

Taslin NZ Limited - Otatara Heights Residential Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Taslin NZ Limited
Premises audited:	Otatara Heights Residential Care
Services audited:	Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 14 September 2017 End date: 15 September 2017
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:	38

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

Otatara Heights Residential Care is a community within the wider Taradale community. It provides rest home level care for up to 40 residents. Residents consist of a mix of people requiring aged care and support, young people with disabilities and people requiring mental health support. An increased number of people in this latter group since the last audit meant additional considerations to ensure their needs are being met were made.

The service is owned and operated by a director and a general manager. They are supported by a care manager and a clinical nurse manager. Positive feedback about the care and support provided was consistently reiterated by residents, family members, staff and others associated with the service.

This certification audit was conducted against the Health and Disability Services Standards and the service's contracts with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, management, staff, an allied health provider and a needs assessor.

This audit has resulted in a continuous improvement in relation to good practice regarding a literacy and numeracy programme for residents and staff. Four areas were identified as requiring corrective action. These include the need for service delivery to more explicitly link to the quality management system, for reassessment and review processes to be completed in a timely manner, and for care plans to include activity related goals.

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's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents when the move into the home. Opportunities to discuss the Code, consent and availability of advocacy services is provided at this time and thereafter as required.

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

Residents who identify as Maori have their needs met in a manner that respects their cultural values and beliefs. Care and support is guided by a Maori Health Plan and related policies. There was no evidence of abuse, neglect or discrimination and staff understood and implemented related policies. Professional boundaries are maintained.

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

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

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

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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A strategic plan describes the scope, values, philosophy, values and mission of the service provider. The quality and risk management system is described in the strategic plan and reports of monitoring of the services are consistently being provided to the governing body. Four managers form the senior management team with one being identified as the general manager. This person is an experienced and suitably qualified person to manage the facility.

The quality and risk management system includes the review of service delivery, infections, any restraint use, internal audit results, health and safety, accidents and incidents, complaints and feedback. Related data is collected and analysed. Trends are identified for quality improvement purposes with corrective actions implemented when indicated. Actual and potential risks, including hazards and health and safety risks, are identified and mitigated. Policies and procedures support service delivery human resources, health and safety and quality management. All were current.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery, and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents and take into account the different types of residential care and support provided in this facility.

Appropriate information management systems are in place. Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Admission to the facility is mostly via needs assessment and services coordination agencies. Relevant information is provided to a potential resident and/or their family.

Multidisciplinary health professionals, including a registered nurse and general practitioner, assess residents' needs prior to and on admission. Each resident has an individualised service delivery plan, based on the information obtained through various assessment processes. Service delivery plans are amended when a resident's needs change. Progress reports are maintained and residents' files reviewed demonstrated that the care provided and needs of residents are reviewed on a regular basis. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who have been assessed as competent to do so. Ongoing medicine related monitoring systems are in place.

Food is prepared in an onsite kitchen. The menus used meet the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

Safe and appropriate environment

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

Standards applicable to this service fully attained.

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

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is dealt with on site and laundry products and processes are evaluated for effectiveness.

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

Restraint minimisation and safe practice

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

Standards applicable to this service fully attained.

Otatara Heights Residential Care has policies and procedures that support the minimisation of restraint. Restraints were not being used at the time of audit. A comprehensive assessment, approval and monitoring process with regular reviews occurs. Use of enablers is voluntary for the safety of residents in response to individual requests. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

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.
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Infection prevention and control policies and procedures are in place to guide staff practice. These documents also describe the service provider's infection prevention and control programme, which is reviewed annually. The programme is led by a registered nurse who is an experienced and trained infection control coordinator. Specialist infection prevention and control advice is accessed when needed.

Staff receive regular education on infection control and demonstrated good principles and practice around infection prevention.

Infection surveillance processes are undertaken, and results reported through all levels of the organisation. Although infection rates are low, follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	40	0	2	2	0	0
Criteria	1	88	0	2	2	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	<p>Otatara Heights Residential Care has a Code of Rights Advocacy & Consumer Policy that covers all key areas including ARRC agreement 2017 and is beyond the requirements of D20.2e. As stated in the policy, Otatara Heights Residential Care will provide transport for a resident wishing to visit the advocacy services in Napier if they wish and support is provided to enable them to do so if required. Two residents said that the independent advocate visits the home from time to time and is available to talk to residents if needed. The policy includes the contact details of the local Health and Disability Advocacy Service.</p> <p>Information on the Code of Health and Disability Services Consumer Rights (the Code) was displayed throughout the home and residents interviewed were aware of their rights including the right to make a complaint. Residents' files contained completed informed consent forms and staff interviewed described the importance of seeking and obtaining verbal or written consent. Residents' personal information is stored in a manner that maintains confidentiality and privacy at all times. All staff receive training on the Code when they begin working at Otatara Heights Residential Care. Interactions observed between staff and residents were always respectful and valuing of residents.</p>
Standard 1.1.10: Informed Consent	FA	<p>Otatara Heights Residential Care's informed consent policy meets the requirement of the standard although the opening statements are not definitions and the inclusion of such definitions in relation to consent terminology would benefit this document. Consent form templates were sighted. There is a general consent form that</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>residents complete for consenting to having photos taken, delivery of care and transportation. A separate consent form is used for specific procedures, such as catheterisation. A full medical explanation must accompany the signing of this form. Written informed consent at Otatara Heights Residential Care is required for invasive procedures; research and teaching participation; a procedure involving risk; an experimental procedure and treatments outside the normal scope of Otatara Heights Residential Care's care and service.</p> <p>A residents resuscitative status decision is recorded on a separate consent form after a specific process, detailed in the resuscitative policy, has been followed.</p> <p>Otatara Heights Residential Care have a resuscitative & advanced directive policy that includes definitions and states that copies of Enduring Power of Attorney documentation, if it exists, at the time of signing the admission agreement, or soon after will be obtained. These forms are filed in the resident's file and referred to as necessary. The policy refers to Healthcare Providers NZ (NZ Aged Care) tool: 'Informed Consent in Aged Care: Understanding the Law'.</p> <p>Residents spoken to felt that they are given information about their care and support and can make choices about their care. Written consent forms were sighted in resident's files with evidence that these were reviewed and updated regularly.</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>Information about the independent advocacy service was provided to residents when they began receiving care and support at the home and was also displayed throughout the home. Some residents have family/whānau who assist them with their advocacy while others have accessed the independent advocate in Napier. The advocate is well known to most of the residents and is welcome at the home any time. A representative from Aged Concern also visits residents in the home and can assist with any advocacy matters if necessary. Staff are very aware of the Health and Disability Advocacy Service and have received training on this.</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>Otatara Heights Residential Care welcome the involvement of family/whānau and friends of the residents. People are welcome to come and go at any time and are often invited to stay for a meal. Accommodation can be made for family/whānau who may wish to stay overnight with a resident who is unwell for example. Family/whānau interviewed said they enjoyed being able to visit their family/whānau member in the home and said that they were always made to feel welcome. Although a number of residents are elderly, they are supported and encouraged to participate in a variety of community activities including going shopping, attending churches, going to hobby groups and visiting friends.</p>
Standard 1.1.13:	FA	<p>The service provider's complaints management policy is included in the resident information booklet provided on</p>

