Nicolson Rest Home Limited - Irwell Rest Home

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:	Nicolson Rest Home Limited
Premises audited:	Irwell Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 16 May 2018 End date: 17 May 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: 41

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

Irwell Rest Home is privately owned and operated and cares for up to 60 residents requiring rest home level care. On the day of the audit there were 41 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 owner/managers (husband/wife) live on-site and have owned the facility for 20 years. They are supported by a care coordinator (non-clinical) and a fulltime, and part-time registered nurse. Residents and families interviewed were complimentary of the care and support provided. Staff turnover remains low.

There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who live in the service. Implementation is supported through the quality and risk management programme that is embedded in practice. A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support, is in place.

Resident files included service integration and input from allied health and specialists.

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 Irwell Rest Home 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.

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.

The quality and risk programme describes Irwell rest homes quality improvement processes. Progress with the quality and risk management programme has been monitored through the monthly quality improvement meetings and three-monthly staff meetings. Data is collected on complaints, accidents, incidents, infection control and restraint use. There is a current business plan in place. Resident/relative meetings are held monthly. 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 internal audit schedule for 2017 has been completed and 2018 has commenced. 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.

Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The registered nurses are responsible for each stage of service provision. A registered nurse assesses and 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. Residents and family interviewed confirmed that the care plans are consistent with meeting residents' needs. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior carers 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. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being 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.

Irwell Rest Home has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely, and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician. Resident bedrooms are spacious

and personalised. All resident rooms have ensuites. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry and cleaner's room. 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. External garden areas are available with suitable pathways and seating. Smoking is only permitted in a designated area.

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.

Irwell Rest Home 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. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. Infection control education is provided to all staff as part of their orientation

and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

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	0	93	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click here.

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

Standard with desired outcome	Attainment Rating	Audit Evidence
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 ten care staff (two registered nurses (RN), six caregivers, one cook and one activities coordinator) confirmed their familiarity with the Code. Six residents and four 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	Family and residents interviewed, confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided. A multipurpose informed consent form is utilised by the service provider and is retained in each individual resident`s record reviewed. Informed consent and advanced directives are recorded, as evidenced in the seven resident files reviewed. Resident admission agreements sampled were signed.

Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Client 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 have been no complaints made since the last audit.
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 owner/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 Respect Consumers are treated with respect and receive services in a	FA	Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. House 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.

manner that has regard for their dignity, privacy, and independence.		
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 two residents that identified as Māori. The files of the two residents that identify as Māori were reviewed and included a Māori health plan. The service has established links with the Māori Health Unit at the district health board (DHB), who provide advice and guidance on cultural matters. 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 owner/manager is responsible for coordinating the internal audit programme. Three monthly staff, monthly quality improvement meetings and monthly 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 owner/managers and RNs.

Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	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 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 owner/managers and staff are approachable and available. Fifteen 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 monthly 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 have 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	Irwell Rest Home is privately owned and operated. The owner/managers (husband/wife) live on-site and have owned the facility for 20 years. They are supported by a care coordinator (non-clinical) and one fulltime and one part-time RN. The service provides care for up to 60 residents at rest home level care. At the time of the audit, there were 41 residents, including one resident on respite care (ACC funded) and one resident on a 'younger persons with disabilities' (YPD) contract. All other residents were under the aged related residential care (ARRC) contract. The owner/managers (husband/wife) live on-site and have owned the facility for 20 years. They are supported by a care coordinator (non-clinical) and a fulltime, and part-time RN. The current 2017/2018 business plan including service goals has been implemented and all goals for 2017 were documented as achieved. The 2017/2018 business plan incorporates the risk management plan and goals for each area of service delivery and organisational management. The owner/managers are responsible for the operational and financial aspect of the business. The owner/manager is a qualified caregiver who has maintained at least eight hours of management training per year. The business is a member of the NZ Aged Care Association and attends provider meetings and district health board forums providing networking opportunities.
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,	FA	The owner/managers reported that in the event of their temporary absence the care coordinator fills the role, with support from the RNs and care staff.

appropriate, and safe services to consumers.		
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	The quality and risk programme describes Irwell Rest Homes quality improvement processes. Progress with the quality and risk management programme has been monitored through the monthly quality improvement meetings. The quality improvement meetings cover matters arising from the staff and resident meetings, health and safety, complaints, accidents/incidents and infection control, internal audits and survey results and outcomes. Meeting minutes have been maintained and staff are expected to read the minutes. Minutes for all meetings have included actions to achieve compliance where relevant. Resident/relative meetings have been held monthly. Data is collected on complaints, accidents, incidents, infection control and restraint use. This data is analysed for trends and graphed, with graphs displayed in staff areas. Staff interviewed, confirmed they are well informed and receive quality and risk management information including accident/incident graphs and infection control statistics. The internal audit schedule for 2017 has been completed and 2018 is being completed as per schedule. Areas of non-compliance identified at audits have been actioned for improvement. The service has implemented a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has policies/procedures to support service delivery. The policies have been developed by an aged care consultant and are reviewed and updated two yearly. Residents/relatives are surveyed annually (December 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 any improvements required, this was completed and signed off (sighted). Falls prevention strategies are implemented for individual residents. Falls prevention strategies are implemented for individual residents.
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. Fifteen accident/incident forms for the month of February, March and April 2018 were reviewed. All document timely RN review and follow-up. Post fall assessments are completed by RNs for any unwitnessed resident falls with a potential head injury. There is documented evidence the family had been notified of incidents/accidents. Discussions with the owner/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.

