

Home of St Barnabas Trust - Home of St Barnabas

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Home of St Barnabas Trust

Premises audited: Home of St Barnabas

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 2 June 2021 End date: 3 June 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: 40

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

The Home of St Barnabas Trust is charitable trust and is governed by a Board of Trustees providing governance and direction. The home provides rest home level care for up to 41 residents. On the day of audit, there were 40 residents.

This certification audit measures attainment of the relevant Health and Disability Standards and the Southern District Health Board service agreement. A review of policies and procedures; resident and staff files; observations; interviews with resident, family, management and staff as well as the general practitioner are included in the audit process.

The Home of St Barnabas is managed by an experienced general manager that has been in the role for 25 years. She is supported by the trust board and senior management team. St Barnabas continue to have a resident focus and enjoy a low turnover of staff. There is an implemented quality and risk programme in place which is reviewed annually. The residents, family/whānau, relatives and general practitioner commented positively on the care and services provided.

This audit identified the health and disability standards are being met.

This certification audit awarded the service a continuous improvement around falls prevention.

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.		All standards applicable to this service fully attained with some standards exceeded.
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The Code of Health and Disability Services Consumer Rights pamphlets are available in the main entry and posters are on the walls throughout the Home of St Barnabas. The information pack provided to residents and their families includes the mission, philosophy and other relevant information for residents, family/whānau. Assessment and care planning includes individual choice. The Māori health plan supports practice. Individual values are considered during care planning. The complaint's register follows the complaint from notification through to resolution are appropriately documented. Residents, family/whānau and staff interviewed confirmed there is involvement with community groups and confirmed that the service is respectful and responsive to their needs, values and beliefs. An environment of open disclosure is maintained.

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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Home of St Barnabas has a current business plan, which includes a quality and risk management plan. The implemented quality programme includes regularly reviewed policies, an internal audit programme, analysis of quality data, and a health and safety programme that includes hazard management. Quality information is reported to facility meetings. Residents, family/whānau are able to provide feedback on service delivery issues at regular meetings and through annual satisfaction surveys.

Human resource management policies are in place. There is a documented rationale for determining staffing levels in policy. Caregivers, residents, family/whānau interviewed confirmed there is adequate staffing levels to meet resident needs. There is an online training programme offered to staff.

The resident files are integrated, and care plans and progress notes are legible. Incidents are documented and analysed as part of the quality data in monthly reports.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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An admission package is provided to family and residents prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses are responsible for all aspects of care planning, assessment and review with the resident and/or family input. Care plans viewed in resident records demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses and medication competent caregivers are responsible for administration of medicines and complete annual education and medication competencies. The medicine charts reviewed met legislative prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist provides and implements the activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for the resident group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines. A current food control plan is in place. The residents interviewed were complimentary of the meals provided.

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.

There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals are stored safely throughout the facility and there is appropriate protective equipment and clothing for staff. The building has a current warrant of fitness. The building, plant and equipment comply with legislation. There is a preventative maintenance schedule in place. There are sufficient bathroom facilities to meet the needs of residents. Internal and external areas are safe and easily accessible for residents using mobility aids. There are policies in place for emergency management. The facility has sufficient civil defence supplies. Alternative energy and utility sources are maintained, an appropriate call-bell system is available and security systems are in place. There is a person on duty at all times with first aid training. Housekeeping staff maintain a clean and tidy environment and implement effective laundry processes. Residents and relatives interviewed report the facility is maintained at a comfortable temperature.

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 Home of St Barnabas is enabler and restraint free. There are appropriate procedures, and forms for the safe assessment, planning, monitoring, and review of restraint and enablers should this be required. There are policies addressing restraint, enablers, and the management of challenging behaviours. Policy requires enablers to be voluntary and the least restrictive option possible.

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.

There is a suite of infection control policies and guidelines to support practice. The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. A designated registered nurse has responsibility for infection control. The infection control coordinator has attended external education and coordinate education and training for staff. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been no outbreaks in the last year.

The service was well prepared for Covid19, adequate supplies of personal protective equipment was sighted. Additional training was held around handwashing, donning and doffing personal protective equipment and isolation procedures. A resource folder is in place to guide staff of procedures and guidelines for each level of lockdown. There are grab and go isolation kits easily accessible to staff.

