

Fendalton Lifecare (2006) Limited - Fendalton Retirement Village

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:	Fendalton Lifecare (2006) Limited	
Premises audited:	Fendalton Retirement Village	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 3 February 2022	End date: 4 February 2022
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:	22	

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

Fendalton Retirement Village is privately owned. The general manager/managing director has 15 years' experience in aged care management. The general manager is supported by a facility manager, a clinical manager, a unit manager and a quality advisor.

The service provides rest home level of care for up to 35 residents in the care centre and up to 14 rest home level of care residents in the serviced studios. On the day of the audit there were 22 residents. Residents, relatives, and general practitioner spoke positively about the care and services provided at Fendalton Retirement Village.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with resident's family, management, staff, and the general practitioner.

This certification audit identified the service continues to meet the health and disability standards.

The service has been awarded continuous improvement ratings around good practice in relation to staff education, infection surveillance and activities.

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.

The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during their entry to the service. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy, and informed consent.

Cultural values and beliefs are understood and respected. Care planning accommodates individual choices of residents and/or their family/whānau. Informed consent processes are adhered to. Residents are encouraged to maintain links with their community.

Complaints processes are implemented, and complaints and concerns are managed appropriately.

Organisational management

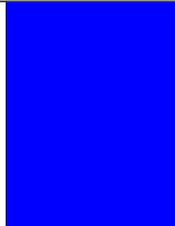
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Standards applicable to this service fully attained.

Fendalton Retirement Village has implemented a quality and risk management system. Key components of the quality management system include management of complaints, implementation of an internal audit schedule, incidents and accident reporting and analysis, review of infections, review of risk and monitoring of health and safety including hazards. Facility meeting minutes evidenced discussion around quality data, quality improvements and corrective actions. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and

appropriate coverage for the effective delivery of care and there are sufficient staff on duty at all times. There is an implemented orientation programme that provides new staff with relevant information for safe work practice. The education programme includes mandatory training requirements.

Continuum of service delivery

<p>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.</p>		<p>All standards applicable to this service fully attained with some standards exceeded.</p>
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An admission package is provided to family and residents prior to or on entry to the service. The unit manager (RN) or a registered nurse is responsible for each stage of service provision. The unit manager or registered nurse are responsible for all aspects of care planning, assessment, and evaluation of care with the resident and/or family input. Resident files included medical notes by the general practitioner and visiting allied health professionals.

The activity programme is developed to promote resident independence, involvement, emotional wellbeing, and social interaction appropriate to the level of physical and cognitive abilities of the rest home care residents.

Medication policies reflect legislative requirements and guidelines. The registered medication competent registered nurses and care leads are responsible for administration of medicines and complete annual education and medication competencies. The unit manager or registered nurse oversee the care leads. The electronic medicine charts were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission. The main meal is prepared at the sister facility and transported in a designated van. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines. There is dietitian review of the menu. Residents commented very positively on 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.

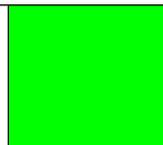
The building has a current building warrant of fitness certificate, and all external areas were accessible and of an appropriate standard. There is a preventative and planned maintenance schedule in place. Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Electrical equipment has been tested and tagged. All medical equipment and the hoist have been serviced and calibrated. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient dining room and lounge areas in all areas. Resident rooms are single occupancy and are personalised. There is a mixture of own and shared ensuite facilities as well as communal toilets.

Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three – four weeks. A staff member trained in CPR and first aid is on duty at all times. Smoking is only permitted in a designated external area.

Systems and supplies are in place for essential, emergency and security services.

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.

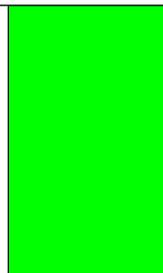


Standards applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Staff receive regular education and training on restraint minimisation. At the time of the audit there were no residents using restraint or enablers.

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 control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Responsibility for infection control is the unit manager. The infection control coordinator has completed online training. She is supported by Elmswood clinical manager while transitioning into this role. Staff complete annual training on infection control. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. The service has implemented a Covid-19 management plan based on the traffic light system. There has been one outbreak since the previous audit which was managed well.

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	2	43	0	0	0	0	0
Criteria	3	93	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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. Five residents and two relatives interviewed, confirmed that information has been provided around the code of rights. Residents stated their rights are respected when receiving services and care. There is a resident rights policy in place. Staff attend Code of Rights training. Discussion with three healthcare assistants (HCA), two activities staff, one registered nurse (RN) one housekeeper, the cook, and the unit manager identified they were aware of the code of rights and could describe the key principles of residents' rights in relation their role.</p> <p>Staff receive training on the Code during their induction to the service. This training continues via the staff education and training programme.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the</p>	FA	<p>The service has policies and procedures relating to informed consent and advanced directives. All five resident files reviewed included signed informed consent forms and advance directive instructions. Staff are aware of advance directives. Admission agreements were sighted, which were signed by the resident or nominated representative. Discussion with residents identified that the service actively involves them in decision making.</p>

