

Heritage Lifecare (BPA) Limited - Cargill Care Home & Village

Introduction

This report records the results of a Provisional 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: Heritage Lifecare (BPA) Limited

Premises audited: Cargill Care Home & Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 31 January 2018 End date: 1 February 2018

Proposed changes to current services (if any): The facility is being sold and this provisional audit is being undertaken to establish the prospective owner's preparedness to provide a health and disability service and the current level of conformity with the required standards.

Total beds occupied across all premises included in the audit on the first day of the audit: 31



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.

General overview of the audit

Cargill Care Home and Village provides rest home level care for up to 40 residents. On the day of audit, there were 31 residents. The service is presently operated by Bupa Care Services NZ Limited and managed by a care home manager and a clinical manager, supported by a care and household services team.

A provisional audit was undertaken to establish the prospective owner's preparedness to provide a health and disability service and the level of conformity with the required standards. The audit was conducted against the Health and Disability Services Standards and the provider's contracts with the Southland District Health Board (SDHB). The audit process included the review of policies and procedures, the review of staff files, observations, and interviews with residents, families/whānau, management, staff, a general practitioner, and the prospective owner.

This audit has resulted in one area requiring improvements. This relates to completion of the Bupa annual review of the infection control programme. No improvements were requested at the previous audit.

Consumer rights

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

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

Care for residents who identify as Maori is guided by comprehensive Māori health plan guidelines.

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

Open communication between staff, residents and families is promoted and 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 services provided to residents are of an appropriate standard.

There is an implemented complaints process and a register of compliments and complaints. Residents and family interviewed were very complimentary about the care received.

Organisational management

Bupa have developed business and quality and risk management plans outlining the goals and values of the organisation. Monitoring activities undertaken at Cargill Care Home and Village provides effective information to the wider Bupa organisation to assist in national benchmarking of its performance against other services. The experienced care home manager is a registered

nurse who been in the role for several years. Relatives and residents all spoke very positively about the caring staff and homelike environment in the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and opportunities for improvements. Staff are involved and engaged in quality improvement activities. A resident survey has been used to gather feedback from residents and families. Adverse events are documented in a newly introduced electronic system. Actual and potential risks, including health and safety risks, are identified and mitigated. Current policies, procedures and records support service delivery.

The appointment, orientation and management of staff is based on current good practice and supported by a national human resources team. A systematic approach to identify and deliver ongoing internal training supports safe service delivery. Annual performance reviews are current. Staffing levels and skill mix meet the changing needs of residents in a rest home environment.

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

Continuum of service delivery

The organisation works closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is appropriate and efficiently managed. When a vacancy occurs, sufficient and relevant information is provided to the potential resident/family to facilitate the admission.

Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers and the care managers daily report guides continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes were identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and

involved in care planning and evaluation, and that the care provided is of a high standard. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

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

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

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

Safe and appropriate environment

The care facility is part of a retirement village complex. It is well maintained to meet the needs of residents, with spacious communal areas and ready access to the outdoors, seating and shade. There is a current building warrant of fitness. Spread over three wings on a flat site, it provides residents with individual bedrooms with a toilet and basin in all rooms. Two rooms have ensuite bathrooms. A larger room can accommodate a couple if required. Communal and individual spaces are maintained at a comfortable temperature. There are records of a regular electrical and biomedical equipment testing programme.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken onsite and is regularly audited.

Staff are trained in emergency procedures, use of emergency equipment and attend regular fire drills. Sufficient emergency supplies are available if needed. Residents reported a timely staff response to call bells and this was observed to occur. Security is maintained and externally monitored.

Restraint minimisation and safe practice

Cargill Care Home and Village is restraint free and has remained so for several years. Policies are available to guide practice for the use of restraints and enablers should these interventions be required.