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	1	92	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>Policies and procedures adhere with the requirements of the Code of Health and Disability Services Consumer Rights. The service provides residents and family/whānau with information regarding entry to the service and this information contains details relating to the Code. There is staff training on the code at induction.</p> <p>Interviews with the general manager, assistant manager (kitchen manager), house manager who also provides administration and maintenance functions, four caregivers, three registered nurses (RNs) who have responsibility for quality, covid response, education and infection prevention and control, one diversional therapist (DT), one housekeeper, one laundry assistant demonstrated an understanding of the Code of Consumer Rights.</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>There are established informed consent policies/procedures and advanced directives. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. Admission agreements include the 'Permissions granted' section.</p> <p>General consents including the use of photographs, outings, research and sharing information are obtained and signed on admission by the resident. Specific consents are obtained for specific</p>

		<p>procedures such as influenza and Covid 19 vaccine. The resident files including the resident on respite contained signed consents.</p> <p>Resuscitation status had been signed appropriately. Advance directives and the 'shared goals of care' forms were signed for separately, identifying the resident's wishes for end-of-life care, including hospitalisation. Copies of enduring power of attorney (EPOA) where available were in the residents' files.</p> <p>The caregivers interviewed demonstrated a good understanding in relation to informed consent and informed consent processes. Residents and relatives interviewed, confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.</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>There is a comprehensive information and admission pack which includes information relating to advocacy services, including phone numbers and contact names being made accessible. Included in the orientation and in-service programme there is ongoing training on advocacy. Staff interviewed demonstrated a good understanding of how residents can access advocacy service. Residents interviewed confirmed advocacy support is available if required. The Chaplain acts in an advocacy role if required.</p> <p>At interview relatives identified the service provides opportunities for the family/whānau /EPOA to be involved in decisions. The resident files reviewed included information on resident's family/whānau and chosen social networks.</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>Home of St Barnabas has an open visiting policy, there are no restricted visiting time (except for when there are changes in Covid 19 Alert level). Family / Whanau and friends are encouraged to visit the home. Residents interviewed confirmed that relatives and friends are able to visit at any time. On the day of the audit visitors were observed visiting. Discussions with staff, residents, family/whānau confirmed that residents are supported and encouraged to continue to be involved in their community and other external groups such as church.</p> <p>The service has a van, and group and individual outings are provided. There are community groups visit the home as part of the activities programme. Church services are provided at the home, and entertainers visit the facility regularly.</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>	<p>FA</p>	<p>Complaint forms are available at the main foyer. Staff interviewed were aware of the complaints process and direct complaints to the management or the registered nurse (RN). The complaints process is in a format that is readily understood and accessible to residents and their families. The residents and relative interviewed, confirmed that they understand the complaints process. The complaints policy complies with Right 10 of the Code. At admission residents and their family/whānau are provided with information on the complaints process. Complaint forms are available at the main foyer. Staff interviewed were aware of the complaints process and to whom they should direct complaints. The format of complaints is accessible and easily understood to residents, family/whānau.</p> <p>Three complaints were documented on the complaint register since the previous audit. Documentation reviewed identified that these were all followed-up and managed appropriately, within timeframes and with acknowledgement and response being documented when completed.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The resident rights policy includes roles and responsibilities. The Code of Health and Disability Services Consumer Rights pamphlets are available in the main entry and posters are on the walls throughout the facility. It is available in another language and staff also read and explain information to residents. Seven residents, and one relative interviewed were able to describe their rights and advocacy services particularly in relation to the complaints process. The information pack provided to residents, family/whānau at admission details how to make a complaint, advocacy services and the Code of Rights. Training on code of rights and associated topics have been undertaken by staff through the online platform in 2020 and 2021.</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>	<p>FA</p>	<p>The Home of St Barnabas has policies and procedures that are aligned with the requirements of the current Privacy Act and include confidentiality and privacy policy. Staff interviewed, described the procedures for maintaining confidentiality of resident information, and employment agreements ensure staff maintain confidentiality of resident information.</p> <p>Discussions with residents, and the relative identified that caregivers respect resident's privacy and that the service is respectful and responsive to their needs, values, and beliefs.</p> <p>The resident files reviewed demonstrate individual preferences are identified and planned for. An abuse and neglect policy as well as a harassment policy includes definitions and examples of abuse, staff were able to describe definitions. Family/whānau interviewed stated the care provided was very good. Training for staff has been available and continues to be on the on-line learning platform regarding topics covered by the abuse and neglect policy.</p>

