cleaner are also on the morning shift. On the afternoon shift there is one RN, plus the floating RN who is on duty until 5pm and five health care assistants. On the night shift one RN covers both wings</p>

		<p>with a health care assistant in each wing and another health care assistant floating between the two wings.</p> <p>There were 31 residents in the east wing. The RN cover is the same as the west wing with six health care assistants and a dedicated cleaner who also cleans in the rest home. On the afternoon shift the RN cover is the same as the west wing with four health care assistants on duty.</p> <p>The rest home wing provides accommodation for 23 residents. On the morning shift a charge nurse works Sunday to Thursday plus two health care assistants. On the afternoon shift two health care assistants are on duty and one on the night shift. Two diversional therapists provide activities across the facility - one works 40 hours and the other 32 hours.</p> <p>Of the 16 RNs, six are NZ trained, with the majority trained overseas who have completed the CAP course in NZ. There is a range of experience in aged care from two weeks to 11 years. The RNs who have recently completed the CAP course have been employed as health care assistants at Eldon.</p> <p>The BCM and CM are on call after hours.</p> <p>Observation of service delivery confirmed that resident needs were being met in a timely manner. Residents and families stated they felt there were sufficient staff on each shift to meet the needs of residents. Staff confirmed that they have sufficient time to complete their scheduled tasks and resident cares.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The resident's name, date of birth and National Health Index (NHI) number are used on labels as the unique identifier on all residents' information sighted. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. Records are electronic, were legible and the name and designation of the person making the entry was identifiable.</p> <p>Archived records are held securely on site for two years, then moved to an offsite storage facility. All records are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Electronic medication records are stored in a secure portal.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated</p>	<p>FA</p>	<p>Residents are admitted to Eldon when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care that Eldon provides. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the Business and Care Manager (BCM) and the Clinical Manager (CM). They are also provided with written information about the service</p>

<p>in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>and the admission process.</p> <p>All residents prior to admission have a Covid-19 screen completed, any identified concerns require the resident to have a Covid-19 swab.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed 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>	<p>FA</p>	<p>Exit, discharge, or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the CCDHB 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident, and the family. At the time of transition between services, appropriate information, including medication records and the care plan is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred to the local acute care facility showed transfer was managed in a planned and co-ordinated manner. Family of the resident reported being kept well informed during the transfer of their relative.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff member observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by a RN against the prescription. All medications sighted were within current use-by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and</p>

		<p>discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review is consistently recorded on the electronic medicine chart.</p> <p>There were two residents who self-administer inhaler medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the CM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used at Eldon.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is provided on site by two cooks and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian in March 2021. Recommendations made at that time have been implemented.</p> <p>A verification audit of the food control plan was undertaken on 14 May 2019. Three areas of corrective action were identified, and these were attended to within seven days. An 18-month verification period was issued, due to expire 14 Nov 2020. As a result of Covid-19 this was not undertaken in November 2020 when it was due and is now scheduled to be undertaken 18 May 2021. Registration of the present plan expires 28 March 2022.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. Food temperatures, including for high-risk items, are monitored appropriately, and recorded as part of the plan. The cook/kitchen manager has attended recent NZQA training in applied food safety practices with the other cook and kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals is verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There are sufficient staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</p>
<p>Standard 1.3.2: Declining Referral/Entry To</p>	FA	<p>If a referral is received, but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for</p>

<p>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>reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the CM. There is a clause in the access agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>On admission, residents of Eldon are assessed using a range of nursing assessment tools such as pain scale, falls risk, skin integrity, nutritional screening, and depression scale to identify any deficits and to inform initial care planning. Within three weeks of admission, residents (except for respite, YPD or ACC residents) are assessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI assessment tool, in conjunction with additional assessment data, occurs every six months or more frequently as residents changing conditions require.</p> <p>Those long-term residents not being assessed using the interRAI assessment tool have clinical assessments to inform care planning, reviewed every six months or as residents needs change.</p> <p>Interviews, documentation, and observation verifies the RNs are familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing needs. This was evidenced on the day of audit when a review of a resident's assessment status was being undertaken.</p> <p>All residents have current interRAI assessments completed by fourteen trained interRAI assessors on site. InterRAI assessments are used to inform the care plan.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Care Plans at Eldon are electronic and when reviewed, reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular, the needs identified by the interRAI assessments are reflected in the care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professional's notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Documentation, observations, and interviews verified the provision of care provided to residents was consistent with their needs, goals, and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by two trained diversional therapists. One runs the programme for the rest home residents and the other for the hospital residents, five days a week.</p> <p>Both programmes have weekly van outings. The rest home residents go shopping in the mall each week, lunch outings, to the movies and on drives. The programmes change in line with residents needs and requests. The organisation offers residents access to MP3 players, that can be loaded with resident's favourite music, for them to listen to. In addition, residents who love books can access the talking book service.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities, and social requirements. Ongoing assessment continues as the activities staff become more familiar with the resident and the family. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal care plan review every six months.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Examples included 'move and groove', a weekly gents club, gardening group, visiting entertainers, walking group, harp therapist, karaoke, knitting group, quiz sessions and daily news updates.</p> <p>The activities programme is discussed at the bi-monthly residents' meetings. Minutes indicate residents' input on activities is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with the activities programme being offered at Eldon. Residents interviewed confirmed they find the programme meets their needs.</p>
<p>Standard 1.3.8: Evaluation</p>	<p>FA</p>	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p>

