

Eastcliffe Orakei Management Services LP - Eastcliffe on Orakei

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 Q-Audit 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:	Eastcliffe Orakei Management Services LP
Premises audited:	Eastcliffe on Orakei
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 November 2017 End date: 28 November 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:	23

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

Eastcliffe on Orakei provides rest home and hospital level care for up to 28 residents. The service is owned by the local Iwi and managed by a nurse manager and a clinical/quality manager. The service is located within a retirement living complex. Residents and families spoke positively about the care provided.

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

This audit has identified one area of improvement relating to strengthening the evaluation of infection surveillance data.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Consumer rights are met in full. Residents are informed of their rights and are treated respectfully. Care and support is provided in a manner which recognises the residents' culture, values and beliefs. Maori residents are well supported. Discrimination of any sort is not tolerated. Service delivery is based on good practice principles. Communication is open and resident choices are recorded and acted upon. Adequate documented processes are in place for informed consent. Advocacy information is available. Close links with families and the community are encouraged and supported. The complaints management system is readily accessible and managed in compliance with the Code of Rights.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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There are sound operational management systems. There is a suitably experienced and qualified nurse manager and a clinical quality manager. Quality and risk management processes are established and maintained and improvements implemented whenever practicable. Adverse events are recorded and actions taken to prevent recurrence. An effective health and safety and hazard management system is in place. The organization has established human resource management processes and staffing is stable. Staffing numbers and skill mix are suitable for the layout of the facility, and for the complexity and numbers of residents accommodated. Consumer information management is entered timely and appropriate to the service setting.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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An entry process is in place and there is adequate information provided to communicate the services provided. Nursing staff are involved in the admission process and referrals are made to other health providers as required.

Registered nurses and the clinical and quality manager are responsible for the care planning and evaluation of the lifestyle plans. InterRAI assessments and the provider's own lifestyle plan template are in use. Interventions for lifestyle plans are adequate to meet the residents' desired outcomes.

There is an integrated system with other health providers including the physiotherapist, GP, family/whanau and residents for input into the lifestyle plans. The clinical team communicate through shift handovers, staff meetings and progress notes are completed on each shift. The GP is involved in the assessment process, as well as regular review of residents within the required timeframes.

Planned activities are meaningful and meet the needs of the residents. Residents and family/whanau reported that they are satisfied with the activities program in place.

Medication management systems are in place. The service uses pre-packaged systems and e-prescribing. All caregivers and nurses have completed the required medication competencies. Medication reviews are conducted by the general practitioner as required.

Food services are provided by an external contractor. Residents reported that they are happy with the food services. There are trained kitchen personnel. Food management processes are in place. Special dietary requirements and kitchen hygiene standards are maintained.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility is purpose-built for residential care. The building, fittings and furnishings are regularly maintained to a high standard. Each resident has their own room with ensuite and there is a wide number and variety of recreational and dining facilities. An elevator provides easy access to all three floors. There are sound processes for management of waste, emergencies and security. Cleaning and laundry processes are effective and meet regulatory requirements. The atmosphere is light and airy with plenty of natural light. Air conditioning maintains temperatures at comfortable levels.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation processes are in place and managed by the nurse manager who is the restraint coordinator. There was no restraint in use at the time of the audit. Staff competencies are current as per policies and procedures. There are four residents using bedrails as enablers. Assessments for the enablers are being completed and were sighted in the sampled files. The GP reported that the service manages de-escalation effectively by non-pharmacological means.

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.		Some standards applicable to this service partially attained and of low risk.
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Infection control policies and procedures are in place and the nurse manager is the infection control nurse. There are systems in place to minimise and prevent cross infection to residents, staff and visitors. There is documentation to evidence staff training on infection control. Infection control data is collected and shared with the staff in staff meetings. Infection control data benchmarking is conducted with an external provider. There have been no outbreaks reported since the previous audit.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	44	0	1	0	0	0
Criteria	0	92	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The mission, vision, values and goals of the facility are consumer-centred and reflect The Code of Health and Disability Services Consumers' Rights (the Code). Resident and family interviews and observation on site indicate that care is provided in accord with consumer rights legislation. Review of staff training records indicated that all staff receive annual training in the application of the Code. Staff interviews confirmed that they understand their obligations under the Code.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	There are documented policies defining the requirements for informed consent that comply with regulations, including those relating to advanced directives and powers of attorney. Review of resident files indicated that the required signed records of consent, advance directives and power of attorney are maintained and acted on. Resident and families confirmed that a detailed resident information pack is provided and explained on admission. Review of resident files indicated that specific information and explanations are given and records maintained for sharing of resident information with other health care providers.