<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>Residents who identify as Māori have policies that are based on the four cornerstones of Māori health to support their requirements. Education on cultural awareness has been undertaken and is available through the online learning platform. There are staff members who are available to act as resource people to assist with meeting cultural needs. The management described connections with Māori organisations through Arai Te Uru Whare Hauora and Te Hau Ora Whanau Services. The service can access local iwi for education and support as required. One of the registered nurses has experience in working with Maori health and is well versed in Tikanga. On the day of the audit one resident identified as Maori. This resident's care plan identified the spiritual, religious and cultural preferences of the resident.</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>	FA	<p>The cultural safety policy is documented and implemented. Policies around spirituality is included in the code of rights policy. The Home of St Barnabas has a chapel where weekly services are delivered. The Anglican Chaplain provides weekly services and visits throughout the week, the Catholic Priest visits regularly with Communion offered by a church visitor each Sunday and the Presbyterian Minister is also available for residents. Staff and residents interviewed confirmed residents are able to access spiritual support of their choice. Residents who wish to attend their own church in the community are assisted to do so. The relative interviewed confirmed they are encouraged to be involved in the care planning process. The Home of St Barnabas provides a culturally appropriate service by ensuring initial assessments fully capture resident's information regarding culture and beliefs. The care plans reviewed included the resident's social, spiritual, cultural, and recreational needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>There are policies and procedures to ensure consumers are not subjected to discrimination, coercion, harassment, sexual or other exploitation. There are comprehensive documentation and orientation processes to ensure professional boundaries are maintained. The Code of Conduct covers discrimination, harassment, professional boundaries, and expectations. The registered nurses and caregivers were able to describe how they work within their professional code of ethics.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	<p>The services provided meet the Health and Disability Services Standards. Annual reviews of the quality programme and monthly reports from the general manager to the trust board reflect the service's ongoing progress around quality improvement. The board has a detailed annual review where goals are reviewed. Policies and procedures cross-reference other policies and appropriate</p>

		standards. The residents and family/whānau spoke positively about the care and support provided. The caregivers and registered nurses (RNs) have a range of competencies to complete. The job descriptions include clear ethical and professional standards and boundaries. The service as exceeded the standard around falls prevention and monitoring.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Residents and family/whānau are informed prior to admission of the scope of services and any items that are not covered by the agreement and will need to be paid for. Family/whānau interviewed, stated they are kept informed when the resident's health status changes. There are policies covering open disclosure policy, complaints policy and incident reporting. Twelve of fourteen incident forms reviewed identified that family/whānau, next of kin were notified of the adverse events affecting their family members. Two of the 14 recorded family/whānau was not advised according to the residents wishes. Residents' meetings are planned three-monthly but have been at varying times due to Covid restrictions. Home of St Barnabas has policies and procedures available for access to interpreter services. Interviews with staff confirmed knowledge around how to access interpreter services. Residents and relatives interviewed stated all staff and management are approachable. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	The Home of St Barnabas Trust was incorporated as a Charitable Trust under the Charitable Trusts Act 1957 in 2003, by the Anglican Diocese of Dunedin. The Trust is governed by a Board of Trustees that provide governance and direction. The home provides rest home level care for up to 41 residents. On the day of audit, there were 40 residents including two residents on respite care (one private paying). All permanent residents were on the age-related residential contract (ARRC). The general manager reports monthly to the governing board and chair. Monthly senior management meetings occur, and meeting minutes demonstrated discussions around quality activities. These include the general manager, the three registered nurses each with a portfolio (1x quality and restraint, 1x education and infection control, and 1x covid response), the kitchen manager (assistant manager) and the house manager (administration and maintenance). The facility has a current business plan, which includes a quality and risk management plan. A quality management system includes gathering data and information to provide opportunities for quality improvement. The service is managed by an experienced general manager that has been in the role for over 25