Infection prevention and control

The infection prevention and control programme, led by an experienced and appropriately trained infection control nurse, aims to prevent and manage infections. Specialist infection prevention and control advice is accessed from the district health board, and the group's quality and risk manager.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, analysed, trended, benchmarked and results reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

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

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

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Cargill Care Home and Village (Cargill) has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and care staff interviewed understand the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form including for photographs, outings, invasive procedures and collection of health information.</p> <p>Advance care planning, establishing and documenting enduring power</p>

		<p>of attorney requirements and processes for residents unable to consent was defined and documented where relevant in the resident's file. Staff demonstrated their understanding by being able to explain situations when this may occur.</p> <p>Staff were observed to gain consent for day to day care on an ongoing basis.</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>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters related to the Advocacy Service were also displayed in the facility, and additional brochures were available at reception. A folder in each resident's room has brochures on the Code and the advocacy service, and a member of the advocacy service attends the resident's meetings at least once a year. Family members, residents and staff spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The Bupa complaints policy and associated forms meet the requirements of Right 10 of the Code. The care home manager is responsible for complaint management. Information on the complaint process is provided to residents and families on admission and is available on an ongoing basis in the information pack located in each bedroom. Complaints information is also provided at the front entry. Residents interviewed knew to whom and how they would complain. Feedback 'Unhappy with our service' forms are available at the</p>

		<p>reception.</p> <p>The complaints register reviewed showed no formal complaints were received in 2017, and only one in 2016. The care manager expressed how the facility approach of regular open communication with residents and their families pre-empts problems arising due to poor or inadequate communication. Should a formal complaint arise, the process involves timeframes for acknowledgement, investigation and follow-up. Residents and families spoken to knew about the process and were comfortable raising any concerns. There is also a register of compliments maintained which is shared with staff at staff meetings. These indicate a high level of satisfaction with the service.</p> <p>All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There are no known Health and Disability Commissioner, or complaints received from external sources since the previous audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.</p>	<p>FA</p>	<p>Residents and family interviewed report being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussion with staff. The Code is displayed in common areas together with information on advocacy services, how to make a complaint and feedback forms. There is a folder in each resident's room that contains a brochure on the Code and the advocacy service. The health and disability advocacy service representative attends residents' meetings yearly.</p> <p>The prospective purchaser is an experienced aged care sector provider. Existing clinical staff are transitioning to the new provider following the sale and they have a good understanding of the Code as part of their existing role.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a</p>	<p>FA</p>	<p>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p>

<p>manner that has regard for their dignity, privacy, and independence.</p>		<p>Staff understood the need to maintain privacy and were observed doing so throughout the audit, when attending to personal cares, ensuring resident information is held securely and privately, exchanging verbal information and during discussions with families and the GP. All residents have a private room.</p> <p>Residents are encouraged to maintain their independence by participating in community activities, regular outings to the local shops or areas of interest and participation in clubs of their choosing. Each plan included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for staff, and is then provided on an annual basis, as confirmed by staff and training.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>There are no residents in Cargill at the time of audit who identify as Māori, however interviews verify staff can support residents who do identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whānau to Māori residents. There are best practice guidelines to enable the provision of appropriate health services to Maori. Advice if required is sought from the Maori Health unit at the Southern District Health Board (SDHB) or from an advisor from the local marae.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>Residents of Cargill verified that they were consulted on their individual culture, values and beliefs and that staff respect these. Resident's personal preferences, required interventions and special needs were included in all care plans reviewed, for example, food likes and dislikes and attention to preferences around activities of daily living. A resident satisfaction questionnaire includes evaluation of how well residents'</p>

		cultural needs are met, and this supported that individual needs are being met.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A general practitioner (GP) also expressed satisfaction with the standard of services provided to residents.</p> <p>The induction process for staff includes education related to professional boundaries and expected behaviours. All registered nurses (RNs) have records of completion of the required training on professional boundaries. Staff are provided with a Code of Conduct as part of their individual employment contract. It is completed at commencement of employment. Ongoing education is also provided on an annual basis, which was confirmed in staff training records. Staff are guided by policies and procedures and, when interviewed, demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, the wound care nurse, services for older people, and mental health services for older persons, and education of staff. The GP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education to support contemporary good practice. The organisation provides a range of ongoing education sessions for all its employees to ensure quality services are provided. The organisation is also providing the training for its RNs to be trained in interRAI. A RN at Cargill is one of the organisation's interRAI assessors and oversees the competencies of the interRAI assessors at the service.</p> <p>Other examples of good practice observed during the audit included a commitment to ongoing quality improvement initiatives aimed at</p>