<p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI/clinical reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Short-term care plans are consistently reviewed for infections, pain, weight loss and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans were evaluated each time the dressing was changed. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services is indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to psychogeriatric services. Referrals are followed up on a regular basis by the RN or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency 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</p>	<p>FA</p>	<p>Policies and procedures specify labelling requirements in line with legislation. Documented processes for the management of waste and hazardous substances are in place. Incidents are reported in a timely manner. Safety data sheets were sighted and are accessible for staff. The hazard register was current.</p> <p>Protective clothing and equipment were sighted that is appropriate to recognised risks. Protective clothing was observed being used by staff. Staff interviewed had a sound understanding of processes relating to the management of waste and hazardous substances.</p>

<p>substances, generated during service delivery.</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>A building systems status report in lieu of a building warrant of fitness is displayed at the front entrance due to emergency lights requiring upgrading. The BCM reported the work has now been completed and a building warrant of fitness is currently being processed by the local authority. There are appropriate systems in place to ensure the residents' physical environment and facilities are fit for their purpose.</p> <p>HealthCERT has requested information relating to the reconfiguration of 80 hospital level beds to dual purpose to accommodate hospital or rest home level residents, including the 10 care suites. The rooms are large with ensuites or shared ensuites between two rooms. Doorways are one and a half leaf wide. All care suites have overhead hoists and individual heat pumps. All rooms are fit for purpose.</p> <p>Residents and families confirmed they can move freely around the facility and that the accommodation meets their or their relative's needs. Passageways are wide in the newer areas and there is room for residents to pass comfortably in all areas.</p> <p>There is a proactive and reactive maintenance programme, and the buildings, plant and equipment are maintained to a high standard. Maintenance is undertaken by the recently employed maintenance person who demonstrated good knowledge. The testing and tagging of electrical equipment and calibration of bio-medical equipment was current. Hot water temperatures at resident outlets are maintained within the recommended range.</p> <p>There are external areas available that are appropriate to the resident groups and setting. Large external courtyards with seating and shade are available for residents to frequent. The environment is conducive to the range of activities undertaken in the areas. Residents are protected from risks associated with being outside.</p> <p>Care staff confirmed they have access to appropriate equipment, that equipment is checked before use and they are competent to use it.</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</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. The east wing and rest home wing have full suites and the west wing has shared full ensuites between two rooms. Bathrooms have appropriately secured and approved handrails provided in the toilet/shower areas and other equipment and accessories are available to promote independence. Separate bathrooms for staff and visitors are available.</p>

when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	There is adequate personal space in bedrooms to allow residents and staff to safely move around in. Equipment was sighted in the rooms with sufficient space for both the equipment and at least two staff and the resident. The residents' rooms are personalised with their own furnishings, photos and other personal possessions. Residents and families are encouraged to make the room their own.
<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 are numerous areas for residents to frequent. Good access is provided to the lounges and the dining room areas with residents observed moving freely. Residents confirmed there are alternate areas available to them if communal activities are being run in one of these areas.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe</p>	FA	<p>Cleaning and laundry policies and procedures are documented and guide services at Eldon. The facility is cleaned to a high standard. There are processes in place for collection, transportation and delivery of linen and residents' personal clothing.</p> <p>The effectiveness of the cleaning and laundry services is audited via the internal audit programme and visits from the chemical company representative. Reports from the chemical company representative and completed audits for</p>