		years. The general manager has completed more than eight hours training related to her current role in the past 12 months. She is supported by the senior management team and the trust board.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	In the absence of the general manager, operational management decisions are made by the assistant manager (kitchen services manager), who is supported by the house manager and the RNs provide clinical support.
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Home of St Barnabas has business, quality, and risk management plans describing the aims and ambitions for the upcoming year. The monthly senior management meetings monitor the progress of the quality and risk management plan. These meetings along with the quality meetings and general staff meetings are usually three- monthly. Minutes for meetings included actions to achieve compliance where relevant and these are available for staff to read. Quality meetings include discussion of audits, training, complaints, education, incidents, hazards, restraint, health and safety, infection prevention and control, food services, staffing and other general items.</p> <p>A comprehensive schedule of internal audits in completed and the results include corrective actions, these are followed-up and signed off once completed. Audit results and corrective actions are reported through to the relevant meetings.</p> <p>There are implemented health and safety (H&S) policies and procedures that comply with current Health and Safety legislation. The house manager is the identified health and safety representative and has completed H&S stage one and attends a H&S forum every year. The on-line training platform also provides training on health, safety and wellbeing topics which she also completes. The hazard register was updated in May 2021. Hazards are reported on accident and hazard forms and hazard identification forms are taken to quality meetings or other relevant meetings for discussion.</p> <p>Staff and resident accident/incident data, infection control data and restraint data are collected. Incident and accident investigation results are discussed with staff through quality and staff meetings.</p> <p>Resident/family/whānau surveys conducted in 2019 and 2020 were collated and analysed with pie graphs and review comments. Surveys identified residents and family/whānau were pleased with the services provided. The results of survey were communicated to the residents and family/whānau through meetings.</p>

		The general manager reports to the board on a monthly basis and the report includes quality data/results and achievements that have been made over the previous month.
<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>Fourteen incident forms were reviewed, these were completed by the staff member finding the incident and included an RN assessment when a resident was involved. Neurological observations were completed on residents who had fallen, and these were completed as per policy. Family/whānau are advised following incidents when residents have given permission for this to happen. The residents progress notes have information regarding the incident documented for each incident.</p> <p>Incident/accident and hazard data is collected. This data is analysed monthly by RN responsible for quality. Following analysis of the monthly data, quality improvements have been identified when required, and monitored by the RN responsible for quality.</p> <p>The general manager, RN responsible for quality and the other two RNs confirmed that their awareness of the requirement to notify relevant authorities in relation to essential notifications. Two section 31 notifications have been made, one regarding a sudden death and the second about the handover of a resident by the District Health Board.</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>There are human resource policies and procedures. All new staff receive an orientation programme and on-site support with a senior staff member. The Home of St Barnabas newest staff recruited was through an education provider where the potential new staff member has been at the home on work experience which covers orientation and initial training.</p> <p>Eight staff files were reviewed (the RN with the quality portfolio – the newest RN, two caregivers, one DT and one chef, one kitchen supervisor and the general manager), all included up-to-date documentation including training records. Relevant checks were completed to validate the individual's qualifications, experience and veracity. Performance appraisals are complete on the files that were reviewed.</p> <p>The two-yearly education programme covers contractual requirements. Training is delivered in a number of ways these include the online staff training package, face to face on site training and toolbox talks on relevant topics. The online training is available over the 12-month period and staff have set time frames to complete specific topics as well as topics which may interest them. Topics including code of rights, abuse and neglect are provided through the online training programme as well as face to face opportunities. There are five level 2 New Zealand Health and Wellbeing, five level 3 New Zealand Health and Wellbeing, one Level 4 New Zealand Health and Wellbeing,</p>