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. Six staff files (one care coordinator, one RN, two caregivers, one activities officer 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 RNs. The service has an orientation programme in place to provide new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff are adequately orientated to the service. 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. The RNs have attended education sessions at the DHB. Both of the RNs have completed interRAI training.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	Irwell has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. Staffing rosters were sighted and there is an adequate number of staff on duty to meet the resident's needs on different shifts and for both floors of the facility. The owner/managers live on-site and are available on call 24/7. The RN provides on-call for clinical issues. The care coordinator (non-clinical) works 40 hours per week. At the time of the audit there were 12 residents upstairs and 29 residents' downstairs. There are two registered nurses available, one works 35 hours per week from Monday to Friday and the other RN works 32 hours a week from Monday to Thursday. They are supported by five caregivers on the morning shift (two upstairs and three downstairs), four caregivers on the afternoon shift (one upstairs and three downstairs) and two caregivers on the night shift (one upstairs and one downstairs). Caregivers, residents and family members interviewed, advised that sufficient staff are rostered on for each shift.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission with the involvement of the family. Staff can describe the procedures for maintaining confidentiality of resident records and sign confidentiality statements. Files and relevant care and support information for residents is able to be referenced and retrieved in a timely manner.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent,	FA	Residents are assessed prior to entry to the service by the needs assessment team. The RN makes contact with the resident and their general practitioner (GP) prior to admission. On admission an initial assessment is completed. The service has specific information available for residents/EPOA at entry

equitable, timely, and respectful manner, when their need for services has been identified.		and it includes associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. The admission agreement reviewed aligned with the ARC contract and exclusions from the service were 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	There are policies to describe guidelines for death, discharge, transfer, documentation and follow-up. All relevant information is documented and communicated to the receiving health provider or service. The RN verbalised that telephone handovers are conducted for all transfers to other providers. The residents and their families were 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 RNs, and senior caregivers who administer medications or act as second checkers complete annual medication competencies. Annual in-service education on medication is provided. Medications (blister packs) are checked on delivery against the electronic medication chart and any discrepancies feedback to the pharmacy. All medications are stored safely in a locked cupboard inside a secure nurses' station. Standing orders are not used. There were no residents self-medicating at the time of audit. The medication fridge is monitored daily. All eye drops were dated on opening. Fourteen pharmacy generated 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 electronic administration records reviewed identified medications had been administered as prescribed. Prescribed 'as required' medications include the indication for use. The effectiveness of pain relief is recorded.
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 food is prepared and cooked on-site at Irwell Rest Home. There are two cooks that cover the seven-day week. They have completed food safety units. There is a kitchenhand on duty to cover the evening meal. There is a six-weekly rotating menu that was last reviewed in 2016 and is in the process of being reviewed by a dietitian. A food control plan was registered in 2016 and is in the process of review. The meals are served from the kitchen directly to residents in the adjacent dining room. There is also an option of residents using a small dining room and meals are delivered to them. The cook receives notification of any resident dietary changes and requirements. Dislikes and food allergies are known and accommodated. The meals were well-presented, and residents confirmed that they are provided with alternative meals as per request. Fridge and freezer temperatures were recorded daily. Food temperatures had been taken and recorded daily. A cleaning schedule is

		maintained. All foods are stored correctly. All residents are weighed regularly. Residents with weight loss problems are provided with food supplements. Residents interviewed spoke positively about the food 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	Irwell rest home records the reason for declining entry to residents should this occur and communicates this to residents/family/whānau and refers the resident/family/whānau back to the referral agency. The reason for declining entry would be if there were no beds available or the service could not meet the assessed level of care.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Prior to admission the RNs contact the resident, their family and GP (with permission from the resident) and needs assessment for current information. The RNs complete 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 ARCC. 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 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 or sooner if health needs change, 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 or nurse specialist consultation. There is evidence that family members were 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 progress notes held