		<p>reducing falls and improving the dining experience, well trained caregivers, the quality of the food service, effective management of a resident admitted with a stage three pressure injury and its resolution, and extremely satisfied residents and family members. The organisation runs a 'Personal Best Awards' each year, which recognises staff 'going the extra mile' whilst performing their roles. The award is recognised at bronze, silver or gold level. A number of staff at Cargill have received these awards. Residents and family/whanau expressed a high level of satisfaction with the service provided.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their own or their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process. Multi-disciplinary meetings, involving the resident and family are held six monthly. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Residents and family members interviewed verified they were kept well informed of the proposed change of ownership.</p> <p>Interpreter services can be accessed via the SDHB when required. Staff knew how to do so and brochures on the service were easily accessible. Staff reported interpreter services were rarely required.</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>	FA	<p>Cargill Care Home and Village provides rest home level care for up to 40 residents. On the day of audit, there were 31 rest home level residents. Respite care and carer support residents are also accepted when there is short term bed availability, but none were accommodated on the day of audit.</p> <p>Bupa operates with a defined vision and goals which are clearly promoted to prospective residents. Annual Bupa goals are established each year, with 2018 goals under development and awaiting approval. Two national goals are implemented and two local priorities are set each</p>

	<p>year in relation to quality and risk management. Local goals at Cargill Care Home in 2017 have included a greater focus on an activities programme that addresses the resident's own preferences, and a falls reduction programme.</p> <p>The service is managed by a care home manager, who has been in the role for several years under a previous ownership. She is a registered nurse with a current annual practising certificate and extensive experience in Southland in both clinical and management roles. Additional study has seen her complete the Frontline management and Diploma in Business level 5. She attended conferences and Bupa forums for managers in 2017 and has undertaken the minimum eight hours of professional development annually. She regularly participates in the Bupa group teleconferences and forums and meets regularly with the regional manager to discuss issues.</p> <p>The care home manager is supported by a clinical manager/registered nurse (RN) who has been in the role for five years. Both the care home manager and clinical manager are supported by a Bupa regional manager and wider organisational support structure as confirmed during interviews with the three people. On call arrangements are shared between the care home manager and clinical manager.</p> <p>The new provider is Heritage Lifecare Ltd (HLL) which is an established New Zealand aged care provider, currently operating more than 1100 beds in the sector. An organisational structure document sighted details the reporting lines to the board currently in place (as at 30 November 2017). Cargill is one of twelve proposed facility acquisitions across the country.. As of 30 January 2018 HLL has set up a new company to acquire and operate this group of new facilities. This company is Heritage Lifecare (BPA) Ltd. However for ease of reference the new provider is referred to as Heritage Lifecare Limited (HLL) throughout this report.</p> <p>The transition plan is led by an experienced and well-qualified project team who are specifically focussing on the integration of the current facilities into the Heritage Lifecare Ltd group. This includes provision of infrastructure support, such as providing information technology capability, including hardware and software. Regional workshops are planned to introduce documentation, and the new HHL systems and processes. This is planned to occur within the first three months. The</p>
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		<p>project team is working with the BUPA team to ensure a smooth transition of each operation.</p> <p>The present care home manager and clinical manager are expected to remain in their roles and existing staff will transfer to the new provider.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>During the temporary absence of the care home manager, the clinical manager carries out all the required duties under delegated authority. This has been required recently during a period of extended leave for the care home manager. No changes to the current arrangements are proposed by the new provider.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The organisation has a planned and implemented quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, an annual resident satisfaction survey, monitoring of residents, clinical incidents including infections and restraint use, and is linked to the facility's operation through the meeting structure. Minutes are available to staff unable to attend on the staff notice board to ensure they are kept updated with any issues.</p> <p>Quality and risk data, including trends in data and benchmarked results are discussed in the staff and quality risk/health and safety meetings. With the introduction of an electronic risk management programme in November 2017, the manager can ensure reporting is current and the national office apprised of any clinical events. and reported monthly in the manager's report. The previous paper based system was also well maintained. Review of the meeting minutes confirmed regular review and analysis of quality indicators, such as falls, pressure injuries, health and safety, complaints, restraint use and infections. Information, including audit results, are reported, and operational matters discussed at the meetings attended by management, staff and registered nurses. Meeting minutes are displayed in the staff room. Staff also report their involvement in quality and risk management activities by undertaking audit activities. Corrective actions are planned and implemented to address any service shortfalls. Resident and family satisfaction surveys</p>