information they need to make informed choices and give informed consent.		
<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>Residents and families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Resident advocates are identified during the admission process. Pamphlets on advocacy services are available at the entrance. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy services. Staff receive education and training on the role of advocacy services. Healthcare assistants (HCAs) understood their role as resident advocates and the residents' rights to advocacy services. The registered nurse (RN) and HCAs interviewed were aware of the resident's right to advocacy services and how to access the information.</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>The service encourages residents to maintain their relationships with friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, evidenced through interviews and observations.</p> <p>Community links are being implemented with evidence provided of how the local community supports the facility. Residents attend outings as they are able (e.g. local church services, pet therapy visits, craft group) have been intermittently depending on lockdown status. Residents who are able are supported to come and go from the facility as they please.</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 service has in place a complaints policy and procedure that aligns with Code 10 of the Code of Rights and is an integral part of the quality and risk management system. Complaint's information is available at the entrance and information is provided to relatives at entry. Complaints/compliments forms are available at the front entrance. There is an up-to-date complaint register on an electronic resident management system. The register includes a logging system, complainant, name, dates, investigation, findings, outcome, and response.</p> <p>There were four complaints in 2020 including one complaint to the Health and Disability commission, three complaints in 2021 and no complaints for 2022 year to date. The Ministry requested follow-up against aspects of a complaint that included (i) wound care service delivery, (ii) wound assessments, wound management, and documentation (iii) timely referrals. There were no identified issues in respect of this complaint.</p> <p>Complaints for 2020 and 2021 have been acknowledged and managed in line with the Code timeframes. Complaints are linked to the quality and risk management system. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</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 service has information on The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) available at the entrance to the care facility. Details relating to the Code and the HDC advocacy service are included in the resident information that is provided to new residents and their families. Aspects of the Code are discussed with residents and their family on admission. Discussions relating to the Code are also held during the residents' meetings. The code of rights is displayed in English and Māori. There is a welcome information folder that includes information about the code of rights. The resident, family or legal representative has the opportunity to discuss this prior to entry and/or at admission with the facility manager or clinical manager. Residents and relatives confirmed they receive sufficient verbal and written information to be able to make informed choices on matters that affect them.</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 residents' personal belongings are used to decorate their rooms. The healthcare assistants interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas.</p> <p>Healthcare assistants reported that they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit confirmed that the residents' privacy is respected. All communal bathrooms and showers have privacy signage/locks in place.</p> <p>Staff sign house rules which include a confidentiality clause. Staff complete training on privacy and dignity, and abuse and neglect which begins during their induction to the service and continues as a regular in-service as part of their education plan. Guidelines on abuse and neglect are documented in 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>	<p>FA</p>	<p>There is a Māori health plan and cultural safety and awareness policy to guide staff in the delivery of culturally safe care. A Māori and other Ethnic Groups resource document includes guidance on working with Māori residents. The resource includes Māori values and concepts including the importance of whānau and Te Whare Tapa Wha (a Māori model of health) and references contact details to other Māori providers that are available. Cultural considerations and interventions are identified in the resident's care plan. There were no Māori residents living at the facility at the time of the audit. Care staff were able to describe how to access information and provide culturally safe care for Māori.</p>

<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The service identifies the residents' personal needs and desires from the time of admission. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline.</p> <p>Beliefs and values are incorporated into the residents' care plans. Residents and family/whānau interviewed confirmed they were involved in developing the resident plan of care, which includes the identification of individual values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the healthcare assistants' role and responsibilities. Professional boundaries are reconfirmed through education and training, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>CI</p>	<p>Management is committed to providing a service of high standard, based on the business mission and philosophy. This was observed during the day with the staff demonstrating a caring attitude to the residents. All residents and families spoke positively about the care provided. This was confirmed in the 2021 resident/family satisfaction survey. The service has implemented policies and procedures developed with the assistance of a quality advisor that provide a good level of assurance that it is adhering to relevant standards. One general practitioner visits week. Residents are reviewed by a general practitioner (GP) every three months at a minimum. The service receives support from the district health board (DHB). A physiotherapist is on site two weekly and as needed - currently this is weekly. A podiatrist visits the facility every six weeks..</p> <p>Care staff and RNs also have access to internal and external education opportunities. An external Careerforce assessor is contracted as required. The quality advisor provides monthly clinical supervision for registered nurses providing an opportunity for staff to reflect on their clinical practise and consider alternatives. An educator is employed 20 hours per week between Fendalton and a sister facility and actively develops and populates an online system which provides staff with additional educational opportunities. In June 2020 management introduced an activity of daily living competency for care staff. Staff have a sound understanding of principles of aged care and stated that they feel supported and encouraged to attain qualifications by management.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed at all times. The care staff interviewed understood about open disclosure and providing appropriate information when required.</p> <p>Families interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Twelve accident/incident forms reviewed reflected documented evidence of families being informed following an adverse event. Communication through covid lockdown periods was maintained with memos, newsletters, emails, zoom calls and phone calls.</p> <p>An interpreter service is available and accessible if required through the district health board. Staff and family are used in the first instance.</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>Fendalton Retirement Village is privately owned by a company of three directors, one of whom is the general manager across two facilities (Elmswood and Fendalton Retirement Village) owned by the company. The directors meet quarterly, and an annual general meeting includes the eight shareholders. The general manager/managing director (GM) is non-clinical and has been in the aged care industry for 15 years. Clinical governance is provided by a contracted quality/risk consultant/registered nurse.</p> <p>The general manager is supported by a full-time facility manager (with previous aged care experience and a background in business management). The facility manager is non-clinical and has been in the role for six months. A clinical manager with aged care experience has been in the role for four years and has overall responsibility for clinical operations. There is a quality assurance consultant who is responsible for oversight and implementation of the quality programme across both facilities. Both the FM and CM work across the two facilities. They are supported by a unit manager (RN) who is based at Fendalton Monday to Friday. All were present on the day of the audit.</p> <p>The GM/board member continues to access aged care webinars and provide board members with industry knowledge. The facility manager has attended at least eight hours of education within the last year, related to managing a rest home and hospital including a manager and aspiring leaders study day with an aged care association and regional aged care association meetings. The clinical manager has completed over eight hours of professional development related to her roles. The GM continues to access aged care webinars and provide board members with industry knowledge.</p> <p>The service is certified to provide up to 49 rest home level residents in the care facility. There are 14 studio apartments certified for rest home level of care. On the day of audit in the care unit, there were 17 rest home residents. There were five rest home level of care residents in the serviced apartments. All residents were under the are related residential care (ARRC) contract.</p>