<p>Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>		<p>admission and in the staff orientation package. Staff and residents interviewed knew who to talk to if not satisfied. A complaints, compliments and concerns management policy and procedure is current and notes the required timeframes for different levels of responses to complaints.</p> <p>Complaints are analysed on a 6-monthly basis (or as required), and trends, which may be identified, are presented and discussed at the monthly staff meetings and the scheduled quality and risk management committee meetings. An audit of the complaints log on 31 August 2017 showed complaints had been analysed and benchmarked against national data. There was evidence in the complaints register that complainants are informed of his/her right to have an independent advocate and that all three complaints filed thus far for 2017 have been satisfactorily resolved.</p> <p>Documentation related to correspondence associated with a complaint received through the Health and Disability Commissioner was sighted. This spanned the period between 30 November 2016 and 27 January 2017 and demonstrated that all required actions had been taken.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents are provided with a residents' handbook when they move into Otatara Heights Residential Care which includes information about the services and supports provided, information about the Health and Disability Advocacy Service, the 'Your Rights' brochures, the complaints policy and additional service specific information. Information about the Code and how to access the Health and Disability Advocacy service was displayed throughout the home. Policy and training opportunities were provided that encourage support staff to talk about the Code and how to ensure that residents' rights were respected and maintained. Evidence of the Code being discussed was sighted in the residents' home meeting minutes.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>All residents have their own rooms where they were able to have personal privacy and their personal possessions. Staff were observed knocking on residents' bedroom doors or bathroom/toilet doors before entering. The language used by staff when talking to residents was respectful and valuing.</p> <p>Residents' cultural and spiritual needs were identified when they moved into the home and recorded in their personal files. Four residents attended their churches each week and other residents were able to participate in church services provided by two local churches during the week. The residents appeared to know each other well and were seen assisting each other with communication, opening doors and getting drinks. Two managers stated that residents in the home get along well together and often help each other with small tasks. There was evidence of family/whanau involvement for a lot of the residents. One resident interviewed said that they received good support from a close relative who ensured that they had everything they needed. The relative was also interviewed and commented that they felt they were free to come and go whenever they wished and that very good care and support was being provided.</p>

		<p>Otatara Heights Residential Care has a suite of policies including abuse & neglect, dignity, privacy, and spirituality & counselling that include the responsibilities of staff and relevant definitions where necessary. References to the Code are made in these policies. The spirituality & counselling policy states that interpreting services and guidance will be sought externally if it would facilitate a resident's ability to express themselves. A comprehensive Maori Plan details the cultural considerations that must be made for Maori.</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>Otatara Heights Residential Care has a comprehensive Maori Health Plan and associated best practice policy. Care and support for all residents, with particular emphasis on residents who are Maori, is based on the Whare Tapa Whā model of care. The service has a strong link with a local Kaumatua and the Care Manager takes a leading role in ensuring that all staff are well versed in the principles and practices of hauora support. A suite of policies and procedures that are associated with the services Maori Plan including cultural safety and interpreter policy, care of the dying person procedure and Treaty of Waitangi principles in Maori Health Policy, guide staff in their care and support of residents.</p> <p>The Maori Plan also includes outcome measures for internal and external audits including the number of Maori accessing the service, number of Maori employed by Otatara Heights Residential Care, a customer satisfaction survey, a complaints register, staff appraisals, internal audits of care plans and individual daily activity plans. There was evidence of te reo Maori being used by staff and residents during the audit and the service has ensured that all signs throughout the home include Maori. Evidence was sighted in three residents' files who identify as Maori that they have regular contact with their whanau.</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>Within Otatara Heights Residential Care's Maori Plan, a cultural safety & interpreter policy exists and states that special care is taken to truly understand a resident's cultural beliefs and previous and current practice of those beliefs, at care planning stages, especially when a resident is unable to express their cultural needs themselves. Otatara Heights Residential Care does not have a Pacific Peoples Plan currently but if a resident of Pacific Island decent moves into the home, information about their care and support needs is gathered at the time of admission and reviewed with them and their whanau at regular intervals. The Care Manager ensures that staff are aware of any specific cultural support needs the resident may have. Any specific needs and preferences are recorded in the care plans. The Care Manager has good links with the local Pacific community and can access advice and support as and when required. All residents are supported to pursue any religious or other cultural practices and beliefs they may have, such as attending church.</p>
<p>Standard 1.1.7: Discrimination</p>	FA	<p>Otatara Heights Residential Care has a professional boundaries policy that is introduced to staff when they begin working in the home as part of their orientation. Staff are provided with opportunities to review their</p>

Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.		<p>practices to ensure that they are non-discriminatory, supportive and valuing of the residents. The staff are encouraged by management to use language that is respectful, supportive and non-discriminatory. Staff were observed using valuing, respectful and inclusive language that reflected their understanding of the issues faced by disabled people. The local representative from Aged Concern regularly visits the home and residents interviewed commented that they appreciated these visits as it provided them with a neutral person to talk to. One resident said that if they ever felt discriminated against, they would discuss this with the Aged Concern representative. An independent advocate who works for the Health and Disability Advocacy Service also visits residents at the home. Some residents required assistance to manage their personal spending money. In such situations, staff would record any expenditure, assist the resident to keep receipts and ensure that balances were maintained. Many residents had family/whanau or friends who would visit regularly. Two family members interviewed said that they had no concerns about their family member being discriminated against and said that they were very happy with the care and support being provided.</p> <p>Residents spoken to said that they felt safe living in the home and that they had not experienced discrimination from staff or management.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	<p>Otatara Heights Residential Care has recently appointed a new Clinical Manager who is assisting support and clinical staff to review and improve their practices to ensure that the residents were provided with a high standard of care and support. Training is encouraged and provided for staff, many of them working towards their level three and four NZQA qualifications. Otatara Heights Residential Care have a strong emphasis on a 'sense of community' within the home and this is largely led by the Care Manager who supports and assists staff and residents to embrace Maori tikanga principles and practices. Staff adopt a least restrictive practice approach to the support they provide to residents and encourage them to do as much for themselves as they are able to. Staff were observed working well together and spoke of supporting each other whenever required.</p> <p>An example of good practice has been identified as a continuous improvement. The literacy and numeracy project was planned and has been evaluated. It has resulted in significant improvements for staff and residents who participated both at the individual and organisational level. Managers were able to define how the individual improvements in staff confidence, trust and report writing for example, were also positively impacting on residents' care. A graduation ceremony has been held and there is an enthusiasm for continuation and/or extension of the programme.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively</p>	FA	<p>Otatara Heights Residential Care has an open disclosure policy the meets the requirements of the standard and includes a definition of open disclosure and the obligations the service has. Where a resident is unable to understand or interpret the disclosure, their next of kin or representative is contacted. The complaints policy is linked to the open disclosure policy that enables residents, family/whanau or representatives to raise a</p>

<p>with consumers and provide an environment conducive to effective communication.</p>		<p>complaint with the service or the Health and Disability Commissioner if they wish to.</p> <p>The staff culture at Otatara Heights Residential Care is very supportive, open and honest. Staff are actively encouraged to report any errors so that mistakes can be learnt from and lead to an improvement in the care and support being provided. Two family members interviewed considered that they were kept fully informed of anything that happened to their family member and appreciated the openness and accountability shown by staff and management. Three residents spoken to thought that the staff and management were very good at keeping them informed of anything to do with their care and supported and appreciated the honesty shown.</p> <p>Otatara Heights Residential Care has access to interpreter services for residents if ever required. The Wellington Interpreting and Translation Services (which includes cultural advice), and various relevant community groups will be sought to facilitate a resident's cultural safety when needed.</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>Otatara Heights Residential Care is providing care and support to a range of residents under several contracts. Occupancy during the audit was 15 residents under the Aged Related Residential Care Agreement (ARRC), 10 for Young people with Disabilities (YPD), eight under mental health and ARRC, two under Accident Compensation Corporation (ACC), two under long term services (LTS) and one person receiving respite services. The service provider operates under three funding streams: The Hawke's Bay District Health Board, The Ministry of Health and the Accident Compensation Corporation.</p> <p>A strategic plan is being annually reviewed and was current. The mission of the service is described as kindness/aroha; knowledge/matauranga; caring; manaakitanga and working together/whanaungatanga. There are seven standards to be focused on around quality of life and care and the philosophy and values include descriptors about a holistic approach; rehabilitation and continued independence with excellent care, respect and friendliness. A kaupapa Maori framework of the four cornerstones of health underpins service provision: Taha Whanau (family); Taha Wairua (spiritual); Taha Hinengaro (psychological) and Taha Tinana (physical)</p> <p>The facility is owned by a couple who have distinct roles with one being the director and the other as manager. Both are suitably qualified and experienced in that this couple have been owner/operators since November 2013. The director has project management skills from previous employment and the manager was previously an administrator in another rest home. Both partners took on the lease of that rest home and while upskilling in governance received mentoring and guidance until they purchased Otatara Heights Residential Care. Both have received ongoing mentoring and coaching as required and the manager continues to attend a range of training courses including management sessions provided by the Aged Care Association. The director and manager are supported by, and provide support to, a care manager who has been a long-term staff person in this facility and to a recently employed registered nurse/clinical nurse manager.</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>While the manager and director have had only one partial holiday in the four years they have managed the facility, they described the competence of the care manager and the clinical nurse manager who would relieve them and perform the management roles during any temporary absence. The care manager provides care and support to residents, family/whanau and staff, demonstrates strong leadership skills and is competent in managing the quality and risk systems. A recently employed clinical nurse manager has previous aged care facility management experience, strong clinical skills and assists with the analysis of data for quality improvement purposes.</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>	PA Low	<p>A quality plan is integrated into the strategic plan which identifies objectives and action plans for opportunities for improvement, describes monitoring processes and includes risk management processes through a threats and opportunities process that covers three years. A quality philosophy was viewed, as was a separate risk policy. There is a list of quality indicators with a goal under each and methods and measures to meet expected compliance. The health and safety policy includes a restraint free environment and states there will be regular discussion on health and safety issues. Workplace safety is addressed in a health and safety sub-committee of the quality and risk management committee. There are documented terms of reference for sectional committees of the quality and risk committee, all of which have a senior staff person/manager as responsible for their delivery. Such committees include infection control, restraint and health and safety.</p> <p>Policies and procedures covering all aspects of the service were current and a document control system is in place as described in a procedural document.</p> <p>Membership of a quality and risk management committee includes the director, the manager, the care manager/privacy manager and the clinical nurse manager, who also oversees infection control and health and safety. Residents meeting minutes viewed showed these meeting are occurring every four to six weeks and that residents are actively contributing.</p> <p>The manager maintains the complaints register and discusses issues raised with her colleagues. The care manager and clinical nurse manager are collecting quality related data including accident/incident forms, internal audit processes, resident/family satisfaction surveys, restraint and infection related information. All such data and information is being analysed and graphed when appropriate. There was evidence of corrective actions being raised when necessary and followed through to resolution, as well as of quality improvement processes being implemented. Although such quality improvement processes are in place and there was evidence of informal discussions between managers and senior staff, the regular reporting of quality and risk issues through the scheduled committee meetings ceased earlier this year. This has been raised as a corrective action as there is not currently a system for addressing these components of the quality and risk management in</p>