		<p>are completed annually, with feedback used to plan improvements. Together with the 2017 staff survey, results indicate high levels of satisfaction. An annual internal audit plan/schedule and audit results evidences internal audits are completed and linked to specific problem areas.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements. Policies are based on best practice and were current. A nationally implemented document control system ensures systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. One hard copy folder of all documents is available in the facility, with all master documents held electronically.</p> <p>The manager is familiar with the Health and Safety at Work Act (2015) and has implemented on site requirements. Health and safety is discussed at the three-monthly quality and risk meeting. Documented risks and hazards includes, monitoring, review and development of mitigation strategies. Cargill Care Home and Village was the sample site for a recent ACC audit of workplace safety. Tertiary status was achieved.</p> <p>The new provider confirmed that during the transition phase, HLL policies and procedures will be introduced. By the end of 2018, a new software system will be introduced to incorporate risk management which includes adverse event reporting, care planning and client management. Meanwhile, the electronic BUPA system will be superseded by HLL documentation and will be reliant on hard copies on site until the electronic system is fully implemented. This is anticipated to be within six months of the purchase.</p> <p>HLL has a generic annual quality plan in place which outlines goals and objectives for the coming year. Each site personalises this to their own facility. The plan includes internal audits and improvement activities and projects. The HLL quality plan will be introduced to managers at the proposed regional study days to occur during the transition period. Reporting against the quality plan occurs monthly through the operational management structure. A key strategy to introduce a national clinical governance group is planned in the next 12 months.</p>
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<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>In November 2017, the national electronic risk management system was introduced at Cargill. It captures any adverse and near miss events and provides analysis and trending data to the organisation. Information about any adverse event is entered into the system, along with any subsequent actions or follow up. Facility adverse event data is collated, trended over time as part of the Bupa benchmarking activities. Any areas which are above the national benchmarks are highlighted or if there are variances since the previous report. Prior to the introduction of this system, any adverse events were paper based. These records were also reviewed. It demonstrates a positive culture of reporting a variety of events in the facility.</p> <p>Family are routinely notified following clinical incidents and this is recorded in the clinical record and electronic system. The care manager described essential notification reporting requirements. There have been no notifications of significant events made to Worksafe NZ, professional bodies, police or the Coroner since the previous audit. An extended power outage in 2017 was notified to the national office and subsequently to the Ministry of Health in accordance with Section 31 requirements. This was well managed with no adverse outcomes.</p> <p>There are no known legislative or compliance issues impacting on the service. The prospective owner is aware of all current health and safety legislative requirements and the need to comply with these. The national quality manager interviewed could verbalise knowledge and understanding of actions to meet legislative and DHB contractual requirements for event reporting.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation for the recruitment and selection of staff. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. Many of the staff are long standing employees and there is a low turnover of staff. A sample of eight staff records reviewed confirmed the organisation's policies are being consistently implemented and records, including signed job descriptions and employment contracts, are maintained. Personnel files are</p>