<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>Resident and family interviews and review of the admission information pack confirmed that pamphlets from the national advocacy service are included in the pack and explained by the clinical manager on admission. The pamphlets are also available in communal areas in the facility. Review of staff training records indicated that all staff receive annual training relating to advocacy.</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>Open visiting hours are maintained and family interaction is encouraged and supported. Information for afterhours visits is included in the resident information pack and clearly displayed at the entrance to the facility. Staff, resident and family interviews confirmed that residents may receive visitors at any time. Residents have single rooms and privacy is assured.</p> <p>The facility arranges for a taxi van to take residents on trips out into the community each week. Observation on site and resident and family interviews confirmed that residents' outings with family are facilitated by the staff. The facility will arrange transport for residents who need to attend appointments at other health services.</p> <p>The Maori resident interviewed confirmed that they are encouraged and supported to maintain links with their whanau and the local marae.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The documented complaints process meets the requirements of the Code. Complaints information and forms are available in communal areas and a locked drop box is provided at the nurses' station on each floor. Review of sampled records indicated that the complaints process is implemented in practice.</p> <p>Residents and family interviewed were aware of their right to complain and the process by which they may do this. They confirmed that they would feel comfortable raising any issues with the manager and staff.</p> <p>A complaints register is maintained that records the names, date, summary of complaint, actions taken and sign off when completed. The complaints sampled are addressed within time frames of the Code. The staff demonstrated knowledge of the complaint management process and what to do if a resident made a complaint.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p>	FA	<p>The clinical/quality manager, nurse manager and/or a registered nurse discussed the Code, including the complaints process with residents and their family on admission.</p> <p>Discussions relating to the Code could also be held at the residents' meeting. Residents interviewed</p>

Consumers are informed of their rights.		<p>confirmed their rights are being upheld by the service.</p> <p>Resident rights to access advocacy services are identified for residents and advocacy service leaflets are available at the entrance to the service. If necessary, staff will read and explain information to residents as stated by staff interviewed. Information is also given to next of kin or enduring power of attorney (EPOA) to read and to be discussed with the resident in private.</p> <p>Residents and family members could describe their rights and advocacy services particularly in relation to the complaints process.</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>There are suitable documented policies and guidelines relating to maintaining the independence, privacy and dignity of the resident. Staff have received training in communication and interaction with residents. Resident interviews and observation on site confirmed that residents' privacy and dignity is respected. Residents interviewed confirmed that they are treated with respect and supported to make their own decisions about their life. The environment enables residents to maintain as much physical independence as possible.</p> <p>Resident interviews and review of resident files confirmed that individual values and preferences are identified on admission and incorporated into their individual care plan as far as possible. There are suitable processes defined for the management of potential or actual abuse. Staff have received training in recognizing possible neglect or abuse.</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>The facility is owned by a Maori organization. There is a Maori Health Plan and suitable documented policies in place in relation to recognition of the Treaty of Waitangi. There are Tikanga guidelines for staff and access to Maori cultural advice to support staff and residents. A staff member who identifies as Maori provides on-going support and advice to staff regarding Tikanga. Staff interviews and training records confirmed that they receive annual training in cultural safety that includes caring for Maori residents. There are currently two Maori residents, one of whom was interviewed and who expressed satisfaction with the respect and support shown for his values and beliefs. Interaction with whanau and the local marae is supported by the staff.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p>	FA	<p>There is adequate access to resources and documented procedures to ensure recognition of individual values and beliefs for residents. There are documented policies providing appropriate guidelines for staff in relation to the standard. Training has been provided in the last two years in Maori and Pacific and other cultural needs. Observations during the audit, interviews with residents and staff, and results of resident</p>

Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.		and family surveys confirmed that residents are treated with dignity and respect. Spiritual care from various denominations is available. Two cultural days are held annually when staff present their own culture to the residents. Resident confirmed there is an appropriate service delivery that respects their individuality.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	There are suitable documented processes for providing an environment free from any discrimination, harassment or coercion. Resident property is identified and respected. Staff training records indicated that all staff have received training in ethics and professional boundaries. Staff and resident interviews indicated that such exploitation does not occur.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Documented policies and procedures comply with relevant legislation and reference relevant good practice sources. The clinical quality manager is a registered nurse who reviews all clinical protocols annually. There is access to the internet and district health board (DHB) clinical advisers are consulted as necessary. The facility is a member of a variety of different aged care associations. The manager attends local cluster group meetings and receives regular updates on clinical practice and management related to aged care. Review of the monthly quality meetings minutes confirmed that clinical and management issues are regularly reviewed and strategies to improve standards are developed and implemented.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	The residents and families reported that they felt information is provided in an open and frank manner. The incident forms reviewed indicated the family/whanau were appropriately informed of adverse events. All residents communicate effectively in English. The interpreter policy identifies how to access an interpreter if this is required, including sign language interpreters. All residents, family/whanau and staff interviewed reported effective communication.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of	FA	The facility is owned by the Ngati Whatua O Orakei Trust trading as Eastcliffe Orakei Management Services Ltd. Eastcliffe on Orakei is a retirement village and is governed by the Whairawa board. The vision, mission, values and goals of the residential service are set by the Board and published in the Residential Information Pack. The company business plan for the retirement village includes the residential care facility.

