Seniorcare Geraldine Incorporated - Waihi Lodge Care Centre

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 Health and Disability Auditing New Zealand 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:	Seniorcare Geraldine Incorporated
Premises audited:	Waihi Lodge Care Centre
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 April 2018 End date: 12 April 2018

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: 18

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

Seniorcare Geraldine Incorporated are the proprietors of the Waihi Lodge Care Centre, which is governed by a board of trustees consisting of six volunteers. The service provides care for up to 19 rest home level residents. On the day of the audit there were 18 residents.

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

The manager is a registered nurse and maintains an annual practicing certificate. The manager has been in the role for three years and is supported by a RN, administrator and care staff. Residents and families interviewed were complimentary of the care and support provided. Staff turnover remains low.

The service has achieved one continuous improvement rating relating to medication management.

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.

The staff at Waihi Lodge Care Centre ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Discussions with families identified that they are fully informed of changes in their family member's health status. Information about the Code and advocacy services is easily accessible to residents and families. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process. Communication with families is recorded. Complaints processes are implemented and managed in line with the Code.

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.

Waihi Lodge Care Centre is implementing a quality and risk management system that supports the provision of clinical care. Quality management processes are reflected in the businesses plan's goals, objectives and policies. Quality data is collated and discussed at staff meetings. There is a current business plan in place. Staff document incidents and accidents. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The service has an annual training schedule for in-service education. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

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.

There is an admission package available prior to or on entry to the service. The registered nurse is responsible for each stage of service provision. A registered nurse assesses, develops care plans and reviews each resident's needs, outcomes and goals at least six monthly. Care plans demonstrated service integration and included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Senior staff responsible for administration of medication complete annual education and medication competencies.

The medicine charts had been reviewed by the general practitioner at least three monthly. An activity coordinator implements the activity programme for the residents. The programme includes community visitors, outings and activities that meet the individual and group recreational preferences for the residents. Residents' food preferences and dietary requirements are identified at admission. All meals and baking are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines. Dislikes and special dietary requirement are met.

Safe and appropriate environment

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

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely. Waihi Lodge Care Centre has a current warrant of fitness. Residents can freely

mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are spacious and personalised. Some resident rooms have ensuites. There are adequate communal shower/toilet facilities. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Systems and supplies are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid certificate. An emergency/disaster management plan is documented for the service. There is a staff member on duty at all times with a current first aid certificate.

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.

Waihi Lodge Care Centre has restraint minimisation and safe practice policies and procedures in place. There were no residents requiring the use of a restraint or enabler. Staff receive training in restraint minimisation and challenging behaviour management.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The manager is responsible for infection control. The infection control nurse has completed on line external

education and coordinates education and training for staff. There is a suite of infection control policies and guidelines to support practice. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There has been one outbreak.

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	45	0	0	0	0	0
Criteria	1	92	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click here.

For more information on the different types of audits and what they cover please click here.

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and relevant legislation. An information pack is available to residents/families prior to admission and contains information of their rights. Discussions with five staff (two caregivers, one cook, one housekeeper/laundry and one activities coordinator) confirmed their familiarity with the Code. Five residents and two family members interviewed, confirmed the services being provided are in line with 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	An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The caregivers interviewed demonstrated a good understanding in relation to informed consent and informed consent processes. There is a resuscitation policy and advance directive policy and associated forms. A sample of five resident files all included signed consent forms.

Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Clients' right to access advocacy and services is identified for residents. Advocacy leaflets are available in the service reception area. The information pack provided to residents prior to entry includes advocacy information. The information identifies who the resident can contact to access advocacy services. Staff were aware of the right for advocacy and how to access and provide advocate information to residents if needed. Residents and family members that were interviewed were aware of their access to advocacy services.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Residents and relatives confirmed that visiting could occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups. Entertainers are regularly invited to perform at the facility.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints policy and procedures have been implemented and residents and their family/whānau are provided with information on admission. The residents and families interviewed were aware of the complaints process and to whom they should direct complaints. Complaint forms are visible at the entrance of the facility. A complaints procedure is provided to residents within the information pack at entry. A complaints register is maintained. There has been one complaint made since the last audit. The documentation for the complaint reviewed showed investigation and action was taken for resolution to the satisfaction of the complainant.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The Code and advocacy pamphlets are located at the main entrance of the service. On admission the manager or RN discusses the information pack with the resident and the family/whānau. This includes the Code, complaints and advocacy information. The service provides an open-door policy for concerns/complaints. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are well informed about the Code.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And	FA	Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. House

Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.		rules are signed by staff at commencement of employment. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. There is an abuse and neglect policy in place. Staff receive training on abuse and neglect.
Standard 1.1.4: Recognition Of Māori Values And Beliefs 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.	FA	The service has guidelines for the provision of culturally safe services for Māori residents. There is a Māori health plan. On the day of the audit there were no residents that identified as Māori. The service has established links with local Māori (Arowhenua Marae) and staff confirm they are aware of the need to respond appropriately to maintain cultural safety.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Family members reported that they feel they are consulted and kept informed and family involvement is encouraged.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on privacy and personal boundaries.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	The service meets the individualised needs of residents with needs relating to rest home level care. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, the requirement to attend orientation and ongoing in-service training. The manager is responsible for coordinating the internal audit programme. Four monthly staff/quality meetings and annual residents' meetings are conducted. Residents and relatives interviewed spoke positively about the care and support provided. Staff interviewed stated that they feel supported by the manager and RN.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and	FA	There is a policy to guide staff on the process around open disclosure. Residents and family are informed prior to entry of the scope of services

provide an environment conducive to effective communication.		and any items they have to pay for that are not covered by the agreement. Information is provided in formats suitable for the resident and their family. Residents and relatives interviewed confirmed that the staff and manager are approachable and available. Ten incident forms reviewed identified family were notified following a resident incident. Relatives interviewed confirmed they are notified of any incidents/accidents. Families are invited to attend the annual resident/family meeting. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau has difficulty with written or spoken English, then interpreter services are made available.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Seniorcare Geraldine Incorporated are the proprietors of the Waihi Lodge Care Centre, which is governed by a board of trustees consisting of six volunteers. The service provides care for up to 19 residents at rest home level care. On the day of the audit, there were 18 rest home residents, which included one resident (under the age of 65) on a mental health contract. There were no residents on respite care. All other residents are on the aged related residential care (ARRC) contract. All residents were located in the care centre on the day of the audit and the apartment block is no longer used to house any residents at rest home level of care. The manager is a registered nurse (RN) and maintains an annual practicing certificate. The manager has been in the role for three years and is supported by a RN, administrator and care staff. The manager reports monthly to the board on a variety of management issues and quarterly KPI performance. The current business plan and quality and risk management plans are being implemented. The manager has completed eight hours of professional development related to managing a rest home.
Standard 1.2.2: Service Management 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.	FA	The manager reported that in the event of her temporary absence the RN fills the role with support from the administrator and care staff.
Standard 1.2.3: Quality And Risk Management Systems	FA	The quality manual and the business, quality, risk and management

The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.		planning procedure describe the quality improvement processes. The risk management plan describes objectives, management controls and assigned responsibility. Progress with the quality and risk management programme is monitored through the four monthly staff meetings. Meeting minutes have been maintained and staff are expected to read the minutes and sign off when read. Minutes for all meetings have included actions to achieve compliance where relevant. Discussions with caregivers confirmed their involvement in the quality programme. A resident/relative meeting is held annually. Monthly incident data is collected on complaints, accidents, incidents, infection control and is provided to staff to read and sign. The internal audit schedule for 2018 is being completed as per schedule. Areas of non-compliance identified at audits have been actioned for improvement. There are risk management, health and safety policies, and procedures in place including accident and hazard management. The service has policies/procedures to support service delivery. Policies and procedures align with the client care plans. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents. Residents are surveyed annually (June 2017) to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. A corrective action was put in place around an improvement with the cleaning service, this was completed and signed off in August 2017.
Standard 1.2.4: Adverse Event Reporting 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.	FA	There is an incident reporting policy that includes definitions and outlines responsibilities. Ten accident/incident forms for the month of February, March and April 2018 were reviewed. All document timely RN review and follow-up. A neurological observation was fully completed for one resident fall that resulted in a potential head injury. There is documented evidence the family had been notified of incidents/accidents. Discussions with the manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications including section 31 notifications. There have been no section 31 notifications lodged since the last audit. An influenza outbreak in August 2017 was notified to the public health authorities.

Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	There are human resources policies to support recruitment practices. Five staff files (one senior caregiver, two caregivers, one diversional therapist and one cook) were reviewed. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Performance appraisals were current. A current practising certificate was sighted for the manager. One RN (manager) has completed interRAI training. All staff have a current first aid certificate. The service has an orientation programme in place to provide new staff with relevant information for safe work practice. The RNs and caregivers' complete competencies relevant to their role such as medications. There is an education planner in place that covers compulsory education requirements over a two-year period.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	There is a documented rationale for staffing the service. Staffing rosters were sighted, and staff are on duty to match needs of different shifts and needs of different individual residents. The manager works full time from Monday to Friday and the RN works four days per week from Tuesday to Friday. The manager covers the RN duties on the Monday. The manager is available on call to provide afterhours cover. The manager and RN are supported by two caregivers on the morning and afternoon shifts, and one caregiver on the night shift. Interviews with the residents and relatives confirmed staffing overall was satisfactory.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The resident files reviewed were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' station. Informed consent to display photographs is obtained from residents/family/whanau on admission. Information containing sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Entries in records were legible, dated and signed by the relevant caregiver or registered nurse. Individual resident files demonstrate service integration.
Standard 1.3.1: Entry To Services	FA	Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for

Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.		families and residents prior to admission. Admission agreements reviewed align with contractual requirements. The admission agreement reviewed aligns with the ARC contract and exclusions from the service are included in the admission agreement.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exit or discharges to and from the service.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	There are policies and procedures in place for safe medicine management that meet legislative requirements. The RN and senior caregivers who administer medications complete annual medication competencies. Annual in-service education on medication is provided by the supplying pharmacist. Medications (blister packs) are checked on delivery against the electronic medication chart and documented. Any discrepancies are fed back to the pharmacy. All medications are stored safely. Standing orders are not used. There were no self-medicating residents on the day of audit. The medication fridge is monitored daily. All eye drops were dated on opening. Ten electronic medication charts were reviewed. All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three monthly. The administration signing sheets reviewed identified medications had been administered as prescribed. Prescribed as required medications include the indication for use. The dose and time given is signed for on the electronic administration sighing sheet. The service Waihi Lodge Care Centre is to be commended for improvements to the medication administration (link 1.2.3.6).
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	All meals at Waihi Lodge Care Centre are prepared and cooked on-site. Kitchen staff are trained in safe food handling. There is a rotating seasonal menu which has been reviewed by a dietitian. Meals are prepared in a well-appointed kitchen adjacent to the dining room and served directly to residents. Resident dietary profiles and likes and

		dislikes are known to food services staff and any changes are communicated to the kitchen via the manager or RN. Likes and dislikes are accommodated. Additional or modified foods such as soft foods, pureed and vegetarian meals are provided. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by a dietitian or GP. Fridge and freezer temperatures are monitored daily. Residents and family members interviewed were very complimentary about the meals provided.
Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.	FA	There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate, if entry was declined.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The RN or manager completes an initial assessment on admission including risk assessment tools as appropriate. An interRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes for long-term residents under the ARRC. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident and significant others and form the basis of the long-term care plan. The long-term care plans reviewed reflect the outcome of the assessments.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Residents' long-term care plans reviewed were resident-focused and individualised. Care plans documented the required supports/needs to reflect the resident's current health status. Relatives and residents interviewed, confirmed they were involved in the care planning process. Long-term care plans evidenced resident and/or relative and staff input into the development of care plans. Care plans are reviewed six monthly and updated to reflect changes to supports/needs. Short-term care plans were sighted for short-term needs and these were either resolved or transferred to the long-term care plan. There was evidence of allied health care professionals involved in the care of the resident.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to	FA	When a resident's condition alters, the RN initiates a review and if required, GP consultation. There is evidence that family members were