		<p>an integrated manner to ensure there are no gaps and that all necessary actions are being followed through.</p> <p>A separate risk register is not in use; however, risks are being identified in the above mentioned quality and strategic plan and ongoing monitoring of these is occurring as per the details in the plans. Such monitoring processes have been maintained despite the lack of quality and risk management meetings. Additional effort and risk management planning has gone into managing and monitoring staff recruitment, training, development and personal relationships. This commenced after it was identified as a significant risk when a number of staff left the organisation within a short timeframe earlier in the year.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>During interview, the manager demonstrated her understanding of statutory and/or regulatory obligations in relation to essential notification reporting and which authority to report to depending on circumstances. Examples of reports having been made were provided and included a report to the interRAI team when trained staff resigned and left them with no trained expertise. Documentation sighted verified the Health and Disability Commissioner had been responded to appropriately during a recent complaint. Both the manager and the clinical nurse manager were aware of the reporting requirements for pressure injuries.</p> <p>The service provider's incident/adverse event form has just been revamped and is now in use. Staff complete the form following any such event and all incidents are followed up and reviewed by the clinical nurse manager. Examples of the forms sighted showed they are being completed and signed off with corrective actions being identified and followed through when indicated. Staff informed during interview that they receive updates incident reporting during handovers and at staff meetings, as well as in meeting minutes left for them to read if they have not attended the staff meeting. The care manager develops incident reporting graphs and alongside the clinical nurse manager analyses the data to identify opportunities for improvement at the organisational and individual resident levels.</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>Evidence of the qualifications and the current registration of health professionals who assist residents in different ways, were reviewed. All were current, as was the contract with the local pharmacy.</p> <p>Recruitment and employment processes are described within the policy and procedure documentation. Staff files were reviewed and showed that the described processes, which are consistent with accepted employment practices, are being upheld and contribute towards ensuring suitable staff are employed. An annual appraisal process of staff performance is in place and records of these were current for staff who have been employed for one year or more and whose files were reviewed.</p> <p>Staff orientation is comprehensive and includes all necessary components relevant to their role. A group of staff reported during interview that the orientation process prepares new staff well for their role. Staff files that were reviewed included completed and signed staff orientation forms.</p>

		<p>A staff in-service training calendar for 2017 notes who and when training is scheduled. There is a focus on mandatory training topics that include de-escalation and mental health. During a staff interview, staff reported they are provided with a range of training opportunities from in-service training topics several times a month, literacy skills, external training opportunities and formal qualifications. A staff in-service training schedule for 2017 included topics from the mandatory training requirements in the contract. As per the continuous improvement under criterion 1.1.8.1, some staff have participated in a literacy skills course, for which a graduation occurred on day two of the audit. Several caregivers have commenced, or are completing, a New Zealand Qualification Authority education programme. Records of attendees were evident in in-service training folder and records of completed training were evident in staff files reviewed. There is a current gap in the number of registered nurses at Otatara Heights Residential Care who are trained and competent to undertake interRAI assessments, which the manager has discussed with the local District Health Board portfolio manager and the interRAI trainer and the issue is being addressed.</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>Otatara Heights Residential Care ensure that all residents are provided with the appropriate levels of staffing and support they require at all times and this meets their contractual obligations. This includes 24-hour a day 'awake staff' and sufficient numbers of suitably qualified staff during the day, seven days a week. Staffing was determined by the needs of residents, with additional staffing being able to be provided if residents needed additional support such as attending a medical appointment or having to be supported to travel to a significant family event. The staff mix is reviewed by the managers from time to time. Rosters are developed to ensure adequate cover including a person with an up to date medicine competency and a person with a current first aid certificate. Staff and residents interviewed stated that the staffing levels are adequate and adequate cover is available for when staff are away on leave. All staff, including relieving staff, are well known to residents. One to two registered nurses are rostered on day shifts and staff have access to registered nurse clinical support at all times.</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 notes were current and assessment, GP, nursing and allied health service provider notes were integrated in personal files. Residents' personal, clinical and health information was fully completed in the residents' files sampled for review and all are being held securely in locked nurses' stations. Records, including care plan updates and progress notes, for example, were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and previous residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>A policy and procedure on privacy of information policy was current and noted that all information relating to clients and employees gathered by Otatara Heights Residential Care is collected, maintained, stored and</p>

		disposed of in accordance the Privacy Act 1993 and the Health Information Privacy Code 1994.
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Services provided at Otatara Heights Residential Care are documented within the strategic plan and the individual requirements of each person are discussed with the person and family/whanau prior to entry. A resident information booklet is provided to people who express an interest in living at the facility. This describes residents' roles and responsibilities and facility information. The manager informed that Otatara Heights Residential Care does minimal advertising and stated that most referrals come via the local Needs Assessment and Service Coordination (NASC) agency, aged care services and ACC. All residents require a completed needs assessment prior to entry, which is also noted in the information booklet. The manager stated that any enquiry is treated seriously.</p> <p>A needs assessor from the local needs assessment and services coordination agency informed the auditor of how willing the team is to refer suitable potential residents to Otatara Heights Residential Care, because of the diversity within this 'community'. The assessor noted the flexibility of this service provider and the ongoing liaison that occurs to ensure the needs of everyone involved are met.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge and transfer policy sits within those related to documentation, referral, and transportation. The manager explained how when there is no one else able to accompany a resident to an appointment within the Napier/Hastings area, and it would not compromise staffing levels, then a staff person from Otatara Heights Residential Care will take them until they are safely at their destination.</p> <p>The transfer process includes the completion of a transfer form and in most cases a staff person, or the on-call person, will accompany the resident and provide a full handover. The NASC coordinator confirmed the efficiency of staff in managing and co-operating with resident discharge and transfer processes.</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>Medicine management policies and procedures were reviewed in August 2017 following stage one of the audit. A recently employed registered nurse has been revamping medicine management processes to ensure the medicine management system meets the standards, legislation, protocols and guidelines. Changes made to achieve this were evident and staff talked of some of the recent changes made during interview. Residents' medicine files were reviewed and demonstrated prescription documentation such as the recording of allergies, purpose of pro re nata medicines and sign off of verbal orders, for example, meet requirements. Sign-off of medicines following administration, including for non-blister packaged medicines, meet requirements.</p> <p>The mid-day medicine round on day one was observed and good practices were demonstrated. Medicines are being checked by two staff when they are delivered to the facility, one of whom needs to be a registered nurse.</p>