	<p>systematically organized. Some early records under a previous ownership are no longer held on site.</p> <p>Staff orientation includes all necessary components relevant to the role. Caregivers undertake the standard Bupa induction which provides the staff member with a Foundation NZQA level 2 qualification at the end of their three-month orientation period. Registered nurses are initially supernumerary. Other staff groups also have specific structured orientation programmes. Staff interviewed reported that the orientation process had prepared them well for their role in the team. An annual performance review system is in place and is up to date including for the care home manager. A register of registered nursing staff and other health practitioners' practising certificates is maintained.</p> <p>A structured education programme is planned on an annual basis. Staff also participate in external training provided by the DHB or specialty services such as the local Hospice. Attendance at mandatory training can be demonstrated through the attendance register maintained for each training session and staff have an individual annual record of training on file. Records reviewed demonstrated completion of the required training. Additional education packages are available on all topics delivered; staff who cannot attend a session are expected to read and sign that they have read the material. This is signed on the individual education register and the training database.</p> <p>An annual competency, including individually completed workbooks where appropriate, is implemented – examples include moving and handling, restraint, and medication and controlled drugs. All staff receive this pack of learning in February each year. First aid sessions are shared with another Bupa facility, with two staff booked for revalidation on the next available course (21 February 2018). All required staff will then hold current first aid certification. Registered nursing staff all hold current first aid certificates. Competencies for registered nurses includes medication, catheter care and wound management as relevant to the rest home environment. All care staff hold level two and three Health and Wellbeing Certificates. Four other staff hold NZQA level four. Kitchen staff are also suitably qualified for their roles.</p> <p>Three registered nurses including the care home manager, are maintaining their annual competency requirements (sighted) to</p>
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		undertake interRAI assessments. The clinical manager has completed the Bupa professional development and recognition programme.
<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>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). This meets contractual requirements for rest home level care. The facility consistently staffs to cover the three wings, with a minimum of two care staff overnight. Care staff reported there were adequate staff available to complete the work allocated to them, with workload reallocated when required. They describe how they work as a team to ensure residents receive the care they need. Residents and family interviewed supported this. There is no link between interRAI acuity and staffing levels.</p> <p>The care home manager and clinical manager share call out of hours. Staff report that good access to advice is available when needed. They also feel confident to respond to changing residents' needs, including calling for an ambulance if required. Observations and review of the six-week roster cycles confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. Registered nurses hold a current first aid certificate. An activities coordinator oversees the activities programme and holds a first aid certificate. A maintenance person is employed three days per week and visiting health professionals (such as a podiatrist) visit regularly. A physiotherapist is available if requested.</p> <p>The prospective owner intends to maintain the current staffing levels and skill mix. HLL has a documented policy based on the Guidelines for safe staffing level and indicators. The representative for HLL interviewed confirmed understanding of the required skill mix to ensure rest home residents' needs are met. The organisation already provides a range of levels of care (geriatric/medical, dementia, rest home and psychogeriatric services) and recognises the competencies and contractual obligations to be met when delivering these services.</p>
Standard 1.2.9: Consumer Information Management Systems	FA	The resident's name, date of birth and National Health Index (NHI)

<p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>number are used on labels as the unique identifier on all residents' information sighted. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records of residents no longer residing at Cargill are held securely off site and are readily retrievable using a cataloguing system. Residents still residing at Cargill have their archived records stored securely on site.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the Care Home Manager (CHM) or the Clinical Manager (CM). They are also provided with written information about the service and the admission process. To enable an opportunity to address any queries or areas of concern, six weeks post admission the CHM has a meeting with the resident and family.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the SDHB 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family. At the time of transition between services, appropriate information, including medication records and the care plan</p>

		<p>is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred to the local acute care facility showed transfer was managed in a planned and co-ordinated manner. Family of the resident reported being kept well informed during the transfer of their relative.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by two RNs against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review is consistently recorded on the electronic medicine chart.</p> <p>There were four residents who self-administer inhaler/spray medications/creams at the time of audit. Processes are in place to</p>