meet their assessed needs and desired outcomes.		notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented in the resident's progress notes. Adequate dressing supplies were sighted. Wound management policies and procedures are in place. A wound assessment and wound care plan (includes dressing type and evaluations on change of dressings) were in place for two skin tears. There is access to a wound nurse specialist and district nurses for advice for wound management. Continence products are available. The residents' files include a urinary continence assessment, bowel management plan, and continence products used. Monitoring occurs for blood pressure, weight, vital signs, blood glucose, pain, food intake and challenging behaviours.
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	An activities coordinator is employed from 9.00 am to 12.00 pm per day Monday to Friday to coordinate and implement an activity programme that meets the recreational needs of the resident groups. A resident activity assessment is completed on admission. Each resident has an individual activity plan which is reviewed six monthly. The programme is planned weekly and displayed on noticeboards around the facility. The activity coordinator attends on-site in-service and diversional therapy group meetings. Activities are meaningful and include (but are not limited to); exercises, charades, bowls, reminiscing, arts and craft, housie and quizzes. Entertainment occurs in the afternoons. There are visiting churches and pet therapy. All festivities and birthdays are celebrated. The service hires a community bus for monthly outings to local areas of interest and community events. Residents are supported to attend their own church and other community functions. The service receives feedback on activities through one-on-one feedback, resident's meetings and surveys. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a	FA	All initial care plans reviewed were evaluated by the RNs within three weeks of admission and a long-term care plan developed. Care plans had been evaluated six monthly in four of the five resident files reviewed.

comprehensive and timely manner.		One resident had not been at the service six months. Written evaluations identified if the desired goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Short-term care plans reviewed had been evaluated at regular intervals. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.
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	Referral to other health and disability services is evident in the residents' files sampled. Waihi Lodge Care Centre facilitates access to other medical and non-medical services using the yellow envelope system. Referral documentation is maintained on residents' files. Residents' and/or their family are involved as appropriate when referral to another service occurs.
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	Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets and products charts are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Laundry and sluice rooms are locked when not in use. Gloves, aprons, and goggles are available for staff.
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 service displays a current building warrant of fitness which expires on 1 July 2018. Hot water temperatures are regularly monitored to ensure they are in a safe temperature range. Annual calibration, functional checks and electrical testing and tagging of equipment is completed by external contractors annually. Other regular and reactive maintenance occurs. There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. There is safe access to the well maintained and landscaped outdoor areas. Seating and shade is provided. The caregivers interviewed stated they have sufficient equipment including mobility aids, wheelchairs, electronic chair scales and pressure injury resources, and a hoist (for use in the case of falls) to safely deliver the cares as outlined in the residents' care plans.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities	FA	All resident rooms in Waihi Lodge Care Centre are single rooms.