		<p>They are stored safely and appropriately, according to the requirements of the different preparations, in a small medicine room.</p> <p>Only registered nurses and caregivers who have passed a written and practical medicine administration competency are permitted to administer medicines and records of these being reassessed annually were sighted.</p> <p>There are no residents who self-administer their medicines, although two people self-administer eye drops and one person an inhaler under supervision of the medicine administrator who signs them off. A registered nurse described how she provides oversight to these processes. She also noted that while a policy document in relation to standing orders is available, the current local GPs who visit the service are not signing them.</p> <p>Medicine errors are followed up through the incident reporting system and staff involved are required to have their medicine administration competency reviewed. Examples of this having occurred were viewed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The Otatara Heights Residential Care residents are provided with a wide variety of food that takes into account their nutritional needs, preferences, dislikes, allergies and specialised dietary requirements. A variety of fresh and healthy food was sighted in the pantry, refrigerators and freezers. Residents were not able to access the kitchen themselves as some of them have a tendency to eat more than is good for them. Snacks and fresh fruit were always available and residents could ask staff for something else if they wished in between meal times.</p> <p>The menu plans for the home indicated that the residents were being provided with a nutritious and balanced diet that included a lot of fresh fruit, vegetables and meat. The kitchen staff interviewed thought that there was more than an adequate amount of food available and that extra supplies could be brought if something was running out. Fruit, vegetables and grocery items was delivered three times a week and meat was delivered weekly from a local butcher. One of the owners who assists with the running of the home purchases bread and other necessities two or three times a week as required. Residents were consulted about what they wanted on the menu and their preferences were catered for with a list on a white board in the kitchen acting as a reminder to kitchen staff. The kitchen staff know the residents well and have very good insight into the things that residents enjoy and dislike. The residents are able to have breakfast between 6.30 and 9am depending on their preference and can have meals in their rooms if necessary. Special occasions such as Christmas and birthdays are celebrated in the home and residents are able to enjoy their favourite foods on such occasions.</p> <p>Otatara Heights Residential Care's kitchen staff use a nutritional assessment based on the 'MNA' assessment tool (produced by Nestle Clinical Nutrition) to guide the menu planning that has a four-week cycle. A dietitian looks at the menu plans every two years to ensure that the residents are receiving a balanced and nutritious diet. Some residents require modified diets and food textures. The Clinical Manager provides oversight of these residents' diets in conjunction with GPs and other health specialists to ensure they are eating the appropriate food and maintaining good health. Foods are softened and pureed for residents who are unable to chew their</p>

		<p>food easily. Kitchen staff take the time to puree different foods separately so the residents can taste each one. Those residents who need longer to enjoy their meals are afforded a longer time in the dining room and are not rushed. Support staff are available to assist residents who require support to enjoy their meals. The temperature of cooked food was regularly monitored to ensure that residents are provided with hot meals.</p> <p>Otatara Heights Residential Care's infection prevention and control policy has a section on safe food handling that kitchen staff follow to ensure that all food is cleaned, cooked, covered and chilled appropriately. During the audit, all food in the pantry, refrigerators and freezers was stored appropriately including being dated and covered. Vegetables and fruit were stored separately to meat and cooked food was separated from uncooked.</p> <p>All refrigerators and freezers are monitored on a weekly basis to ensure that they are operating within the temperatures as recommended by the manufacturer. All appliances in the kitchen were in good condition.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>A folder of admission enquiry forms was reviewed. Documents sighted demonstrated discussion with the needs assessment and services coordination (NASC) teams is undertaken for each prospective resident. Some decline of entry decisions are reportedly made at this point. The manager described their willingness to admit some people who have specific challenges but that in order to protect the integrity of this unique community there have been times when a person has been trialled but it has been not been satisfactory. A conversation with a NASC coordinator confirmed the discussion processes and follow-up actions that have occurred when a person has not been considered suitable for this service.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>In addition to the interRAI assessment being used for all residents under the ARRC agreement, validated nursing assessment tools such as for falls risk, oral care, continence and skin integrity are in use. These are used as a means to identify any deficits and to inform care planning. A mini nutritional assessment tool has just been introduced and was sighted. The sample of care plans reviewed had an integrated range of resident-related information alongside evidence of external providers, such as mental health services being involved. When admitted, residents have had interRAI assessments completed within the required timeframe and all new residents have a current one on file. Residents and families confirmed they have the opportunity to be involved in the information gathering processes.</p>
Standard 1.3.5: Planning	PA Low	<p>Service delivery plans that were reviewed during the audit reflected residents' needs and were easy to follow. The support needs identified were consistent with assessment outcomes and other relevant information from a</p>

Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.		<p>range of disciplines and sources of information such as family/whanau. A current goal is in place under each identified need and suitable interventions are listed. Any changes in care requirements are noted on care plans. Residents confirmed they are receiving the care and support they want and need and are satisfied with services. Staff reported they are confident they are kept informed about how best to look after the residents and their different needs.</p> <p>The activity programme was diverse and well attended. There was however, a lack of evidence of a social history, an activity related goal in the service delivery plan, or of an activity/lifestyle plan in residents' files and this has been raised as a corrective action.</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>Unless already noted in corrective actions, documentation, observations and interviews verified the provision of care provided to residents was consistent with their needs, goals and the plan of care. Otatara Heights Residential Care is operating as a community within the wider community and interrelationships between the different age groups and disabilities is working effectively. Positive feedback was provided by residents, relatives, staff and the NASC coordinator; although nobody could really state what it was that makes it work so well. Several examples of one group of residents assisting and relating with others were observed throughout the audit. Attention to detail for meeting a diverse range of resident's individualised needs was evident in all areas of service provision. Care staff confirmed they use service delivery plans and handovers to guide their work and noted that the manager and registered nurses oversee the services delivered. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>Otatara Heights Residential Care employs one full time and one part time activities coordinators who facilitate a range of mostly in-house activities for residents six days a week. Monthly activities programmes are developed in consultation with the residents and focus on the physical, cognitive and social domains. Activities include quizzes, games, crosswords, walking, exercises and reading. Transportation is available to the residents who are assisted to get out each week dependant on their wishes and interests. Most outings are in groups that cater for younger people, those interested in food and a group for older people. Residents are supported to go shopping, visit the RSA, and go bowling, for example. The activities coordinator stated that residents who use wheelchairs tend to only get out once a week and others twice a week. This is due to the home van only being able to accommodate one person in a wheelchair at a time. Two local church groups visit the home once a week and provide communion services for those who wish to partake.</p> <p>The activities coordinator has developed a 'past and goal setting beliefs and awareness' form that has been designed to capture residents' past situations and what their current goals are. An example sighted was for a resident who had some behaviour challenges in the past and who was finding ways of managing those behaviours. This information was used to determine the types of activities the person would like to be involved</p>