		<p>The Business Plan is specific to Fendalton Retirement Village and includes reference to a mission statement which aims to provide a positive fulfilling experience of aging in a home where we care and nurture each other. The business plan goals include continued introduction of electronic systems and consideration of development opportunities. Goals are reviewed at quarterly meetings. The service has five identified values: Quality, Pride, Integrity, Teamwork and Laughter. All staff are orientated to the values and these values are embedded into all levels of practice.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>During the temporary absence of the facility manager the general manager provides management oversight of the facility. The unit manager, including the on-call requirement is supported by a Clinical Manager, RH unit coordinator (an experienced RN with three years with the facility) and hospital unit-coordinators. Four experienced RNs including the clinical manager, rest home and hospital unit coordinators and unit manager (Fendalton) rotate to provide RN on-call for both facilities. The clinical manager is responsible for facility operations in the absence of the unit manager.</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>	FA	<p>Fendalton Retirement Village has a quality risk management plan in place that is reviewed annually. The quality advisor oversees the quality programme. The service has in place a range of policies and procedures which align with current best practice and meet legislative requirements. Policies have been developed by an external consultant and reviewed regularly. Staff are required to read reviewed/new policies.</p> <p>Quality goals are identified at the beginning of each year and progress towards monitoring of goals is documented at monthly quality meetings. The goals for 2021 included target rates for all key performance indicators and implementing the pandemic policy into daily practice. Fendalton met all targets in 2021 and evidenced extensive education and knowledge of pandemic protocols as confirmed on interview with clinical and management staff.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data, surveys, and complaints management. Data collected, is analysed, and compared monthly and annually for a range of adverse event data. Where improvements are identified, corrective actions are developed, implemented, and regularly evaluated. Staff are informed of quality results, including corrective actions, via staff meetings and newsletters. Meeting minutes are available for staff to read.</p> <p>The quality/risk consultant completes a comprehensive facility audit six monthly, covering all aspects of the service including clinical, organisational management, human resources, food services, and environmental</p>

		<p>areas. The quality/risk consultant completes a monthly summary of audits with corrective actions, which are implemented by the relevant person. Additional facility audits are included in the programme such as restraint, infection control, resident files, and medication. Corrective actions sighted had been completed and closed out as documented in meeting minutes.</p> <p>There are monthly health and safety and infection control meetings. Representatives from each service area attend the meetings. On call review meetings, care lead meetings, clinical meetings and general staff meetings are held at two to three monthly intervals. Meetings include discussion around quality data including complaints, compliments, health and safety, accident/incidents, infection control and internal audits and outcomes. Trends are identified and analysed for areas of improvement. Benchmarking occurs against industry standards. Staff interviewed confirmed they read meeting minutes and summaries in the two monthly staff newsletters. Meeting minutes and quality data is displayed for staff. Management team and unit coordinators are in close daily contact and receive daily reports on relevant/significant aspects of service delivery.</p> <p>Annual resident and family satisfaction surveys are completed annually in August and September. All residents and families surveyed reported the service met or exceeded care and services provided in 2021. Results from the surveys are collated and fed back to participants through meetings and by newsletter. Any areas of concern are raised as an opportunity for quality improvement.</p> <p>The unit manager is the health and safety officer for the staff, contractors, visitors, and residents. The health and safety committee comprise of representatives from all areas and includes the facility manager, clinical manager, and unit manager. The hazard register is current and reviewed at least annually.</p> <p>Falls prevention strategies are in place that include the analysis of falls and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>As part of the risk management and health and safety framework, there is an accident/incident policy. Individual reports are completed for each incident/accident through the resident electronic system. The service collects incident and accident data and reports monthly to the health and safety committee and to clinical and quality meetings. Accident/incident data, trends and corrective actions are documented in meeting minutes sighted. Twelve incident forms were reviewed. All incident forms identified timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had been completed for suspected known head injury. The next of kin had been notified for all incidents/accidents. The healthcare assistants interviewed could discuss the incident reporting process. The unit manager collects incident/accident forms, completes investigations, and implements corrective actions as required. There is a discussion of incidents/accidents at H & S quality and staff meetings including actions to minimise recurrence.</p> <p>The facility manager could describe situations that would require reporting to relevant authorities. There has</p>