		<p>ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the RN and CM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used.</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>	<p>FA</p>	<p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. A food control plan is in place and registered in September 2017. A recent verification audit has just occurred.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals is verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Residents meet with the cook every three months to review the menu and request any changes. In August it was suggested soup be swapped for desserts, however at the November meeting this decision has been reversed at resident's request. Suggestions for meals are incorporated into the meal plan where possible. If a resident has a dislike for the tea meal, the cook willingly prepares a poached egg. Residents were seen to be given time to eat their meal in an unhurried fashion and those</p>

		requiring assistance had this provided. There are sufficient staff on duty in the dining rooms at meal times to ensure appropriate assistance is available to residents as needed.
<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>If a referral is received, but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the CM. There is a clause in the access agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>On admission, residents of Cargill are initially assessed using a range of nursing assessment tools, such as pain scale, falls risk, skin integrity, nutritional screening and depression scale to identify any deficits and to inform initial care planning. Within three weeks of admission, residents are assessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI assessment tool, in conjunction with additional assessment data, occurs every six months or more frequently as residents' changing conditions require. Additional assessment data captures residents' spiritual, social, activity and cultural needs.</p> <p>In all files reviewed, initial assessments are completed as per the policy and within 24 hours of admission. InterRAI assessments are completed within three weeks of admission and at least six monthly unless the resident's condition changes. Interviews, documentation and observation verified the RNs are familiar with requirements for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing need levels.</p> <p>All residents have current interRAI assessments completed by three trained interRAI assessors on site. InterRAI assessments are used to inform the care plan.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments are reflected in the care plans reviewed. All residents have a 'map of life', identifying past lifestyle patterns, interests, jobs and family. In addition, there is a 'my way, my day' plan that describes the individualised routines and needs of the resident, and how these are to be met. The plan includes the required management to address all the residents' needs including those that result from the medical conditions effecting each resident.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Documentation, observations and interviews verified the provision of care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by an activities officer five days a week.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's</p>

		<p>activity needs are evaluated regularly and as part of the formal six-monthly care plan review and multidisciplinary review. Assessment on admission includes the 'map of life' and includes all aspects of the resident's life. The plan of care and activities focusses on 'my way, my day' and specifically details the resident's daily lifestyle patterns and routines to be followed, including the resident's interests.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Examples included exercises each morning, walks, visits to other rest homes, school visits, outings to the movies, church services and pet therapy. The activities programme is driven by the residents. A request to have a resident's cat was initiated after an initial request which included a survey of residents, staff and family to get a comprehensive overview of how everyone felt. Most were in favour so the residents 'chose' the cat they wanted. A resident cat now resides at Cargill and is well looked after. Each activity is evaluated by the residents to gauge the level of satisfaction of each activity and decide whether it is to be repeated.</p> <p>The activities programme is also discussed at the minuted residents' meetings and indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction and that information is used to improve the range of activities offered. Residents interviewed confirmed they find the programme meets their needs.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN or senior caregiver.</p> <p>Formal care plan evaluations, occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short term care plans were consistently reviewed for</p>