		in and their involvement was recorded on the back of the form. The outcome of participation in activities is measured on the ACE log – Achievement, Personal Closeness to others and Enjoyment. These outcomes relate to activity participation rather than progress towards life defining personal goals.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	PA Moderate	<p>Resident care is evaluated on each shift and reported in the progress notes. Caregivers confirmed that if any changes are noted, they are reported to a registered nurse.</p> <p>There were multiple examples sighted of service delivery plans having been changed when progress was different from expected and even of new problems being identified and added to the plan(s) outside of a review timeframe.</p> <p>Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any changes. Such contributions were evident in care plan review records and the family/whanau communication log.</p> <p>The service provider is aware that formal care plan evaluations are to occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Every effort is being made to meet this requirement but registered nurse hours are currently going towards upskilling in interRAI and addressing overdue interRAI assessments. As identified in 1.3.3.3, the interRAI reassessments are not all up to date, which managers attributed to the significant staff changes that had occurred around May 2017 for this service provider. Likewise, evaluations and reviews are not all current and this has been raised for corrective action.</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>Residents confirmed during interviews that they have access to other health services and are given the opportunity to maintain contact with health professionals they knew prior to admission. Examples included GPs, a person using a private physiotherapist, dentists and podiatry. Such information was confirmed during review of residents' files.</p> <p>Examples of referrals being made to other specialists were also sighted in residents' files and included psychiatric services of the older person, mental health services and occupational therapy. Records of follow-up visits are documented, or printed letters following referral, were evident in residents' letters.</p>
<p>Standard 1.4.1: Management Of Waste</p>	FA	<p>Otatara Heights Residential Care has a waste management policy that meets the requirements of this standard. This policy and the safe storage of chemicals policy directs staff on the management of waste and hazardous</p>

<p>And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>substances. The cleaning, kitchen, laundry and maintenance staff interviewed understood the procedures for dealing with hazardous substances and waste management. Staff had good access to gloves, aprons and masks for general day-to-day use. Protective equipment was also part of the emergency kits in the home. Cleaning and laundry products were kept in locked cupboards in the laundry. Bulk products were kept in a locked shed on the grounds where they were decanted into smaller containers for use within the home as required. Used incontinence products were always put into red lidded buckets that were lined with plastic bags before being taken to an outside wheelie bin.</p> <p>Training on the management of waste and hazardous substances was provided to staff as part of their orientation and on-going refresher opportunities through in-house training or direct contact with product suppliers. This was confirmed at interview and through review of training records. All staff are required to comply with VJ Distributors, Technical & Safety Data Sheets and there is a zero tolerance policy if they do not follow these. Staff interviewed thought that the information and equipment available to them was appropriate for the situations they encounter and that there is always good support available from management. Staff meeting minutes, incident reports and other related information reviewed showed that waste management and hazardous substances were being appropriately responded to.</p> <p>Otatara Heights Residential Care obtained an ACC Workplace Safety Management Practices Programme audit pass in February 2017.</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>The home has a current building warrant of fitness on display and a copy held in the property maintenance folder. The fire evacuation procedure and emergency systems for the home are checked on a monthly basis. Inspection and maintenance records were sighted at the home. Internal environmental audits are completed regularly with identified issues being recorded and either dealt with straight away or being added to the property maintenance schedule. The person responsible for overseeing the maintenance of the home was interviewed and verified that the process worked well. On many occasions, this person or the home maintenance person were able to make the repairs themselves but where they were unable to, a number of trades people were contracted to do the work required.</p> <p>The home is privately owned which enables the owners to make the necessary repairs and improvements as they are able to. A refurbishment programme has been underway for the last four years since the current owners brought the property with a number of bedrooms and bathrooms having been recently refurbished. Some of the carpeted areas throughout the home were well worn and due for replacement soon. Residents interviewed were very happy with their rooms.</p> <p>Many residents in the home had mobility support needs including space for walking frames and wheelchairs. There was adequate space for people using such mobility devices within the home and outside. Grab rails were strategically placed in hallways, communal areas, bathrooms and toilets. All access and egress points are</p>

		<p>appropriate for residents using mobility equipment and promote their independence.</p> <p>The home was very clean, free of clutter and tidy and met the needs of the residents living there. The home had a number of external areas with seating and shade that the residents could enjoy.</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>All toilet and bathroom facilities in the home are shared with an appropriate number of facilities throughout the home. All toilets have grab rails available and are of varying sizes, many large enough to enable residents who use mobility devices to easily manoeuvre within the space. The bathrooms also vary in size; some are able to accommodate the use of hoists and commodes when staff are assisting residents. Some bathrooms also have a toilet in them. All toilets and bathrooms were able to be locked ensuring residents' privacy. All of the toilets and bathrooms had non-slip floor coverings and appeared to be easy to clean.</p> <p>All of the residents have a toilet and bathroom within close proximity to their rooms and are able to use the call bell system to summon assistance from staff if needed. Residents have hand washing and drying facilities in their rooms. Toilets and bathrooms are available for staff and visitors. One of the cleaning staff interviewed said that they regularly cleaned the toilet and bathroom that was nearest to the lounge as it has a lot of use during the day.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Every resident at Otatara Heights Residential Care has their own bedroom which varied in size depending on preference and the need to accommodate mobility devices and hoists. Residents' rooms were personalised and reflected their personalities through paintings, pictures, ornaments, trinkets, televisions, stereos and furnishings. Although Otatara Heights Residential Care provides fully furnished rooms for residents, residents are welcome to bring personal items and furniture with them. Residents interviewed had personally decorated their rooms according to their tastes. All residents interviewed liked their rooms and felt that they had adequate space. All rooms had space for an easy chair and many rooms had high/low hospital style beds in them which were particularly useful for those residents requiring hoist assistance, assistance with personal care or chose to have bed side rails for safety and comfort.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age</p>	FA	<p>The home has one main lounge that is used as a common room during the day in which residents can participate in the activities programme. During the audit, the room was well used with some people having to sit behind others. The room is equipped with a large television and DVD player, puzzles, board games and books. The home has a separate spacious dining room next to the kitchen. A number of small dining tables are scattered throughout the room enabling residents to dine in small groups. When not in use for meal times, residents and visitors can use the space to meet, sit and talk with others if they choose.</p>

appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		There is a large garden in the middle of the home that has a variety of shrubs, flowers and palms in. Residents and visitors are able to enjoy this outdoor area weather permitting. The garden also has a fish pond, a selection of outdoor furniture and a BBQ. There is a moderate sized lawn and garden at the front of the home that can also be accessed easily. A designated outdoor smoking area is also available at the rear of the home for residents and visitors to use.
<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>Otatara Heights Residential Care has a dedicated laundry on site which is appropriately equipped to deal with the needs of the home. A staff member who has responsibility for the laundry was interviewed and commented that the laundry area worked well for them. The laundry has two commercial washing machines and two commercial dryers that are able to cope with the laundry generated each day. The laundry has a large tub and a sluicing tub for soiled items. There is sufficient room for the collection of dirty and clean washing. At the back of the home, adjacent to the laundry, clothes lines that are used for drying sheets, duvets and protective bedding. The laundry staff member demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and that they were happy with the way their clothing was treated. Woollens are washed twice a week.</p> <p>One staff member takes overall responsibility for ensuring that the home is cleaned appropriately on a daily basis. During an interview, this person confirmed that they had received appropriate training in safe chemical handling. They would not leave their clean trolley unattended at any time and ensured that all cleaning products were locked away once finished with. Chemicals were stored in a lockable cupboard in the laundry and were in appropriately labelled containers.</p> <p>Visual checks of the laundry, equipment, completed laundry and daily cleaning process confirmed that the residents in the home were being provided with appropriate services. Regular monitoring and evaluation of all cleaning and laundry products were taking place. The laundry staff member commented that they were not entirely happy with one of the washing products and were in the process of discussing this with the supplier.</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>Otatara Heights Residential Care has adequate supplies for use in the event of a civil defence emergency. These supplies are stored within the home and others in a shed on the property. Supplies are regularly checked to ensure that they remain fit for purpose. The home has adequate supplies of food, water, blankets, mobile phones, torches, batteries and a gas BBQ which were sighted and meet the requirements for the number of residents in the home. There is a petrol generator on site and gas cylinders are available if required. Emergency lighting is regularly tested.</p> <p>Every resident has access to a call bell in their room and can summons assistance when required. The call bell system is audited regularly and residents reported that staff respond promptly. Call bells were answered</p>

		<p>promptly during the days of audit.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and people arriving after this time can be let into the home by staff on duty.</p> <p>Otatara Heights Residential Care has an approved fire evacuation scheme and conducts regular fire evacuation drills. In the past, some residents have not wished to evacuate the building and these occurrences were well documented and discussed with the fire service. Staff are aware of emergency planning, preparation and response requirements for the home and included in their orientation programme and refresher fire safety and security training. Staff confirmed their awareness of the emergency procedures. Residents interviewed said that they felt safe knowing that there were good procedures in place for evacuating the building if they had to and that they would receive the assistance to do so should they require it. Fire doors exist to help contain a fire in one area of the home. All fire hoses, extinguishers and blankets had been checked in 2017.</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. Rooms have natural light, opening external windows. Wall mounted panel heaters and wall mounted bar heaters are used to heat the home. During the audit, all areas were warm and well ventilated. Residents confirmed that the home was maintained at a comfortable temperature throughout the year and that they were able to control their own room temperatures according to their preference.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection prevention and control programme is clearly defined within the infection control policies and procedures, which are current following an update in August 2017. Roles and responsibilities of an infection prevention and control committee and of an infection control officer are well defined and the owner/manager is a member of the infection prevention and control committee. The infection control officer was interviewed and described her role as well as what she has specifically reviewed since her employment two to three months ago.</p> <p>A sign affixed to the front door during winter months requests visitors not to enter if they are unwell. A copy of this was sighted. Staged isolation was reported as a process that is implemented if a resident(s) display symptoms of concern. Staff described appropriate actions of what they would do in the event of a suspected infection. The manager informed that staff are discouraged from coming to work unwell and how this can be managed is discussed at an individual level if necessary. Education, especially around use of personal protective equipment, hand washing and the use of hand sanitisers was also reported as strong factors that underpin the infection prevention and control programme. Personal protective equipment was viewed being</p>

		used throughout the building and hand sanitiser was observed as being readily available.
<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>An organisational infection control committee scheduled to meet three times a year is in place. Attendance to these meetings involves the infection control officer/registered nurse, the manager and the care manager. Such meetings have previously been minuted and reported through the quality and risk committee meetings. Although this process has temporarily been placed on hold, there was evidence in meeting minutes of relevant discussions at the 4-6 weekly staff meetings.</p> <p>The infection control officer noted during interview that in addition to local GPs, she has access to infection control personnel at the local public hospital and local public health unit.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>Written policies and procedures related to infection prevention and control have been updated in August 2017 by a recently employed registered nurse who is the infection control officer. This person informed that she has undertaken relevant advanced training in a previous workplace. Documents sighted comply with current accepted good practice and relevant legislative requirements.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on</p>	FA	<p>Infection prevention and control education is a significant component of the staff orientation process. This was sighted in staff personnel records. The content is comprehensive and is signed off by registered nurses and the infection control officer. The latest in-service infection prevention and control session was May 2017 and records sighted showed this was well attended. There are self-directed learning tools that are used alongside in-</p>

infection control to all service providers, support staff, and consumers.		service sessions provided. Staff stated they receive regular updates on infection control education both formally and informally with reminders frequently given to them at staff handovers.
<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>The infection control officer is developing monthly reports of the incidence of infections. Only infections identified as requiring prescription antibiotics are included in the data. Examples of collected data were sighted. The form has any identified corrective corrective documented on it and once completed is passed on to the care manager ready for discussion at the next staff meeting and the next quality and risk management committee meeting. As identified in 1.2.3, these have not been discussed at organisational level for some months; however, there was evidence that analysis of each infection is occurring and staff confirmed they are reminded of prevention strategies at shift handovers.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Otatara Heights Residential Care have an enabler policy that guides staff in the appropriate individual planning of care and/or support for a resident in order to identify their capability to free his or herself from the enabler. The policy states that an enabler will be used only as a last resort after a comprehensive assessment of the resident's needs and when the safety of the resident is compromised. The resident, and/or their family/whanau, and/or their legal representative/advocate must be involved in the assessment process and give consent for the use of an enabler. A consent form will be completed by the assessor, resident or family/whanau, and/or their legal representative/advocate. The enablers used by residents at the time of audit included bed side rails and lap belts on wheelchairs. Consent forms for the use of these enablers were sighted in residents' personal files. Mobility devices such as crutches, wheelchairs and walking frames had also been classified as enablers indicating that there was some confusion around the definition of an enabler as it pertains to this standard. While these devices 'enable' residents to mobilise, they do not need to be classified as an enabler and can be removed from the enabler register. Assessments of enablers were conducted when a resident moves into the home and is reviewed annually or as required due to a change in needs. Consent for the use of enablers was updated at each review.</p> <p>Otatara Heights Residential Care also has a restraint minimisation policy that is linked to the "Management of Challenging Behaviour" Policy, "Informed Consent" Policy, the Residents Code of Rights and the forms associated with restraint usage. The policy includes definitions, indications of use (emergency use); the restraint "body/team" will include the Registered Nurse, the Care Manager and a General Practitioner. The Registered Nurse will approve the activation of all restraint. The only form of restraint, which may be considered for use, will be bed side rails and lap belts, and enablers for safety purposes. Restraint use is reviewed annually and if used, is documented in the restraint register. At the time of audit, and for three years previously, restraint was not being applied to any resident. Those residents using lap belts and bed side rails were using them voluntarily and</p>