		<p>been one report to the public health/DHB for an outbreak in June 2020.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Six staff files were selected for review (three healthcare assistants, one diversional therapist, one cook and the unit manager (RN). Files reflected evidence of the recruitment and induction process, including reference checking, signed employment contracts, job descriptions, and completed orientation programmes. The service uses an electronic human resources system commencing at the onboarding process and providing storage of contracts, consents, reference checks, competencies, and training. All files reviewed contained relevant employment documentation including but not limited to signed position descriptions, completed orientations, police checks and qualifications. Annual performance appraisals have been completed for those staff who have been employed for more than one year.</p> <p>The service employs an educator with a national certificate in adult education to develop and implement the orientation and annual training programme.</p> <p>The orientation programme provides new staff with relevant information for safe work practice including completion of core competencies. Care staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>Healthcare assistants are encouraged the opportunity to commence Careerforce aged care qualifications and are supported by the staff educator. Currently there are 18 care staff. Ten healthcare assistants (HCAs) have level 4 NZQA, and three HCAs have level 3 and one with level 2. External Careerforce assessors are contracted to the facility. The quality advisor is also a Careerforce assessor and can assist if required.</p> <p>There is an annual education and training schedule being implemented that includes mandatory training across 2021 and 2022. Toolbox talks are held when required at handovers. Care staff attend over eight hours training. The service uses an online training programme developed by the staff educator which is role specific and linked to the facility policies and procedures. Staff are notified of required training courses through the roster system and monitored to complete training sessions each month. The education planner includes training that is relevant to rest home services including but not limited to: manual handling, hoist training, chemical safety, emergency management including fire drills, personal protective equipment (PPE) training, nutrition, care of the dying, wound care, pressure injury prevention and falls prevention. Manual handling training is completed by the physiotherapist on an annual basis or on request.</p> <p>Training for clinical staff is linked to external education provided by the district health board. Registered nurse specific training viewed included: syringe driver, wound care, and first aid. There are two RNs employed to work at the facility (including the unit manager) and one is interRAI trained. The unit manager (RN) has been enrolled for the next available course. The clinical manager with the support of the unit manager provides oversight of the registered nurses and HCAs.</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 service has a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The unit manager (RN) is employed full time 8 am to 4.30 pm (Monday – Friday) and available after hours. A second registered nurse supports the unit manager four hours per week and as required. After hours support is provided by the CM, two UCs and the UM on an on-call rotation across Fendalton and Elmswood.</p> <p>Healthcare assistant staffing for 22 rest home residents: AM: two long and one short shift (7 am to 3 pm and 7 am to 1 pm); PM: two long and one short shift (3 pm to 11 pm and 4.30 pm to 9 pm); night – two long shifts 11 pm to 7 am.</p> <p>Residents and relatives stated there were adequate staff on duty at all times. Staff stated they feel supported by the management who respond quickly to after hour calls.</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 residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files demonstrate service integration. An electronic patient management system is embedded into practice. All entries in the electronic progress notes are dated and signed with the designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>All residents are assessed prior to entry for rest home level of care. The service has specific information available for residents/families/whānau at entry and includes associated information such as the Code, advocacy, and the complaints procedure.</p> <p>Comprehensive information is available to all residents/family/whānau on enquiry or admission. The information includes examples of how services can be accessed that are not included in the agreement. The unit manager and the registered nurse interviewed were able to describe the entry and admission process. The GP is notified of a new admission.</p> <p>Five signed admission agreements were sighted. The admission agreement reviewed aligns with the ARRC contract. Exclusions from the service are included in the admission agreement.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. The yellow envelope system is used for transfers to hospital.</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>Medicine management policies and procedures that meet legislative requirements are in place and implemented. The RNs and care leads (senior caregivers) who administer medications complete annual medication competencies and education on medication is provided. All medication is stored in a locked cupboard. Fridge and air temperatures met requirements.</p> <p>The unit manager/RN does a weekly check for expired medication. Unwanted or expired medications are collected by the pharmacy weekly. The pharmacy manager also checks expired or unused medication weekly. Medicines (blister packs) are delivered weekly by the pharmacy, checked by the unit manager/RN on-site verified on the electronic medication system. Any discrepancies are fed back to the pharmacy.</p> <p>Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent and safe storage of the medications. There was one resident who self-administers specific medications on the day of the audit. The residents' medications were observed in a secure lock box in the resident room. The resident had competencies in place which had been signed and reviewed three-monthly by the GP.</p> <p>There are no standing orders or 'nurse initiated' medications used. All eye drops in use were noted to be dated at opening or discarded within required timeframes.</p> <p>A medication round was observed; the procedure followed by the registered nurse was correct and safe. The service uses an electronic medication administration system.</p> <p>Ten individual residents' medication charts were reviewed. Resident medication charts are identified with photographs. All charts had been correctly signed and all discontinued medications had been signed and dated. All 'as required' (PRN) medications included indication for use and the effectiveness of 'as required' medications was documented in the electronic medication system. There was evidence of three-monthly review by the GP. Allergies were recorded for all residents.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And</p>	<p>FA</p>	<p>The residents' individual food, fluids and nutritional needs were met. Residents are provided with a balanced diet which meets their cultural and nutritional requirements. All main meals at the service are prepared at the</p>