consumers.		<p>The service provides rest home and hospital level of care for up to 28 residents. The service's skill mix and staffing ratios are based on the assumption that all 28 residents are hospital level of care. At the time of audit there were 23 residents (19 hospital level of care residents and 4 rest home level of care residents). There are some residents within the care facility section that have occupational right agreements (ORA), and these residents receive the required rest home or hospital level of care as per contractual requirements. There are no rest home or hospital level of care serves provided to the retirement village section or an occupational right unit that is not within the aged care facility sections.</p> <p>The business plan identifies the objectives, philosophy and the company's values. This plan is reviewed on an annual basis and monitored through monthly meetings and reports to the general manager (of the retirement village) and Iwi chief operating officer.</p> <p>The nurse manager is a registered nurse (RN) with a current practicing certificate who has managed the service for over 10 years and has previous experience as a clinical manager and registered nurse in aged care. The nurse manager has the overall responsibility for the management of the care facility. Their job description outlines their roles, responsibilities, accountabilities and set key performance indicators for the role. The nurse manager is a member of aged care associations and receives ongoing education and updates regarding management of aged care services. The nurse manager maintains professional development hours for nursing and management.</p> <p>The nurse manager is supported by a clinical quality manager (RN) as well as a team of RNs for clinical advice and input.</p> <p>The residents and family/whānau report satisfaction with the care and service delivery. This is also supported through the satisfaction survey results.</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>The clinical quality manager takes on the role of nurse manger during temporary absences, as confirmed at interview and the job description sampled. The nurse manager reports confidence in the clinical quality managers ability to take on the role.</p>
Standard 1.2.3: Quality And Risk Management Systems	FA	<p>The quality action plan describes the quality and risk management system. The plan is reviewed on an annual basis and approved by the management team. The plan covers the key aspects of service delivery.</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>Monitoring time frames and target dates are identified. The quality objectives are also monitored through the internal auditing programme, monthly risk reports and staff meetings. The staff demonstrated knowledge of the quality and risk management systems and report that outcomes are discussed at meetings and displayed on the staff notice boards. The service has completed several quality improvement projects related to the environment and pressure injury management.</p> <p>The policies are referenced to legislation best practice. And reviewed on a two-yearly cycle or sooner if there are any changes to legislation. The clinical manager assists in the review of the clinical policies. The skin management policy is linked to the best practice injury prevention and management programme. Each policy has version control information, with staff only being able to access the most recent version.</p> <p>There is a scheduled program of internal audits that covers all aspects of service delivery. The organisation has a documented risk management plan which identifies risks and management strategies. All potential and actual risks were reported at board level and reviewed regularly. Clinical risks were discussed monthly at staff meetings as confirmed in meetings minutes sighted and confirmed by staff. There is an up to date hazard register and the process for reporting hazards is understood by staff interviewed.</p> <p>Quality data collection and analysis is maintained and evaluation of results shared with staff and management. Corrective actions and quality improvements were put in place where internal audit or quality data indicated any shortfalls. Staff confirmed that all follow up actions are discussed during handover and at regular staff meetings. Data is collected, trended, reviewed and evaluated for all key components of the service (complaints, incidents and accidents, health and safety, hazards, restraint and infection control). The graphs and analysis of the quality data is displayed in the staff room.</p> <p>The risk, hazard and emergency response plan identifies potential and actual hazards. The plan includes what the hazard is, risk level, preventative actions and ways to minimise risk. If the risk is ongoing this is monitored through the hazard register and monitoring frequency is based on the level of risk.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is a documented policy for the management and recording of accidents and incidents. Management and staff interviews and records of adverse events relating to falls and challenging behaviour provided evidence that they are well documented. Communication with family members and the GP is appropriate and timely in these cases. Minutes of quality meetings provided evidence of discussion of incidents/accidents and actions taken. The nurse manager is aware of responsibility for reporting adverse events to external authorities. This includes the reporting of stage three and above pressure injuries.</p> <p>There is monthly analysis of the adverse events, which includes a trend analysis. Where shortfalls have been identified, actions are implemented to make improvements to service delivery such as actions to reduce falls and skin tears. The results are discussed at staff meetings and displayed on the staff notice boards. The staff demonstrated knowledge of when to complete incident/accident forms.</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>Staff that require professional qualifications have them validated as part of the employment process and annually. A copy of the current annual practicing certificates was sighted for all staff and contractors who require them.</p> <p>Policies and procedures identify human resources management that reflects good employment practice and meets the requirements of legislation. Staff files showed that prior to employment references were checked. Job descriptions clearly describe staff responsibilities and best practice standards. Staff had completed an orientation programme with specific competencies for their roles. The staff files confirmed employment, orientation, performance reviews and ongoing education is implemented. The appointment of appropriate staff is undertaken to safely meet the needs of residents, including those residents with an ORA within the rest home/hospital.</p> <p>Staff undertake training and education related to their appointed roles. Staff education includes on site guest speakers, off site seminars and training days to ensure all aspects of service provision are met on a two-yearly schedule, this includes ongoing education on pressure injury prevention. Staff education as part of the in-service education programme is conducted monthly after the staff meeting. This was confirmed in the education records sighted for 2016 and to date in 2017. The service has two RNs that are trained and assessed as competent to use the interRAI assessment tool.</p> <p>Resident and family/whānau members interviewed, along with the 2016-17 satisfaction survey results, identified that residents' needs are being met by the service.</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>A documented policy details staffing levels and skill mix requirements and this aligns with the requirements of the provider's contractual requirements for hospital level of care. Though the service does have rest home level of care, the staffing is based on the requirements for the higher hospital level of care. Additional staffing hours are put in place as required (such as for palliative care or other increased needs), The RN on duty has the authority to call in additional staff to ensure the needs of the residents are met. There is at least one RN on duty at all times. There are two care staff members on duty at all times, with more staff on morning and afternoon shifts. At night, in addition to the care staff, there is one extra non-clinical staff member on site to assist in any emergency events and security issues.</p> <p>The staffing rationale takes account of residents being accommodated on three floors. Staff and resident interviews and review of rosters indicated that there is adequate staffing for the number of residents, the level of care and the lay out of the facility. Staff interviewed confirmed that assistance is readily available if they need it. A review of staff rosters identified that at least one staff member on each shift has a current first aid certificate (sighted). The care staff do not provide care to the retirement village. There are sufficient household support staff and activities staff, to meet the needs of the residents in the care facility. The staff</p>