		<p>A copy of the RNs (including the general manager) annual practicing certificates and allied health practicing certificates are also held on file.</p> <p>Staff who administer medication have current medication competencies that include warfarin and insulin management competency. Four caregivers interviewed confirmed that they have completed competencies at least yearly or earlier if required by the RN responsible for education. The senior management team including the RNs and the general manager attended the New Zealand Aged Care Association Manager Study Day and the Health and Safety Forums. The RNs report they are able to attend training that interests them, all three are interRAI trained.</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>	FA	<p>The Home of St Barnabas maintains stable staffing and the general manager described staff turnover as low. A staffing policy details staff skill mix which is demonstrated in the roster. There is one RN working full-time. There are two other registered nurses who both work three days per week, all three provide on-call support. At the time of the audit there were 40 residents including two on respite care.</p> <p>On the morning shift the caregiver roster is: two staff 6.15 am to 3.15 pm and two staff on 8.00 am to 1.00 pm. Afternoon shift is two staff on 2.45 pm to 11.15 pm and one staff on from 4.30 pm to 7.30 pm. There are two caregivers on night shift. There are dedicated housekeeping and laundry staff. The DT works Monday to Friday. Residents, family members and staff reported a high but manageable workload.</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>	FA	<p>Clinical files are kept securely in the nurses' station. Care plans are developed on the momentum programme associated with interRAI, the electronic care plans are printed and kept in residents' paper-based files. The resident files are appropriate to the service type. Resident files reviewed were integrated and included general practitioner assessment and reviews. There is evidence of external health professional involvement where relevant. Progress notes are documented electronically and were legible. Designation of the person who completed the entry documentation was recorded and dated.</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</p>	FA	<p>There are policies in place for entry into the service, and this is facilitated in a competent, timely and respectful manner. The registered nurses screen prospective residents prior to admission. The RNs liaise with residents, relatives and the needs assessment service coordination (NASC) service. Admission information packs on the service are provided for families and residents prior to admission or on entry to the service. The seven admission agreements reviewed aligned with all contractual requirements. Exclusions from the service are included in the admission agreement. Residents and</p>

been identified.		relatives interviewed agreed that admission to services was well managed.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. The residents and their families were involved for all exits or discharges to and from the service.</p> <p>One residents file reviewed evidenced the transfer to and from hospital following a fall. Documentation reflected RN assessment, relative's involvement and the transfer process using the 'yellow envelope specific to age care' system.</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>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs and caregivers who administer medications complete annual medication competencies. Annual in-service education on medication is provided. The medication storage area is secure. Medications (blister packs) are checked on delivery against the medication chart and any discrepancies fed back to the pharmacy. All medications are stored safely. Standing orders are not used. There were no self-medicating residents. The medication fridge and medication room temperatures are recorded and were within expected ranges.</p> <p>Fourteen electronic medication charts were reviewed. All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three-monthly. "As required medications" had indications for use documented and were administered appropriately with efficacy documented. The lunchtime medication round observed evidenced all practices are compliant with policy and legislation.</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>All meals at St Barnabas are prepared and cooked on-site. The service has a large kitchen, which also provides meals for outside agencies such as meals on wheels. The service has obtained an 18-month food verification certificate with an 'A' grade. The food control plan expires 25 March 2021. There is a menu, which had been reviewed by a dietitian.</p> <p>All monitoring such as fridge, freezer and food temperatures have been documented and are recorded daily. These temperatures were within range. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen. The registered nurse advises the kitchen staff of residents that need higher calorie intake and supplements are provided to these residents.</p>

		Kitchen staff serve the meals from a bain-marie in the dining room (opposite the kitchen) which allows the opportunity for resident feedback on the meals and food services generally. Residents are able to choose from the bain-marie what they would like to eat and the portion sizes. Residents and the relative interviewed were very complimentary of the food service. The kitchen manager is part of the combined quality, health and safety meetings and is part of the management team.
Standard 1.3.2: Declining Referral/Entry To Services 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.	FA	There are policies in place to guide practice. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. The service communicates directly with the referring agencies and family/whānau as appropriate if entry was declined.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	An RN completes a comprehensive initial assessment and care plan on admission, including a clinical risk assessment and relevant risk assessment tools including (but not limited to) pain, pressure and falls. Risk assessments are completed six-monthly with the interRAI assessment or earlier due to health changes. InterRAI assessments reviewed were completed within 21 days of admission and at least six-monthly thereafter.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Resident care plans reviewed were overall resident focused. Short-term care plans are used for changes to health status and were sighted in resident files, for example, acute wounds, and infections. Long-term care plans evidenced resident (as appropriate) and family involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrated service integration. The respite resident had interventions documented in the care plan that were appropriate to their needs. Staff interviewed identified a high level of resident knowledge by care staff and leadership by the RNs. There was evidence of allied healthcare professionals involved in the care of the resident including mental health services, wound care specialist, physiotherapist and podiatrist.
Standard 1.3.6: Service Delivery/Interventions	FA	Discussion with staff and observation, evidenced that service interventions were caring and supportive. When a resident's condition alters, a registered nurse initiates a review and if required, GP, nurse specialist consultation. There is documented evidence on the electronic progress notes in