		<p>infections, pain, weight loss and neurological status following a fall. Progress was evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans were evaluated each time the dressing was changed. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to older persons' mental health services. Referrals are followed up on a regular basis by the RN or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Staff follow documented processes for the management of waste, infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and to monitor performance, including in the kitchen and laundry. Relevant annual training has been provided. Material safety data sheets are available where chemicals are stored in the secure cleaning room. Chemicals sighted were correctly and clearly labelled. Staff interviewed knew what to do should any chemical spill/event occur. There is a system for the collection and disposal of waste.</p> <p>There is provision and availability of protective clothing and equipment (gloves, protective aprons and face protection) with staff observed using this appropriately.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness (expiry date 20 December 2018) is publicly displayed in the entrance to the facility.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and are adequately maintained. Maintenance personnel are available to address incidental repairs and maintenance. A "52 week" programme of maintenance addresses preventative maintenance and checks. On inspection, the facility was well maintained, with gradual upgrading of bedrooms (vinyl, carpet, painting) as required. Most recently, this has seen an upgrade of grab rails in toilets and elsewhere.</p> <p>The testing and tagging of electrical equipment and calibration of biomedical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and random checks of a variety of equipment in use. The facility van has a current warrant of fitness and is booked for six monthly hoist checks on 7 February. The environment is hazard free.</p> <p>External areas are safely maintained and are appropriate to the resident group and setting. A new path has been installed to enable residents a wide walking path around the garden area. There is a large outdoor area with gardens, seating and overhead sail shade provided. Internally, corridors are sufficiently wide for residents to safely mobilise. There are designated outdoor smoking areas for residents and staff. Staff are not permitted to smoke on site. There are no current residents who smoke but provision has been made in a small covered outdoor for those who do.</p> <p>Staff confirmed sufficient equipment is on hand to provide the necessary care to residents. There is an organisation wide process to update or replace equipment at the end of its useful life. Some large equipment (eg, carpet cleaner) is presently shared with another Bupa facility. This has been identified for replacing for Cargill's use. Residents and staff confirmed they know the processes they should follow if any repairs or maintenance is required, and that any requests are appropriately actioned. A maintenance log is maintained and signed off when completed.</p>

		HLL has undertaken a period of due diligence, including building reports, in preparation for purchase of each facility. There are presently no plans for any environmental changes in the facilities.
<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>Three fully accessible bathrooms are located – one in each wing. All rooms have a toilet and hand basin and two rooms have a full ensuite. Additional toilets are located near the dining and lounge area. Commodes and shower chairs are also provided if necessary. Bathrooms are in good repair with easy to clean floors and surfaces. Some ongoing refurbishment and minor upgrading is continuing (eg, rails) in some areas. There are no privacy locks on the communal toilets or showers, however all doors have signage to indicate the room is in use and this was observed to be used by residents and staff.</p> <p>Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident's independence.</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>Rooms are of an adequate size to provide personal space to allow residents and staff to move around within residents' bedrooms safely. All bedrooms provide single accommodation, with one used, on occasion for couples. When rooms are shared, approval is sought from the residents to share the space. Electric beds are provided throughout the facility. There are no shared rooms at the time of audit. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids and wheel chairs. Staff and residents reported the adequacy of bedrooms.</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</p>	FA	<p>Communal areas are available for residents to engage in activities, read or watch television. The dining area has been extended and provides a sunny and attractive area for residents' meals and activities. The lounge area is spacious, with an upgrade of suitable seating completed. Furniture and seating is appropriate to residents' needs and designed to</p>

needs.		encourage their independence. Both residents and staff have plenty of space to move around safely with or without mobility aids and to provide any assistance necessary. Residents were observed to use a variety of spaces during the day, for quiet activities or to entertain visitors.
<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>The longstanding cleaning team have received appropriate training and are very experienced. A small number of casual staff are trained to provide cover in the kitchen, laundry or to undertake cleaning roles. This strategy has been well received by staff and provides a competent core team. The cleaning trolleys are stored safely in a locked cleaning room when not in use.</p> <p>Laundry is undertaken on site in a large laundry room or by family members, if this is requested. Laundry staff work on site six days per week to undertake laundry tasks. They demonstrated a sound knowledge of the laundry processes, dirty/clean flow, handling of soiled linen and the use of personal protective equipment. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>Chemicals are provided by an external contractor. Cleaning and laundry processes are monitored through the internal audit programme and undertaken as part of the internal audit schedule. The most recent laundry result in August 2017 achieved 100% against defined standards. Cleaning audits (the previous two) have varied from 81% - 100%. Areas have been followed up where necessary. Residents and families interviewed were satisfied with these household services.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. There are adequate supplies on hand to deal with an emergency including food, water, blankets, mobile phones and gas BBQ's to meet the requirements for the number of residents accommodated in the facility. Sufficient quantities of additional water are</p>