<p>Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>sister facility site, Elmswood Retirement Village. Meals are delivered to the service via a designated van in hot boxes and put directly into the bain-marie and served to residents by the onsite cook. The cook prepares breakfast, soup, baking and snacks and ensures all compliance tasks are completed. There are two cooks who cover the seven-day week. The cook is supported by two kitchen assistant positions, one who works from 8 am-12 pm and one who works 5 pm-8 pm. There is a five-weekly winter and summer menu, which had been reviewed by a dietitian in October 2021. Temperatures of food are recorded on delivery. There is a kitchen next to the dining room where food is prepared. Food is transported to the serviced studio dining room in the bain-marie and served to residents. Staff were observed delivering meals and assisting residents with their lunchtime meals as required.</p> <p>The current menu evidenced dietetic input into the provision of special menus and diets where required. A dietary assessment is completed on all residents at the time they are admitted. Residents with special dietary needs, allergies, cultural and religious preferences, likes, and dislikes have these needs identified. Resource information on these diets is available in the kitchen and via the dietitian. A dietary requirement list is generated from the electronic system and includes new admissions and dietary changes. The list is posted on a noticeboard in the kitchen. Resident dietary profiles and likes and dislikes were known to food service staff. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required, and as directed by a dietitian.</p> <p>A kitchen cleaning schedule was in place and implemented. Labels and dates on all containers and records of food temperature monitoring were maintained. The chiller, fridge and freezer temperatures were monitored. The kitchen was observed to be clean and well organised. All aspects of food procurement, production, preparation, storage, delivery, and disposal complied with current legislation and guidelines.</p> <p>Kitchen staff are trained in safe food handling, and food safety procedures were adhered to. The main cook is a qualified chef with 4 years' experience. The food control plan expires 2 March 2022.</p> <p>Resident meetings and surveys provide an opportunity for resident feedback on the meals and food services. Interviews with residents and family members indicated satisfaction with the food service.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is</p>	<p>FA</p>	<p>The reason for declining service entry to prospective residents to the service is recorded. Should this occur, the service stated it would be communicated to the prospective resident/family/whānau and the appropriate referrer. Potential residents would only be declined if there were no beds available or they did not meet the service requirements.</p>

managed by the organisation, where appropriate.		
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The unit manager or the registered nurse (RN) complete an initial assessment and care plan on admission to the service which includes relevant risk assessment tools including (but not limited to); falls risk, detailed pain, pressure injury, skin, continence, and nutritional assessments. Risk assessments are completed six-monthly or earlier due to acute health changes. InterRAI assessments and long-term care plans were completed within the required timeframes and outcomes of assessments were reflected in the needs and supports documented in the care plans on the electronic system. Other available information such as discharge summaries and plans, allied health notes, and consultation with resident/relative or significant others are included in the electronic long-term care plans. Wound assessments were completed to assist with wound management. The outcomes of assessments forms the basis of the long-term 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>	FA	<p>Resident files sampled all included a care plan and input from allied health. There was evidence of service integration with documented input from a range of specialist care professionals, including wound specialists, dietitians, diabetic nurse specialist, palliative aged residential care nurse specialist, physiotherapy, and podiatry support. The service uses electronic assessments which then update long term care plans for changes in health status. Short-term needs are added to the long-term care plan when appropriate and removed when resolved. Resident care plans reviewed were resident centred and documented the required support needs in sufficient detail. Activities assessments and plans were in place.</p> <p>The residents and relatives interviewed confirmed they were happy with the delivery of care. Healthcare assistants interviewed reported they found the care plans easy to follow and contain information to provide quality care for residents.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Residents receive adequate and appropriate services meeting their assessed needs and desired outcomes. Interventions were documented for each goal in the long-term care plans. Interventions from allied health providers are included in the long-term and short-term care plans.</p> <p>Dressing supplies and continence products are readily available. There are sufficient stocks of personal protective equipment (PPE) to meet requirements. If external allied health requests or referrals are required, the unit manager or RN initiates the referral (e.g. wound care specialist, continence specialist, dietitian, or older persons health team). A physiotherapist visits two weekly and reviews residents as required. The unit manager, clinical manager and RN interviewed were able to describe access to specialist services if required.</p> <p>Wound assessment and management plans were in place for five residents with eight wounds: four minor skin</p>