		interviewed reported they can complete their work in the time allocated.
<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	Resident information is entered in an electronic resident register by the administrator, on admission and protected by individual passwords. Individual resident information is recorded in the InterRAI system and updated at least daily. Any paper records are secured in locked filing cabinets in an office that is locked when unattended. Review of resident files indicated that the records are identified and the entries are legible, dated and signed. A list of staff specimen signatures is maintained. There is a secure archive system for old records.
<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	Entry to the service's process are in place and managed as per the organisation's policies and procedures. There is adequate documentation to provide to consumers, their family/whanau of choice where appropriate, local communities and referral agents. Information about the facility and the services provided at Eastcliffe on Orakei is included in the admission pack, facility brochures and information packs. Residents' support is provided as per the identified needs in a respectful manner with residents and or their family involved in the admission process.
<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	Yellow envelopes are utilised when transferring residents to and from the local DHB. All the necessary information to enable safe transfer of residents between health providers is included in the yellow envelope. There is use of phone calls, emails and discharge letters to ensure safe and appropriate handover of residents' needs. Advice of other options to access other health providers and choices are given to residents. Referrals are made by the nursing team and the GP and a record of the referrals is maintained in the residents' files. Residents and family/whanau are consulted and involved in the discharge, exit or transfer process as reported by residents interviewed.
<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</p>	FA	Eastcliffe on Orakei uses an electronic system for medicine management. There is e-prescribing, dispensing, administration, review and reconciliation of medicines. The medicine management system is implemented to manage medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. Medication is stored safely in locked cupboards in the treatment room and the RNs are responsible for the key to the medication cupboards. The controlled drugs are safely stored in a double locked cupboard, weekly and six-monthly stock takes are completed as per current

safe practice guidelines.		<p>legislative requirements. The e-prescribing electronic system is accessed by individual passwords and login. Three monthly medication reviews are done by the GP. Fridge temperature monitoring is being conducted as per guidelines. There is a process in place for returning expired and unwanted medications back to the pharmacy. There were no expired medications at the facility. All caregivers and RNs have medication administration competencies that are current and are reviewed annually. Medication training records were sighted. Internal audits are completed on the medicine management system.</p> <p>The RN was observed on audit days administering medication correctly and safe practice was witnessed.</p> <p>There was one resident who self- administers medication and the self- administration assessment forms are completed. Monitoring records for self- administration are in place and comply with the organisation's policy for medication self- administration.</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>Food services are contracted to an external provider. There is a process for communicating the nutritional requirements for new residents on admission and all existing residents with the kitchen staff. There is a copy of dietary requirements for each resident in the kitchen. Residents' likes/preferences or allergies are identified and the kitchen has a record of these in a file. Any updates on nutritional requirements are communicated with the kitchen staff. Special diets are offered as required as well as modified diets.</p> <p>Food, fridge and freezer temperatures are monitored and recorded as per policy. Cooked food in the fridge is dated and labelled. The fridge is clean and well packed. The contracted service has a registered food safety plan that is externally audited.</p> <p>The kitchen and pantry are clean and the dry goods in the pantry are labelled and dated with date of delivery. There is an ordering and procurement system in place. No expired food sighted.</p> <p>There are cleaning schedules in place that are adhered to and all services comply with current legislation and nutritional guidelines.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where</p>	FA	<p>The nurse manager reported that there is a process in place to manage declined referrals/entry to service to ensure safety of the consumer and/or their family/whanau where appropriate. A referral to appropriate services or other options or alternate services is completed as required and the consumer and where appropriate the family/whanau is advised of the reason for the decline of entry to services.</p>

appropriate.		
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The initial admission assessments are completed on admission. InterRAI assessments and lifestyle plans are completed within the required timeframe. The residents and family/whanau are consulted and involved in the planning of care. Lifestyle plans in residents' files are signed off. Interviewed families/whanau and residents reported satisfaction with the admission process.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The residents' lifestyle plans are resident focused, individualised, integrated, and promote continuity of service delivery. The lifestyle plans and short- term care plans sampled included information from discharge summaries from other health services, letters from allied health providers and information from assessments completed. Interventions in lifestyle plans sampled are adequate to achieve the desired outcomes identified by the ongoing assessment processes. Residents and families interviewed reported that they are involved and satisfied with the care planning processes.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Interventions put in place in sampled lifestyle plans and short-term care plans are adequate and appropriate to meet the assessed needs and desired outcomes. The provision of service is consistent and contributes to meeting the residents' assessed needs. In the files sampled all the interRAI triggered items are addressed. The GP confirmed that there is prompt follow up of any prescribed treatments and is satisfied with the quality of care provided. The facility maintains links with allied health providers and other external health providers that work with the residents. Interviewed staff confirmed that there are adequate resources to provide quality care for the residents.
Standard 1.3.7: Planned Activities 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.	FA	Activities that are meaningful to residents are part of the lifestyle plan. The planned activities take into consideration the residents' needs, age, culture and setting of the service. The activities coordinator monitors the participation of residents by use of an activity register. There is a variety of activities planned weekly including exercises with the physiotherapist, bus trips, hair dressing, multicultural celebrations, crafts, birthday celebrations, one on one visits, happy hour and church services. Interviewed residents and family/whanau reported that they are satisfied with the activities programme. On the days of the audits, residents were seen participating in different activities of choice. Residents also have an opportunity to attend activities in the retirement village side if able.
Standard 1.3.8: Evaluation	FA	Residents' lifestyle plans and interRAI assessments are evaluated by RNs at least six monthly or when