<p>and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>laundry and cleaning were reviewed. A cleaner described the management of cleaning processes including the use of personal protective equipment. As a result of residents' personal clothes going missing, a system is being introduced whereby each resident's clothes are laundered in a large net bag so that clothes are kept together.</p> <p>There are safe and secure storage areas and staff have appropriate and adequate access to these areas, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities are available throughout the facility.</p> <p>Residents and families stated they were satisfied with the cleaning service.</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>A letter from the New Zealand Fire Service letter dated 21 September 2006 approving the fire evacuation scheme was sighted. The last drill was undertaken on the 18 March 2021. Emergency and security management education is provided at orientation and at the in-service education programme.</p> <p>Documented systems are in place for essential, emergency and security services. Policy and procedures document service provider/contractor identification requirements along with policy/procedures for visitor identification.</p> <p>Information in relation to emergency and security situations is readily available/displayed for staff and residents. Emergency equipment is accessible, current and stored appropriately.</p> <p>The service has a call bell system in place that is used by the residents, families and staff members to summon assistance. All residents have access to a call bell. Call bells are checked monthly by the maintenance person. Residents confirmed they have a call bell and staff respond to it in a timely manner. If call bells are not answered in a specified time, notification is escalated through to senior management.</p> <p>The reconfiguration of the services, by changing hospital beds to hospital/rest home (dual purpose) beds did not require a new fire evacuation scheme or additional emergency or security services.</p> <p>The service has documented processes for essential, emergency and security services. Registered nurses, diversional therapists and personnel who drive the van with residents in it are required to complete first aid training. There is at least one designated staff member on each shift with appropriate first aid training. Staff records sampled evidenced current training regarding fire, emergency and security education.</p> <p>Information in relation to emergency and security situations is displayed and available for staff and residents with evidence of emergency lighting, torches, gas and BBQ for cooking and extra food supplies. Emergency water is maintained in two tanks combining the amount available to 4,500 litres. External doors are locked at around 7pm and sensor lights are situated externally around the facility.</p>
<p>Standard 1.4.8:</p>	<p>FA</p>	<p>The west and east wings are heated by a transfer system in the ceiling. The rest home is heated by electric wall</p>

<p>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>		<p>heaters. The 10 care suites have individual heat pumps.</p> <p>Procedures are in place to ensure the service is responsive to resident feedback regarding heating and ventilation in the facility. Residents and families confirmed the facility is maintained at an appropriate temperature. Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and 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>	<p>FA</p>	<p>Eldon Rest Home provides a managed environment that minimises the risk of infection to residents, staff, and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual, developed at organisational level with input from the BCM, CM and the Infection Control Nurse (ICN). The infection control programme and manual are reviewed annually.</p> <p>An RN with input from the CM is the designated ICN, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the CM and BCM, and tabled at the monthly infection control committee meeting, and staff/quality/risk meeting. Infection control statistics are entered in the organisation's electronic database and benchmarked within the organisation's other facilities. The organisations nursing and clinical strategy team is informed of any IPC concern.</p> <p>Signage at the main entrance to the facility requests anyone who is or has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the</p>	<p>FA</p>	<p>The ICN has appropriate skills, knowledge, and qualifications for the role, however, has been in this role for only a short time and is being assisted by the CM. The ICN has undertaken training in infection prevention and control and attended relevant study days, as verified in training records sighted. Well-established local networks with the infection control team at the CCDHB are available and expert advice from the organisations nursing and clinical strategy team is available if additional support/information is required. The ICN has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>There is a Covid-19 outbreak management plan in place that was implemented in August 2020. This plan details all the actions required by each service stream within the facility in response to each alert level. Vaccinations of</p>

<p>infection control programme and meet the needs of the organisation.</p>		<p>residents and staff for Covid-19 is to commence 13 May 2021. Any staff member who does not want to be vaccinated has clearly outlined processes re the wearing of the required PPE gear when working in close contact with residents. Saliva testing takes place at Eldon.</p> <p>The ICN and CM confirmed the availability of resources to support the programme and any outbreak of an infection.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The IPC policies reflect the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last year and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and</p>	<p>FA</p>	<p>Priorities for staff education are outlined in the infection control programme annual plan. Interviews, observation, and documentation verified staff have received education in IPC at orientation and ongoing education sessions. Education is provided by suitably qualified RNs. Content of the training was documented and evaluated to ensure it was relevant, current, and understood. A record of attendance was maintained. When an infection outbreak or an increase in infection incidence has occurred, there is evidence that additional staff education has been provided in response. An example of this occurred when there was a recent increase in urinary tract infections.</p> <p>Handwashing competencies are reviewed yearly and more frequently if there's and outbreak. Spot audits on the use of sanitising gel are undertaken by the ICN.</p>

consumers.		Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and skin infections. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The ICN and CM review all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Data is benchmarked internally within the group's other aged care providers.</p> <p>A norovirus outbreak occurred at Eldon in January 2020 and affected four residents. Public Health and CCDHB were involved. The source was never identified however it was contained quickly. An analysis of the outbreak identified no areas requiring improvement.</p> <p>A good supply of personal protective equipment is available. Eldon Rest Home has processes in place to manage the risks imposed by Covid-19.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint coordinator who is the CM stated Eldon is committed to reducing restraint use. Equipment used includes sensor mats, low-low beds, chair sensors, and landing mats. There were two residents using a restraint and nine residents using an enabler during the audit.</p> <p>The definition of restraint and enabler is congruent with the definition in the standard. The process of assessment, care planning, monitoring and evaluation of restraint and enabler use is recorded and implemented.</p> <p>The approval process for enabler use is activated when a resident voluntarily requests an enabler to assist them to maintain independence and/or safety, confirmed at staff and management interviews.</p> <p>Staff interviews and staff records evidenced restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation ongoing training is provided. Restraint training is included in the staff mandatory study days and staff competencies were current. The RN meetings include restraint as a standard agenda item.</p>