		<p>stored in the complex and refreshed regularly. Emergency lighting is regularly tested including during a recent power outage.</p> <p>The current fire evacuation plan was approved by the New Zealand Fire Service in 1997 and there have been no changes to the environment requiring Fire Service approval since then. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on November 2017. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures and good attendance at trial evacuations is noted</p> <p>Call bells in bedrooms, bathrooms and communal areas alert staff to residents requiring assistance through strategically placed indicator boards and pagers. Residents and families reported staff respond promptly to call bells and timely responses were observed during the on-site audit.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and a contracted security patrol visit and checks the site at night.</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>	<p>FA</p>	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Records of environmental temperatures and interviews with residents and families confirmed the facilities are maintained at a comfortable temperature. Thermostatically controlled electrical heating is installed throughout the facility and there is air conditioning installed in the communal areas. Rooms have natural light with opening external windows. There is flat access to the outdoor garden and lawns with shade available. There is a designated external smoking area for residents who smoke. The site is smoke free for staff.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>PA Negligible</p>	<p>The organisation has a clearly defined infection prevention and control (IPC) programme, developed at organisational level by the quality and risk team. The policies have been reviewed in the last two years and compliance with the programmes implementation at Cargill was sighted. There is no documentation to verify the programme has been reviewed</p>

		<p>annually.</p> <p>The CM is the designated ICC, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the CHM and tabled at the two-monthly quality, staff, health and safety and infection control meetings. Immediate concerns are managed daily and handed over at shift changes. Infection control statistics are entered in the organisation's electronic database and benchmarked with the organisation's other facilities. Information is then fed back to the facility.</p> <p>The organisation's quality/risk manager receives a written report monthly from the facility and is informed immediately of any infection concerns.</p> <p>Signage at the main entrance to the facility over winter requests anyone who has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The ICC has appropriate skills, knowledge and qualifications for the role and has undertaken training in infection prevention and control and attended relevant study days, as verified in training records sighted. Well-established local networks with the infection control team at the DHB are available and expert advice from the organisation's quality and risk manager. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The ICC confirmed the availability of resources to support the programme and any outbreak of an infection.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are</p>	FA	<p>The IPC policies reflect the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last two years and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed</p>

<p>implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Priorities for staff education are outlined in the infection control programme annual plan. Interviews, observation and documentation verified staff have received education in IPC at orientation and ongoing education sessions. Education is provided by suitably qualified RNs and the ICC. Content of the training was documented and evaluated to ensure it was relevant, current and understood. A record of attendance was maintained. The organisation acts proactively when informed of infection activity within the community and over winter. There has been no norovirus outbreaks within the past five years.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, and increasing fluids during hot weather.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The ICC and CHM review all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality and staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Data is benchmarked</p>

		internally within the group's other aged care providers. Infection rates at Cargill are noted to be lower than other facilities in the organisation.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Cargill Care Home and Village has been restraint free for several years. There are no recorded restraints or enablers in use, however policies are available to guide practice should restraint or enablers be required in accordance with the Bupa approved restraints.

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 3.1.3</p> <p>The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.</p>	<p>PA</p> <p>Negligible</p>	<p>The organisation has a clearly defined IPC programme, developed at organisational level by the quality and risk team. The policies have been reviewed in the last two years and compliance with the programmes implementation at Cargill was sighted. There is no documentation to verify the programme has been reviewed annually. This finding was verified by interviews with the ICC and documentation from the organisation’s quality management co-ordinator. The organisation has documented its commitment to reviewing the programme prior to the end of March 2018.</p>	<p>The infection control programme has not been reviewed within the last year.</p>	<p>The infection control programme is reviewed annually.</p> <p>180 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, there 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.