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.		Seventeen rooms have full or shared ensuites. There are communal toilets and showers for those in rooms without ensuites. Communal shower/toilets were well signed and identifiable and include large vacant/in-use signs. Residents confirmed staff respect their privacy while attending to their hygiene cares.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	All rooms are single. Each resident room has individual furnishings and décor. There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms as viewed on the day of audit.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There is a spacious dining room, a large lounge and a smaller quiet lounge. The dining room is located directly off the kitchen/servery area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed report they are able to move around the facility and staff assist them when required. Group activities are conducted in the main lounge.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All personal clothing, blankets, bedspreads and bathmats are laundered on-site in a separate laundry area. All other linen including towels and sheets are laundered by a contracted external company. The soiled laundry is collected two or three times a week and clean linen is ordered and delivered weekly. Staff have attended infection control education and there is appropriate protective clothing available. Manufacturer's data safety charts are available. Cleaning trolleys are stored safely when not in use. Residents and relatives interviewed were satisfied with the laundry service and cleanliness of the communal areas and their bedrooms.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	The service has an emergency/disaster procedures manual in place (last reviewed in November 2017). The fire evacuation scheme was approved on 14 December 2017. There is a staff member with a current first aid certificate on duty 24/7. Fire safety training has been provided. Fire evacuation drills have been conducted six monthly, with the last fire drill occurring on 6 March 2018. Civil defence, first aid and

		pandemic/outbreak supplies were available and are checked six monthly. Sufficient water is stored for emergency use and alternative heating and cooking facilities (BBQ and gas burner) are available. There is a generator that starts automatically if there is a power failure. Emergency lighting is installed. A call bell light over each door and a panel alerts staff to the area in which residents require assistance. Visitors and contractors sign in at reception when visiting. Security checks are conducted each night by staff.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. Residents and family interviewed stated the environment was warm and comfortable.
Standard 3.1: Infection control management 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.	FA	Waihi Lodge Care Centre has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator oversees infection control for the service and is responsible for the collation of infection events. The manager (RN) is currently the designated infection control nurse. The infection control programme has been reviewed annually. Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents and staff are offered the influenza vaccine. There has been one influenza outbreak since the previous audit, documentation reviewed identified this was well managed.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	The manager at Waihi Lodge Care Centre is the current infection control (IC) nurse. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse has good external support from the local laboratory infection control team and IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.

Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.	FA	The infection control policies include a range of standards and guidelines including defined roles and responsibilities for the prevention of infection. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies have been developed by an aged care consultant and are updated annually.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control coordinator is responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Staff complete hand hygiene competencies. Resident education is expected to occur as part of providing daily cares. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Systems in place are appropriate to the size and complexity of the facility. There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided. An individual resident infection form is completed, which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Surveillance of all infections are entered onto a monthly infection summary. The surveillance data is analysed monthly to identify areas for improvement or corrective action requirements. Trends are identified, and quality initiatives are discussed at staff meetings (minutes sighted). The GP reviews antibiotic use at least three monthly with the medication review.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Waihi Lodge Care Centre has restraint minimisation and safe practice policies and procedures in place. The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. On the day of the audit there were no residents requiring the use of a restraint or enabler. The manager oversees the enabler/restraint process within the facility. Staff receive training in restraint minimisation and challenging behaviour management.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	The service proactive in reviewing adverse events and implementing corrective actions where needed. The service is commended for improvements made to the medication administration service as a result of a number of quality improvements with positive results.	The service identified the medication error rate for the preceding year was too high. All incidents were reviewed and the root cause in each case was identified. Seventy percent of all medication incidents during 2015 had a root cause relating to breakdowns in the system. Example of root cause included staff unable to read GP handwriting, difficulty reading faxed medication chart, not watching resident take medications or pharmacy error. Thirty percent of incidents were related to human error due to staff becoming distracted during administration of medications. The service developed a plan involving immediate, intermediate and long-term interventions including a change of policy regarding administration time for Warfarin from bedtime to teatime. The data was presented to staff members during a team meeting in April 2016 and the reduction plan was presented to all staff during team meeting. The plan included specific staff education, competency reassessment of all staff,

			including ‘on the-job' education during medication rounds, at handovers and during formal sessions. The MediMap electronic medication system was installed in 10 May 2016. As a result, there has been a 100% reduction in medication errors during 2016 and one medication incident during 2017 relating to the omission of administration of a prescribed drug, which was prescribed at an unusual time. The service is continuing to monitor and analyse all medication errors.

End of the report.