		<p>tears, two lacerations, one chronic vascular ulcer and one discharging jaw abscess. There were no pressure injuries. Wound specialty services were involved as indicated. The care plans reflect interventions around management of wounds and dressings. The GP interviewed confirmed that he is confident with the staff management of wound care and that they consult with him appropriately.</p> <p>The residents' files included a urinary continence assessment, bowel management plan, and continence products used. There were adequate supplies of incontinence products. The unit manager, clinical nurse manager and RN interviewed confirmed continence advice can be obtained. Changes in health such as weight loss, wound management or infections are assessed and reflected in the electronic long term care plans.</p> <p>There was evidence of monitoring including positioning charts, monthly (or more frequent) weight and vital sign monitoring, blood glucose levels food and fluid charts.</p> <p>The relatives interviewed stated that the clinical care is good and that they are involved in the care planning. Interviews with the unit manager, registered nurse and healthcare assistants demonstrated understanding of the individualised needs of residents.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>CI</p>	<p>The activity programme confirmed that independence is encouraged, and choices are offered to residents. The qualified diversional therapist and activities staff member provide an activities programme Monday to Friday for 7.5 hours per day. The diversional therapist works three days per week and the activities staff member works two days per week. The programme includes a range of activities which meets the abilities and needs of rest home residents. Rest home studio residents were observed joining the activities.</p> <p>Activities included physical, mental, spiritual, and social aspects of life to improve and maintain residents' wellbeing. Activities include (but not limited to) news and word games, housie, crafts, baking, quizzes, curling, golf, entertainment, van outings, shopping, church services, walking groups, pet therapy, community visits and exercises. Interviews with residents identified that activities provided were appropriate to the needs, age, and culture of the residents. The programme has been rejuvenated to include an emphasis on van outings to the community activities, including residents' requests to see more of the countryside and changes to Christchurch city following the earthquake repairs. The van outings have also included more picnic, lunch, and coffee trips. The programme is planned monthly, and residents receive a personal copy of planned monthly activities. Activities planned on the day were displayed on noticeboards around the facility. The activities are physically and mentally stimulating. The service has a van that is used for resident outings. Combined activities with the sister village Elmswood were arranged depending on Covid restrictions. Residents were observed participating in activities on the days of audit. One-on-one time is spent with residents with individual activities such as walks, reading and chats, occur for residents who choose not to be involved in group activities. Themes and events are celebrated. Activity staff have current first aid certificates.</p> <p>On admission, the diversional therapist completes a profile and activity plan for each resident. A record is kept</p>

		<p>of individual residents' activities and progress notes are completed weekly. Reviews are conducted six-monthly (or earlier should the residents condition determine) as part of the care plan evaluation/review.</p> <p>Covid-19 risk management strategies has meant continuing periods of reduced access for visitors to the facility. Regular video sessions were held with families at these times. Technology devices were also used.</p> <p>Residents and family interviews confirmed they enjoyed the variety of activities and were satisfied with the activities programme. Feedback from the residents is gained through annual surveys and resident meetings.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Initial care plans for long term residents reviewed were evaluated by the unit manager or registered nurse within three weeks of admission. The GP has reviewed residents three monthly. Assessments for short term changes in health are added to the long-term care plan and removed when resolved. Files sampled demonstrated that the long-term nursing care plan was evaluated at least six-monthly or earlier if there is a change in health status. Progress notes reviewed identified regular reviews of residents.</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>	FA	<p>Referral to other health and disability services is evident in the resident files reviewed. The GP and unit manager or RN involve the resident (as appropriate) and relative in discussions around referrals and options for care. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.</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</p>	FA	<p>Documented policies and procedures are in place for the management of waste and hazardous substances to ensure incidents are reported in a timely manner. Safety datasheets and products charts are readily accessible for staff. Chemicals are stored in a locked cupboard. Appropriate signage is displayed where necessary. Chemical bottles sighted have correct manufacturer labels. 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. All staff have completed chemical safety, which is due in April 2022.</p>

<p>result of exposure to waste, infectious or hazardous 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>Fendalton is a two-storey building, which is spacious, and with all rooms fully furnished and personalised. The service has a lift with current compliance. Fixtures and fittings are appropriate and meet the needs of the residents. There is a current building warrant of fitness which expires 1 April 2022. Regular and reactive maintenance occurs. The maintenance person was unable to be interviewed. He has been employed at the facility for seven years and works thirty-five hours per week and is available on call as required. The general manager interviewed advised that he completes maintenance requests and repairs, planned maintenance and grounds. Staff requests for repairs are either verbal or via maintenance book at reception. A record is maintained of all repairs by the maintenance person. There is a monthly planned maintenance schedule in place and all maintenance undertaken is monitored by the unit manager. Planned maintenance includes interior and exterior building, equipment checks, electrical checks and monthly hot water temperature checks. Essential contractors are available 24 hours. On the day of audit, the maintenance person from the sister village Elmswood was on site for maintenance and repairs.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. Corridors and public areas are light and spacious, and residents can walk around freely. There is safe ramp access to courtyards and garden areas. Outdoor areas have wrap-around established gardens. Seating and shade are provided. The facility has one resident van that has current registration and warrant of fitness.</p> <p>Staff reported that there is adequate equipment available to safely deliver the cares as outlined in the residents' care plans. Medical equipment including scales and a hoist have been checked and calibrated in September 2021. Testing and tagging of electrical equipment has been conducted.</p> <p>Residents confirmed they are able to move freely around the facility and that the accommodation meets their needs.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing</p>	<p>FA</p>	<p>All resident rooms at the service are single rooms with either an individual or a shared ensuite. There are 14 single serviced studios certified for rest home level care and all had ensuites. Five rest home level care residents occupied a serviced studio. There are sufficient numbers of resident communal toilets in close proximity to communal areas. Residents interviewed, stated their privacy and dignity is maintained while attending to their personal cares and hygiene. Fixtures, fittings and floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices for this environment. The communal</p>