meet their assessed needs and desired outcomes.		within the resident file. 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 three ulcers, one skin tear and one lesion. There is access to vascular clinic, 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 activity coordinator is employed from 9.00 am to 5.00 pm per day Monday to Friday to coordinate and implement an activity programme that meets the recreational needs of the resident groups. The programme is planned monthly and residents receive a personal copy of planned weekly activities. Activities planned for the day are displayed on noticeboards around the facility. The caregivers provide activities during weekends. A resident activity assessment is completed on admission. Each resident has an individual activity plan which is reviewed six monthly. The service receives feedback on activities through one-on-one feedback, resident's meetings and surveys. Activities are meaningful and include (but are not limited to); exercises, knitting groups, card making, group walks, indoor golf and skittles, word games, painting and art. There are visiting churches, library, and canine therapy. All festivities and birthdays are celebrated. The service has a van that is used for outings with two or three trips arranged on the same day once a week. Residents were observed participating in activities on the days of audit. Residents and family members interviewed discussed enjoyment in the programme, the enthusiasm of activity staff and the diversity offered to all residents.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	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 for one of the seven resident files reviewed. Six residents had not been at the service six months. The sample was expanded by a further three files of long-term residents. All three files had been evaluated six monthly and all four files included written evaluations which 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	The service facilitates access to other services (medical and non-medical) and where access occurred, referral documentation is maintained. Residents' and/or their family/EPOA 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	All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Product use charts are available, and the hazard register identifies hazardous substances. Safe chemical handling training has been provided. Staff interviewed confirmed they can access personal protective clothing and equipment at any time. As observed during the audit, staff were wearing gloves, aprons and hats when required. The chemical supply company visits each month to check that supplies are adequate, and that staff are managing chemicals safely and efficiently. The owner/manager is responsible for maintenance and had a good knowledge of the responsibilities associated with this role in the organisation. Waste management systems meet legislative requirements.
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 23 November 2018. Hot water temperatures are checked weekly and appropriate actions were described, should the temperatures be above 45 degrees. Medical equipment and electrical appliances have been tested and tagged and calibrated. Regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been well maintained with safe paving, outdoor seating with shade, lawn and gardens. Caregivers interviewed, confirmed there was adequate equipment to carry out the cares according to the resident needs as identified in the care plans. Interviews with residents and family members confirmed the environment was suitable and safe to meet their needs.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing	FA	All resident rooms have ensuites. There are sufficient numbers of resident communal toilets in close proximity to communal areas. Visitor toilet facilities are available. Residents interviewed state their privacy and dignity are maintained while attending to their personal cares and hygiene. The communal toilets and showers are well signed and identifiable and include large vacant/in-use signs.

facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		
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 and are spacious enough to meet resident's needs. 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. Caregivers interviewed, reported that rooms have sufficient space to allow cares to take place.
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 large lounge/activity room, plus smaller lounges and two separate dining rooms. The main dining room is spacious and located adjacent to the kitchen/servery area. There is also a smaller dining room available for residents' who choose to use them. All areas are easily accessible for the residents. All furniture is safe and suitable for resident use. Residents interviewed, reported they were able to move around the facility and staff assist them when required. Activities take place in any of the lounges.
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 is a separate laundry area where all linen and personal clothing is laundered by designated laundry staff. There is a separate room adjacent to the laundry where clothing and linen are sorted, folded and ironed. There is a secure cleaners' cupboard where cleaners' trolleys and supplies are stored. Manufacturer's data safety charts are available. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility. Laundry and cleaning are monitored through the internal auditing schedule.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security	FA	A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in September 1998. There are emergency and disaster management plans in place to ensure health, civil defence and other emergencies are included. Six-monthly fire evacuation practice documentation was sighted, with the last fire evacuation drill occurring on 31 January 2018. Fire training and security situations are part of orientation of new staff and include competency assessments. There are adequate supplies in the event of a civil defence emergency including sufficient food, water, blankets

situations.		and alternate gas cooking (BBQ and gas hobs in the kitchen). Emergency equipment is available at the facility. There is a generator available on-site. Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. All RNs hold a current first aid certificate. There is a call bell system in place and there are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.
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	All communal and resident bedrooms have external windows with plenty of natural sunlight. Resident rooms are appropriately heated by scope electric heaters, which can be adjusted to suit individual needs. Communal areas are heated with a combination of gas and electric heating. Residents and family interviewed, stated the environment is 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	Irwell Rest Home has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. An RN is the designated infection control person with support from all staff. Infection control matters are routinely discussed at all quality/staff meetings. Education has been provided for staff. 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 have been no outbreaks.
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 infection control coordinator has a graduate certificate in infection control prevention has attended infection control and prevention education provided by an aged care educator. The infection control team is the quality improvement team and representative of the service. There is access to infection control expertise within the DHB, wound nurse specialist, public health, laboratory and GPs. The GP monitors the use of antibiotics. 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	FA	The infection control policies include a comprehensive range of standards and guidelines, including defined roles and responsibilities for the prevention of infection. Infection control procedures developed

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.		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 reviewed and updated two yearly.
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. Education is facilitated by the DHB infection control nurse. Training on infection control is included in orientation and as part of the annual training schedule. Staff complete hand hygiene competencies. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak had been resolved. Resident education is expected to occur as part of providing daily cares.
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	Irwell Rest Home has restraint minimisation and safe practice policies and procedures in place. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. There were no residents requiring restraint or enablers at the time of the audit. The service is committed to maintaining a restraint free environment. Staff receive training in restraint minimisation and challenging behaviour management. Policies and procedures include definition of restraint and enabler that are congruent with the definition

		in NZS 8134.0.

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.

No data to display

End of the report.