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>each resident file that indicates family were notified of any changes to their relative's health. Discussions with families confirmed they are notified promptly of any changes to their relative's health.</p> <p>Wound management policies and procedures are in place. Adequate dressing supplies were sighted in the treatment room. On the day of the audit, there were four wounds; two chronic wounds (which had been referred to the wound specialist) and one abrasion and one superficial skin tear. Electronic wound assessment, plans, ongoing evaluation notes were in place for residents with wounds. Photos were taken at regular intervals to evidence progression towards healing. The RNs have attended wound care study days held through the DHB.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. There is access to the DHB continence nurse specialist by referral. Residents are weighed monthly or more frequently if weight is of concern.</p> <p>Specific monitoring forms and care plans have been developed by the service around falls preventions, behaviour management and 24-hour care plans were in place for residents with high falls risk, and challenging behaviours.</p> <p>Monitoring forms are used for weight, vital signs, and blood sugar levels, pain, challenging behaviour, food and fluid charts.</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 diversional therapist (DT) has been in her role for 7 years and provides activities for residents across Monday to Friday. The diversional therapist has a current first aid certificate. Each resident has an individual activities assessment on admission and from this information, an individual activities plan has been developed by the activities staff for the resident files sampled. The DT documents in the paper files at least monthly providing an overview of the resident's activity for the month. Care plans are updated at least six-monthly.</p> <p>There is a two weekly planner handed to residents for their room and is displayed on noticeboards. The set activities include (but are not limited to); bowls, golf, housie, outings, newspaper reading, crafts, church services, pet therapy, board games and exercises. The activities programme reflects the residents' cognitive and physical abilities. Themes and celebrations including Easter, Christmas, Mothers' Day and Fathers' Day and residents' birthdays are celebrated.</p> <p>One on one sessions are held regularly with residents who prefer not to be involved with large groups, and generally involves a chat, setting up colouring for mindfulness, playing card games, dominoes, or an art activity of the residents choosing.</p> <p>Recently there has been a men's group developed where a group of men go on outings to places of</p>

		<p>interest to them including vintage tractors, the maritime museum, reminiscing at rugby parks and the likes. The ladies group visited an embroidery exhibition. There were a group of ladies who sat together and embroidered with an external group who visited pre covid19, and plan to start the group up again. Resident knitters at St Barnabas have knitted blankets for the night shelter.</p> <p>Music appreciation has been re-introduced with rhythm and drums; residents previous not attending activities have found this activity therapeutic. Another resident previously not attending group activities listens to classical music with other residents.</p> <p>Residents are encouraged to maintain links with the community, there are regular entertainers visit the facility, and residents attend blind foundation meetings and luncheons. The residents of St Barnabas are regularly invited to other local homes for inter homes games and entertainment.</p> <p>Resident meetings are held regularly, and residents provide verbal feedback on activities and suggestions for outings and activities they would like to try. Church services are provided on a regular basis. Mass is held monthly. Residents interviewed spoke positively about the activity programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans for long-term residents were evaluated by an RN within three weeks of admission and long-term care plans developed. Long-term care plans have been evaluated by an RN at least six-monthly, using the interRAI tool and care plan or earlier for any health changes for files reviewed. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes or the care plan. Evaluations indicate whether the goal has been achieved or partially achieved. If the goal has been partially achieved, the RN documents progression towards meeting the goal in the electronic progress notes.</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>Referral to other health and disability services is evident in the resident files sampled. Processes for referral to a higher level of care were . The GP and RN discussed another resident and a possible transfer to a different level of care, the family were part of this discussion. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Examples included mental health services, wound nurse specialists, physiotherapist and podiatrist.</p>