<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	<p>FA</p>	<p>Restraint use at Eldon is overseen by the restraint coordinator/CM and the responsibility for this position is defined in the position description.</p> <p>Restraints are authorised following a comprehensive assessment of the resident. The approval includes consultation with other members of the multidisciplinary team and the resident's family. The restraint consent forms evidence consent for restraint is obtained from the GP, restraint coordinator and the resident and /or a family member. All documentation including monitoring is included in the electronic resident information system.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	<p>FA</p>	<p>Restraint assessments were completed and identified restraint related risks, underlying causes for behaviour that requires restraint, existing advance directives, past history of restraint use, history of abuse and or trauma the resident may have experienced, culturally safe practices, identification of desired outcomes and possible alternatives to restraint. There was evidence that all enabler and restraint use was initiated following completion of appropriate assessments.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>The restraint coordinator stated that restraints are used as a last resort after alternative interventions have been explored. The restraint register is current and meets the standard. Staff have current restraint competency assessments.</p> <p>Staff are aware of advocacy services and that support is available. The contact details for this service are documented and the service can be accessed when needed to inform residents and their families.</p> <p>Documentation in the residents' files relating to risk around restraint is individualised and evidenced good detail.</p>

<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>The restraint coordinator confirmed evaluations of the restraints are completed at two-monthly intervals. Evaluation and review of restraints meet the standard. The restraint coordinator and RNs confirmed communication with families is held regarding restraint and enabler use and discussions are held around reducing or minimising any restraint.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>The evaluation of restraint occurs through restraint event reporting by the facility to the national office by measuring relevant clinical key performance indicators. Each individual episode of restraint is evaluated. Quality review of restraint is managed through the internal audit programme and the RN/restraint meetings. Review of documentation and interview of the restraint coordinator confirmed this. A national review of restraint is undertaken by the national restraint authority group annually.</p> <p>The resident and their family are involved in the evaluation of the restraints' effectiveness and continuity.</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
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to</p>	CI	<p>A quality initiative relating to delays in resident cares and sick leave rates was implemented in October 2020 and completed the end of March 2021. Feedback from residents both verbally and from the resident satisfaction surveys highlighted concerns relating to staff being too busy rushing around and getting behind in resident cares including but not limited to shower times extended, being helped out of bed in the mornings later, no time to talk to the residents and meals served later than usual. The business and care manager (BCM) and the clinical manager at the same time noticed there was a high number of staff members who were taking sick leave and existing staff were trying to cope with the reduction in staffing levels as not all shifts were able to be covered with casual staff. During the initiative timeframe there were up to 27 weeks/189 hours of staff sickness that needed to be replaced. This was brought to the attention of staff and discussions were held at handovers. Meetings were held to gather information around how to address this and what options could be available to lessen sick leave. The BCM held meetings with those staff members who had high levels of sick leave to identify any issues and to provide support as needed. A plan was put in place whereby a wellness awareness initiative for all staff was implemented. This included giving out vitamin C tablets and providing weekly healthy fruit</p>	<p>A quality project was developed and implemented as a result of residents' concerns relating to staff being rushed and data showing the percentage of sick leave being taken resulting in care staff on duty not being able to complete their cares in a timely way. As a result of resident feedback and meetings held, a plan was put in place to try and reduce the high amount of sick leave some staff were taking. Evaluation evidenced</p>

<p>provide safe service delivery.</p>		<p>platters to all staff. Documentation evidenced the percentage of staff sickness had reduced from 3.4% in October to 3% in December 2020, and by the end of February 2021, the percentage had dropped to 2.7%.</p> <p>As the percentage of sick leave decreased and shifts had the full quota of staff, residents reported that staff were more friendly and relaxed, one resident reported they have now shifted their shower time back to the afternoons. A number of residents surveyed reported staff have time now to stop and chat and meals are back to being served on time. All residents reported being happy and any anxiety they were experiencing due to delays in cares and meal times have been addressed.</p>	<p>residents are now happy with their care including timeframes and documentation has shown sick leave taken has reduced noticeably.</p>
---------------------------------------	--	---	--

End of the report.