Consumers' service delivery plans are evaluated in a comprehensive and timely manner.		there is significant change in the resident's condition with input for the multidisciplinary team including the nursing team, the physiotherapist, GP, other allied health practitioners and the resident and family/whanau where appropriate. The evaluations are resident-focused and show progress towards desired outcomes. Short-term care plans are evaluated and closed off when resolved. Sampled files evidenced that changes are made in the lifestyle plans and short-term care plans where the expected outcome is not achieved.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	Yellow envelopes are utilised when transferring residents to and from the local DHB. All the necessary information to enable safe transfer of residents between health providers is included in the yellow envelope. There is use of phone calls, emails and discharge letters to ensure safe and appropriate handover of residents' needs. Advice of other options to access other health providers and choices are given to residents. Referrals are made by the nursing team and the GP and a record of the referrals is maintained in the residents' files. Residents and family/whanau are consulted and involved in the discharge, exit or transfer process as reported by residents interviewed.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are suitable documented guidelines in place for the management and storage of waste and hazardous substance that meet work health and safety, infection control and local body requirements. Staff receive training in safe handling processes. Protective gloves, masks and aprons and secure storage facilities are provided. A quality improvement project has resulted in improved storage and reduced usage of chemicals in the facility.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The care facility is well maintained internally and externally. Internal areas are level and well lit; handrails are installed in corridors and all bathrooms. External areas have handrails and non-slip surfaces. External pathways are paved. Suitable external sheltered seating is available. There is a maintenance program in place that is monitored by the manager. A current building warrant of fitness was sighted. An equipment register is maintained by the manager and there are records of the required functional and calibration checks. All electrical appliances and equipment are tested and tagged annually by a registered

		electrician. Current registrations were sighted for all technicians.
<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 bedrooms are single and have an ensuite bathroom with toilet, accessible shower and hand basin. Bathroom doors have reversible privacy locks. The residents and families reported satisfaction with the facilities.</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>Resident's bedrooms are single and are furnished with bed, side table and chair. There is adequate space for mobility aids and personal furniture and other items. The residents and staff reported satisfaction with the space in the rooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>A large dining room, separate lounge room and recreation room are provided on each floor. These rooms are freely accessible to the residents. The residents and families reported satisfaction with the recreational and dining facilities.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning</p>	FA	<p>A well-equipped separate area is provided for resident's personal laundry. Clean and dirty areas are clearly separated. Washing and drying machines are regularly checked and serviced. Temperatures are monitored and maintained to meet safe hygiene requirements. The laundry person has received training and documented guidelines are available.</p>