<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets and products charts are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored in a locked cupboard. Personal protective clothing is available for staff and was observed being worn by staff when they were carrying out their duties on the day of audit. Staff have completed chemical safety training.</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>	FA	<p>Maintenance is overseen by the house manager. There are preventative and reactive maintenance schedules in place. External contractors are available 24/7. The facility is split level with ramp to the lower levels and lift access. The building has a Building systems status report issued by the city council declaring all emergency systems are safe and in working order. The building warrant of fitness could not be issued as essential checks could not be completed during the Covid 19 lockdown period. All electrical equipment has been tagged and tested and medical equipment has been calibrated annually. Hot water checks are completed monthly and are all within expected ranges.</p> <p>Corridors are wide and provide adequate space for residents to freely move around the facility using mobility aids. All internal and external areas are easily accessible for residents. External areas are well maintained. New garden furniture and a mechanical shade were purchased last year.</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 is a mixture of resident rooms with single ensuites, shared ensuites and no ensuite facilities. There are communal bathrooms and toilet facilities located close to the resident rooms where there is no ensuite facilities. Toilets and showers are of an appropriate design with adequate space for mobility aids. Residents interviewed reported their privacy is respected at all times. All rooms have hand basins. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned.</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</p>	FA	<p>There is one double room which is either occupied with married couples or has single occupancy. On the day of the audit, this room was occupied by one resident. All other rooms are single. There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms as viewed on the day of audit.</p>

and setting.		
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The main dining room is on the main floor and provides a homely spacious environment for residents to enjoy meals. There is a small lounge/ dining area on the lower floor where small group activities take place and a large 'main' lounge also on the lower floor is spacious and provides space for large group activities and entertainment. There are small cosy areas for residents and relatives to enjoy. All areas are easily accessible to residents via the ramp or the lift between floors. Residents were moving around the facility freely during the audit.</p> <p>The external garden areas are easily accessible and provide seating and shade.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All linen and residents personal clothing is laundered on site. The laundry assistant interviewed demonstrated the dirty in/ clean out flow. She had attended chemical safety training and had a good knowledge of infection control practices. There are brightly coloured 'infection control' buckets at the entrance of the laundry for staff to access in the event of an outbreak or if a resident had an infection. There are chemical data sheets, instructions around management of infectious laundry to include Covid 19 precautions easily accessible. Chemicals in the laundry and housekeeping are closed system.</p> <p>The housekeeper interviewed could easily describe routines, and infection control measures implemented into the daily routines. The chemicals on the cleaning trolley were in original containers, the trolley is covered when in use, and locked away when not in use. The housekeeper has attended chemical safety training and could easily describe extra precautions and chemicals used during the Covid 19 lockdown periods, and ongoing extra cleaning that remains in place.</p> <p>The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings and surveys. Residents and relatives interviewed during the audit were satisfied with the housekeeping and laundry services.</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>	FA	<p>Home of St Barnabas has emergency and risk management policies, procedures and equipment available for staff usage in the event of an emergency. Emergency equipment includes (but is not limited to) civil defence kits, alternative cooking (barbeque) are easily accessible to staff.</p> <p>Emergency lighting, smoke alarms, sprinkler system, and exit signs are all checked on a regular basis. Adequate food stores is stored in the kitchen, and the amount of stored water held meets with the current guidelines. Staff are trained in first aid, and there is a first aider on each shift. An approved fire evacuation plan is in place with training taking place six monthly (last held April 21).</p>