<p>facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>toilets and shared ensuites are well signed and identifiable and include vacant/in-use signs. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence. Hot water temperatures are monitored monthly.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All residents' rooms are for single use and of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids to meet the assessed resident needs. Some rooms have shared ensuites with appropriate locks and vacant/in use signs on the door. All beds are of an appropriate height for the residents. Healthcare assistants interviewed reported that rooms have sufficient space to allow cares to take place. Rooms were personalised with residents own furnishings and adornments as viewed on the day of audit.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>There is a large lounge, separate dining room, and a small day room lounge with seating areas situated throughout the facility. Activities take place in any of these areas. Residents are free to use alternate areas if they do not want to participate in communal activities that are being run in one of these areas. The dining room is spacious and located directly off the kitchen/servery area. There is a large dining/lounge room in the serviced studio area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. External areas are safely accessible and include wrap around garden pathways. There is a smoking area for residents outside of the building. Residents interviewed confirmed satisfaction with the communal areas.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Cleaning chemicals are securely stored in locked cupboards and are labelled. Cleaning and laundry policies and procedures are available. There are safe and secure storage areas for cleaning equipment and chemicals and staff have access to these areas as required. Product user charts, chemical safety datasheets for chemicals used in the facility, cleaning manuals and task sheets were reviewed. A sluice area is available for the disposal of soiled water/waste. Handwashing facilities are available throughout the facility with alcohol gels in various locations.</p> <p>Housekeeping staff are employed to attend to cleaning. All personal clothing is laundered on site by night staff. All other items are laundered off site at Elmswood retirement village. A designated van transports the linen. The van is fitted with separate compartments for clean and soiled laundry. The laundry has a defined clean/dirty</p>

		<p>area. Residents and relatives interviewed confirmed the facility is kept clean and tidy and there were no concerns around the laundry service.</p> <p>There is protective personal clothing including eye goggles available. Laundry staff have completed chemical safety training. Residents and relatives interviewed confirmed the facility is kept clean and tidy and the laundry is managed well, and their clothes are returned in a timely manner.</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>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months (at a minimum). There is a New Zealand Fire Service approved evacuation scheme. There are emergency flip charts throughout the facility for all emergency disasters. The orientation programme and annual education/training programme includes fire, security, and emergency/civil defence situations. Care leads complete fire warden training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>There are adequate supplies available in the event of a civil defence emergency including food, external water tank (1000 litre), gas cooking and heating. The civil defence kits are checked three-monthly. There is an emergency process for access to paper-based medication charts. A call bell system is in place including all resident rooms and communal areas. Residents were observed in their rooms with their call bell within reach. There is a minimum of one staff available 24 hours a day, seven days a week with a current first aid/CPR certificate. A first aid trained staff member accompanies residents on outings.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Heating is via electrical ceiling heating. Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. All bedrooms have adequate natural light. All rooms have external windows that open, allowing plenty of natural sunlight. Some rooms have an external door access. Security measures in place and are monitored</p> <p>Residents and families confirmed the facilities are maintained at a comfortable temperature during the summer and winter months.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed</p>	FA	<p>The annual infection control plan is developed by the clinical team with input from the quality advisor and specialists as required. The programme includes infection prevention and antimicrobial management that align with the organisation's strategic document. The management team knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to</p>