		<p>were able to remove them or ask for them to be removed themselves.</p> <p>Management and clinical staff at Otatara Heights Residential Care have adopted a least restrictive approach to the support of residents and will only consider enablers or restraints as the last option.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.5</p> <p>Key components of service delivery shall be explicitly linked to the quality management system.</p>	PA Low	<p>Key components of service delivery including complaints, incident and accident reporting, infection prevention and control and challenging behaviours are being monitored by the care manager and/or the clinical nurse manager. Evidence obtained from interviews and documentation demonstrated that the clinical nurse manager is committed to addressing the monitoring of all aspects of service delivery, including due dates for assessments and care planning, some of which had lapsed prior to her employment. There was evidence that the two to three monthly scheduled quality and risk management meetings had ceased and the last three meetings had been cancelled. The integrity of the quality and risk management system is at risk without the opportunity to collectively review the different aspects of the service provider's quality and risk system.</p>	<p>Only one of four quality and risk management committee meetings scheduled up to September 2017 have occurred thus far; therefore, some components of service delivery such as event reporting, complaints management, infection control, health and safety, and restraint minimisation are not being explicitly linked to the organisational quality management system.</p>	<p>Re-implement the system which enables key components of service delivery and organisational management to be explicitly linked to the quality management system.</p> <p>180 days</p>

<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	<p>PA Moderate</p>	<p>A review of residents' records examined each stage of service provision. There is a range of assessment tools being used during the admission process and interRAI assessments are being completed within the 21 days of admission. Following emerging evidence of outstanding interRAI reassessments, a master list of dates for these and for evaluations and review of service delivery plans was requested and reviewed. Managers described how significant staff changes over the past two to three months have impacted on reassessment and review processes.</p> <p>It is acknowledged that all registered nurses are new employees and only the clinical nurse manager has been able to secure a position on interRAI training. However, examples of other types of assessment records such as for falls risk and skin integrity not having been reviewed and updated were also found and there was no evidence of short term care plans being consistently used. The registered nurse informed that such a system is about to be implemented for short term problems but is not yet established. Hence, these factors have been raised for corrective action to ensure each stage of service delivery is completed in a timely manner. Overdue reviews were also evident and this latter factor has been raised for corrective action under the relevant criterion.</p>	<p>Assessment tools and processes, including interRAI, have not been updated at the six-monthly intervals. There was also limited evidence of short term plans being used.</p>	<p>Reassessment processes are completed within contractual timeframes and when a person's condition changes. The newly established system for the use of short term care plans when indicated is implemented.</p> <p>90 days</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing</p>	<p>PA Low</p>	<p>Overall residents' service delivery plans are informative and reflect the assessed needs of individuals. However, there were some gaps in these plans. Service delivery plans did not include an activity related goal, despite the diverse and well attended activity programme. There was a document in residents' files titled 'Past and Goal Setting Beliefs and Awareness'; however, the content of these did not overtly contribute to service delivery. It was difficult to understand its purpose and the current staff were unsure of its use.</p> <p>In the absence of an individualised social history and of an activity related goal, residents' service delivery plans are missing an element of holistic service delivery. The young people with disabilities do not have lifestyle plans that reflected the extent of their community integration, as required in their contract and eight</p>	<p>Service delivery plans do not include an activity related goal or action plan that will be evaluated alongside other components of the service delivery plan. Mental health plans do not specifically include relapse prevention plans/early warning signs and service delivery plans for young people with disabilities do not demonstrate lifestyle</p>	<p>To ensure holistic services are delivered, all service delivery plans require a goal and interventions related to activities. Young people with disabilities require a lifestyle plan and residents on mental health contracts require a specific relapse prevention</p>

assessment process.		residents, who are on contracts for mental health support, do not have relapse plans/early warning signs documented as expected.	planning.	plan/early warning signs to be documented. 180 days
<p>Criterion 1.3.8.2</p> <p>Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.</p>	PA Moderate	<p>Formal multidisciplinary evaluation and reviews are scheduled for each person every six months on their anniversary. Until May 2017 when staff changes occurred, the service provider had a system in place in which reviews were undertaken every one, two or three months and this system had ensured all records were updated and current. That system has broken down, and at the time of audit, there were nine care plans overdue by up to two months, for a six monthly multidisciplinary review. With the current limited registered nurse resource available for interRAI reassessments and review, and with the majority of residents falling due for review over the next two months, this is posing a moderate risk.</p> <p>As short term care plans have only recently been reintroduced it was not possible to ascertain the level at which short term care plans are evaluated as only two examples were seen in residents' files.</p>	Due to evaluation and review processes not being undertaken within the expected timeframes, there was a lack of evidence that evaluations of residents' care plans indicate the degree of achievement or response to the support and/or interventions and progress towards meeting the desired outcome.	<p>Evaluations are undertaken within timeframes as required in the contract and indicate the level of progress with individualised goals or any identified changes for the person.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.8.1 The service provides an environment that encourages good practice, which should include evidence-based practice.	CI	A copy of a continuous improvement project plan and summarised outcome evaluation was reviewed. An external organisation assisted Otatara Heights Residential Care residents and staff to improve their literacy and numeracy skills. Literacy and numeracy classes commenced in November 2016 for four days a week. A break in the routine occurred but the classes recommenced with participants graduating on 15 September 2017, the second day of this audit. Individual goals were initially identified for each person. An evaluation of the overall success of the programme was also documented and demonstrated clear individual and organisational gains had been achieved. The increased confidence of participating residents and staff and their desire to go on to learn more was noted. Managers were clear that even the increased confidence in the staff who were involved had enabled improved resident care and one person had gone on to achieve a certificate in Food Handling Safety.	A programme implemented at Otatara Heights Residential Care has provided an optional literacy numeracy course for residents and for staff. Evaluation of the programme has reported improvements in participant's confidence; individual identifiable achievements for participating residents and staff; improvements in the quality of resident related documentation by staff; increased communication between residents and staff, (especially those from other ethnicities); an increase in the level of residents' participation in the resident survey; and an increase in their use of library facilities.

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End of the report.