		Call bells are in the resident rooms, bathrooms and toilet, lounge and dining areas. There is a security process followed by staff each evening to ensure the facility is secure.
<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	All resident rooms have external windows. Residents on the lower floor enjoy views of the gardens. The facility is heated by radiators in the corridors and communal spaces. Resident rooms have individual ceiling heaters. Residents and relatives interviewed reported the facility is maintained and a comfortable temperature. There is a designated smoking area in the garden on the lower floor for residents to use.
<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>One of the RNs is responsible for infection control. Responsibility for infection control is described in the job description. The infection control coordinator oversees infection control for the facility and is responsible for the collation of infection events. The infection control programme is reviewed annually. Infection control data is discussed at all facility meetings.</p> <p>The infection control coordinator reported that out of 38 permanent residents, 37 accepted the influenza vaccine in 2020, and 40/70 (including all meals and wheels and casual staff) had the influenza vaccine. No data was available around this for 2021 at the time of the audit.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. All visitors and contractors to entering the facility complete a wellness declaration and contact tracing in line with current guidelines.</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 infection control coordinator has attended infection control and prevention education. Infection control education is provided and accessed through the DHB. There is access to infection control expertise within the DHB, New Zealand age care association (NZACA), wound nurse specialist, public health, laboratory and the Ministry of Health website. The infection control coordinator and the GP monitor the use of antibiotics using the electronic medication system.</p> <p>Covid 19 was well prepared for with another RN picking up the role as the St Barnabas Covid coordinator. The Covid co-ordinator-maintained contact with staff and families during the lockdown levels and provided information around the guidelines for each level. All staff completed wellness declarations and temperature checks at the beginning of each shift. Extra education around donning and doffing personal protective equipment, handwashing and isolation procedures was completed. Red and green zones were identified. And grab and go isolation kits were made up complete with an</p>

		up-to-date resident list, updated resuscitation orders and identification bracelets. The kit is checked regularly and the residents list, and relevant information is updated. A resource folder is easily accessible to all staff in the nurse's station.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There is a suite of infection control policies available to guide staff. The infection control policies include a comprehensive range of standards and guidelines, including defined roles and responsibilities for the prevention of infection; and training and education of staff, policies and procedures and the pandemic plan have been updated to include Covid 19.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Staff complete infection control training through the online training platform. Hand hygiene competencies are completed during orientation and annually.</p> <p>Resident education is expected to occur as part of providing daily cares.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. Systems in place are appropriate to the size and complexity of the facility. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at all facility meetings.</p> <p>Infection data is logged on to the interRAI system, short term care plans were sighted for residents with current infections during the audit. Trends are identified and analysed, and preventative measures put in place. Data and graphs of infection events are available to staff. The service completes monthly and annual comparisons of infection rates for types of infections. The infection control coordinator provides an annual analysis of infections.</p>

		There have been no outbreaks in the past year and infection statistics remain well below benchmark with a period of three months with no infections.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	Home of St Barnabas is restraint free, there are no residents using enablers. Quality improvements have been raised to ensure there are increased activities available to assist with the no restraint policy. There are policies and procedures in place to manage restraint, enablers and challenging behaviours. Enablers should be voluntary and the least restrictive option possible to meet the requirements of the policies. Whilst restraint is not used it is discussed at management, registered nurse, quality and staff meetings. Staff training regarding restraint minimisation and safe practice was held in October 2020.

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 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	Home of St Barnabas provides an environment where good practice is encouraged.	<p>Home of St Barnabas provides an environment where good practice is encouraged. A falls prevention project was initiated in 2020 in response to the increased acuity of residents which included residents with a dementia related diagnosis. The senior management team had been counting falls and reporting this through their quality process. It was observed that staff were focussed more on treatment of the fall rather than prevention of it. A range of strategies were initiated to look at reducing the number of falls. The first action was a series of toolbox talks with the staff on shifts to ensure all staff understood the intention of the programme. Following that as each fall occurred there were open discussions held about the possibility of preventing the falls. It was soon observed when staff were reporting falls, they were also offering solutions regarding prevention. Other strategies that contributed to the reduction of the falls were the behavioural intervention programme. A number of interventions were included here; a twenty-four- hour dementia programme – to ensure residents with dementia had their needs met across the whole day, assist residents to feel less anxious – this was particularly evident during covid lockdowns. These strategies included all members of the team with a particular focus for the DT in the twenty-four- hour dementia programme and reducing anxiety throughout the day by using a wider range of activity interventions.</p> <p>Over the eighteen months since this was initiated there has been a reduction in the number of falls and a</p>

			reduction in the number of falls with injuries. In the last half of 2019 there were 41 falls, this peaked in the first half of 2020 to 59 falls. The number of falls for January to December 2020 was 24 with 13 minor injuries and from January to December 2021 there have been 18 falls and 5 with minor injuries. The Home of St Barnabas will continue to focus on this strategy.
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End of the report.