and laundry services appropriate to the setting in which the service is being provided.		Cleaning is undertaken by facility cleaners. Cleaning guidelines are provided. There is suitable, safe storage for cleaning equipment and supplies. Cleaning schedules are maintained for daily and periodic cleaning. Cleaning audits are done monthly. Inspection on site confirmed that a high standard of cleanliness is maintained throughout the facility. Resident and family survey results indicate general satisfaction with the standard of cleanliness maintained in the facility. A quality improvement project that introduced a new mop head and cleaning supplies system has resulted in more effective and efficient cleaning of hard surface floors.
<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>There are suitable documented procedures for management of clinical, environmental and civil emergencies including a documented service continuity plan. Training in response to clinical and environmental emergencies is undertaken annually by staff.</p> <p>Alternative cooking facilities are available in case of utility failure. Food supplies would last for three days. Large torches are maintained to provide lighting. Alternative electricity supply is available for more than two hours from a diesel generator. Sufficient extra blankets are available to keep residents warm until alternative arrangements can be made. Sufficient water is stored for three days use.</p> <p>An emergency evacuation plan was sighted, approved by the local Fire Service. There have been no alterations to the building since that date. The plan of evacuation routes and assembly points is displayed at the nurse's station on each floor. There is evidence that trial evacuation practices take place twice a year and that all staff attend at least one a year.</p> <p>A call bell is within reach of the resident in each bedroom and bathroom. Call bell audits and residents interviewed confirmed that staff respond promptly to the bell. There are call bells in the communal areas. Monthly checks are done. Staff are aware of the emergency call sign.</p> <p>There are suitable processes in place for securing the facility after hours. The gates to the grounds are locked and a night security person checks the facility five to seven times a night. External motion sensitive lighting is installed.</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</p>	FA	The facility was observed to be light and airy and well ventilated. Each bedroom has a large window. The facility is air conditioned. Fans are available for those who request them. Residents interviewed confirmed that the facility is maintained at a comfortably warm temperature. The facility maintains a strict non-smoking policy.

comfortable temperature.		
<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>There is an infection control management program in place to minimise the risk of infection to residents, service providers and visitors. The nurse manager is the infection control officer and the infection control policy has clear guidelines on responsibilities and clear lines of accountability for infection control. There is clearly documented infection prevention and minimisation information communicated to visitors, residents and other service providers posted at the front entrance regarding communicable infections. Informal one on one discussion with residents on infection control issues are held, as reported by residents interviewed. A RN is booked for an external infection control training course in December 2017 and will be the infection control nurse when training is completed. Interventions for acute infections are discussed at shift handovers.</p> <p>There have been no infection outbreaks documented and interviewed staff were aware of the infection control procedures and adhere to them.</p> <p>There is annual review of the infection control programme and an annual report was sighted.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>Infection control expert advice is sought from external infection control specialists from the local DHB and the GP. Regular internal infection control audits are conducted by the ICC. Interviewed staff reported that there are adequate resources for effective functioning of the infection programme. Use of alcohol based sanitisers, hand washing and use of personal protective equipment are infection control measures used.</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</p>	FA	<p>The infection control policies and procedures are documented and referenced to current best practice and relevant legislative requirements and are up to date. The policies and procedures are safe and appropriate for the type of services provided. Interviewed staff are aware of how to access the policies and procedures.</p>

organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	The infection control coordinator has an infection control certificate. Annual infection control training for staff is provided internally and or by external providers and at orientation. Informal one on one education is provided to residents as needed. Infection control training records for staff were sighted.
<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>	PA Low	Surveillance of infection is carried out by the nursing team. The GP reported that all suspected infections are reported in a timely manner and antibiotics are prescribed by the GP as required. The infection criteria in the infection control policy is used to determine the infection. The surveillance frequency and type is appropriate for the size and complexity of the facility. There is a need for improvement regarding the evaluation and analysis of infection control data collected.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The nurse manager is the restraint coordinator. There are processes in place for minimisation of restraint use and safe practice. The restraint approval process, assessment and evaluation is managed by the nurse manager and RNs in consultation with the GP, resident and family. There are no residents using restraint on the day of audit. There is annual restraint use training for all staff and restraint competency records were sighted. Types of authorised restraint are bedrails, lap belts and bodysuits.</p> <p>There is voluntary use of bedrails as enablers by four residents. Appropriate documentation is completed. The GP reported at interview that the service manages de-escalation non-pharmacologically effectively. Restraint and enablers are discussed in regular staff meetings.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.5.7 Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.	PA Low	Benchmarking of infection control data is done with other external health providers every three months. Infection control data is shared with staff at monthly staff and quality meetings, however this is a report that has the number and types of infections, but no analysis or evaluation of the data was recorded.	The infection control data was collected, but the evaluation of the data was not consistently recorded.	Provide evidence that the results of the surveillance data are evaluated, acted upon to assist in reduction of infections and consistently documented. 180 days

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.

No data to display

End of the report.