<p>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>fulfil these responsibilities. The infection control programme is appropriate for the size and complexity of the service.</p> <p>All visitors, entertainers and contractors are required to have a vaccination pass. At this stage unvaccinated visitors are able to visit within a designated area only.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The unit manager (infection control coordinator) is supported from Elmswood a registered nurse (CM) who has been in the role for four years and both have a signed job description that outlines the role and responsibilities of the role while unit manager transitions to her role. The infection control team includes representatives from each area of the service and meet bimonthly. Meeting minutes are available to all staff and infection control is an agenda topic at staff meetings.</p> <p>There are adequate resources to implement the infection control programme. The infection control coordinator has completed the on-line health learn infection control training in 2022 and support CM in 2021. There is access to infection control expertise within the DHB, aged care consultant, external infection control specialist, wound nurse specialist, public health, laboratory, and microbiologist. The GP monitors the use of antibiotics.</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>All policies, procedures, and the pandemic plan have been updated to include Covid-19 response guidelines and precautions, in line with current Ministry of Health recommendations. The service has developed a comprehensive visual pandemic plan that includes actions at each of the traffic light levels. The pandemic plan includes sections for access, visitors, clinical, activities and staff.</p> <p>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. Infection control procedures developed in respect of the kitchen, laundry, and housekeeping, incorporate the principles of infection control. The policies have been developed by an aged care consultant and last reviewed January 2022.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Specific training on the management of Covid has been provided and includes donning and doffing of personal protective clothing and required interventions at each of the traffic light levels.</p> <p>Consumer education is expected to occur as part of the daily care.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Individual infection reports are completed for all infections and entered into the electronic system. Infection control data and relevant information is displayed for staff. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at both the infection control committee meeting, quality, clinical and general staff meetings. Trends are identified and preventative measures put in place. Internal audits for infection control are included in the annual audit schedule. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There has been one confirmed gastrointestinal outbreak in June 2020. Relevant documentation was sighted including notification to public health.</p> <p>All staff and residents have been fully vaccinated including boosters. The room undergoes a full clean after each visit.</p> <p>Fendalton continue to work on maintaining low urinary tract infection rates.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There are policies around restraint minimisation. A registered nurse is the designated restraint coordinator. Staff receive regular training on restraint minimisation and training around managing behaviours that challenge. The healthcare assistants interviewed were able to describe the difference between an enabler and a restraint. There were no residents using an enabler or a restraint at the time of the audit.</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 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>The service has policies and procedures and associated systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies and procedures are regularly updated, and reviews are conducted.</p> <p>Fendalton employs a qualified staff educator (across Fendalton and sister facility Elmswood) who provides accessible and informative online educational</p>	<p>Management identified an opportunity to improve HCA understanding of care planning implementation in June 2020. As part of this, RNs completed one on one theory and practical assessment education for all healthcare assistants. A new activity of daily living competency for care staff was developed including a comprehensive assessment tool. In July two of nine HCA staff assessed failed the initial assessment. Additional strategies were implemented to support the staff to succeed. The assessment was repeated a year later and there was a 100% pass rate. Additional toolbox training on manual handling was implemented in October 2021. The additional education has contributed to a continued 100% overall resident satisfaction. All clinical indicators have supported the conclusion of improved care as evidenced by skin infections and bruising reductions. The service identified that over the last 12 months overall bruising rates have trended downwards, falling from 1.7 incidents/1000 bed nights in 2020 to 0.77 incidents/1000 bed nights in 2021. Skin infections have fallen from 1.7 incidents/1000 bed nights to 0.42 incidents/1000 bed nights. There have been no skin infections since June 2021.</p>

		opportunities. The educator works closely with clinical staff to provide a variety of tools designed to upskill all staff.	
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The 2020 November resident survey of rest home residents identified an improvement around providing more interesting and meaningful van outings. Many residents expressed an interest in the van outings. The staff also identified the need to review the van outings due to resident numbers increasing of those who were finding it difficult to transfer on and off the van. The service saw an opportunity to further develop the van outings to include the residents' requests and introduce more variety and type of outings and to improve the resident's mental health and wellbeing especially during Covid times.</p>	<p>The service commenced a project in December 2020 with identified goals and an action plan to include more varied and type of van outings. The residents were involved in suggesting van outings as discussed in the residents' meetings of April and October 2021. Van outings have included more locations of interest such as countryside trips, beach trips, trips to the Christchurch city to see all the new buildings following the earthquake repairs. The outings have also included picnics, afternoon teas, lunch, and coffee days. The outings have catered for the needs and requests of the residents and their abilities to safely transfer on and off the van. Residents have shared their experiences with photos of the outings displayed in the facility and in the newsletters. The service has achieved its goal of improving the van outings for the residents. There has been an increase in rest home satisfaction surveys with the specific question on van outings activities from 80% satisfied in 2020 to 100% in 2021. On the day of audit residents were observed boarding the van for their outing with enthusiasm and excitement. Residents and relatives interviewed expressed satisfaction and a great improvement on the variety and types of van outings.</p>
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection</p>	CI	<p>Infection events are collated monthly and areas for improvement are identified and corrective actions developed and followed up. The facility is benchmarked against Australian benchmarking standards and benchmarking</p>	<p>In early 2021, the service, in conjunction with the Health Quality and Safety Commission (HQSC) commenced a project to reduce the unnecessary use of antibiotics for asymptomatic bacteriuria and reduce the incidence of UTIs. A review of 2020 data identified that not all episodes of reported urinary tract infections (UTIs) met the accepted definition. Both facilities (Elmswood and Fendalton) provided education on four HQSC modules which introduced the (i) aim of the project, (ii) correct diagnosis, (iii) recognition of signs and symptoms and identifying risk factors and prevention of UTIs and (iv) the risk of overuse of antibiotics. Changes in</p>

<p>reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>		<p>results are fed back to the infection control nurse and used to identify areas for improvement. Surveillance results are used to identify infection control activities and education needs within the facility. The service has successfully reduced incidences of all infections with a particular focus upon urinary tract infections (UTIs).</p>	<p>practise were supported by the introduction of a process flow chart identifying steps to be followed for suspected UTIs. Specific education was provided to RNs and care leads including both group and individual discussion. The SBAR tool (situation, background, assessment request) was used prior to requesting review. The service identified that over the last 12 months urinary tract infection rates have trended downwards, falling from 1.59 incidents/1000 bed nights in the rest home for 2020 to 0.75 incidents/1000 bed nights in 2021. The service has implemented and maintained a focus of staff training in UTI prevention, particularly relating to perineal hygiene, regular toileting, and fluid maintenance. As a result of increased staff awareness, knowledge, and best practise in diagnosing and treating UTIs, the service has successfully reduced the incidence of UTIs across both rest homes.</p>
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End of the report.