

Pembrey Investments Limited - Brooklands Retirement Village

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: Pembrey Investments Limited

Premises audited: Brooklands Retirement Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 22 May 2018 End date: 23 May 2018

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 34

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
Yellow	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
Red	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

Brooklands Retirement Village is certified to provide rest home level care for up to 40 residents. On the day of audit there were 34 residents. The service is privately owned and overseen by a managing director. The facility manager is supported by a full time clinical manager.

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

The residents, relatives and general practitioner spoke highly of the care and service provided at Brooklands. The service has a well-established quality system that identifies ongoing quality improvement.

This audit identified no areas requiring improvement.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The staff at Brooklands Retirement Village 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.
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Brooklands Retirement Village is certified to provide rest home level care in a 40-bed facility. Four rooms are able to be used as double rooms but are currently used as single occupancy. The facility manager is a registered nurse and has been in the role for two years. She is supported by the managing director, clinical manager, registered nurse and care staff. Quality management processes are reflected in the businesses plan's goals, objectives and policies. A risk management programme is in place, which includes incident and accident reporting and health and safety processes. 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.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses and medication competent caregivers are responsible for administration of medicines and complete annual education and medication competencies. The medicine charts reviewed met legislative prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist provides and implements an interesting and varied activity programme. The programme includes community visitors, outings and entertainment.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. 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.
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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 throughout the facility. The building holds 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 personalised. 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. Documented systems are in place for essential, emergency and security services.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There is a restraint policy that includes the provision of a non-restraint environment. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There is a restraint register and a register for enablers. There are currently no residents requiring restraints and no residents using enablers.

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. Responsibility for infection control is undertaken by the clinical manager. The infection control coordinator has attended external education and coordinate education and training for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been two outbreaks which were well managed.

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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>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 six care staff (one clinical manager, one registered nurse (RN), three caregivers (CGs) and one activities coordinator) confirmed their familiarity with the Code. Eight residents and three family members interviewed confirmed the services being provided are in line with the Code. Code of Rights and advocacy training has been provided in the past two years.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General written consents are obtained on admission. All resident files contained signed admission agreements. The current admission agreement complies with all legislation.</p> <p>Resuscitation status had been signed appropriately in files reviewed. Advance directives were signed for separately identifying the resident's wishes for end of life care. An enduring power of attorney form was signed and present where required</p> <p>Eight residents and two relatives interviewed confirmed they were informed before signing consents.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>The information pack provided to residents prior to entry includes advocacy information. An advocacy policy and procedure include how staff can assist residents and families to access advocacy services. Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available at reception. Staff were aware of the right for advocacy and how to access and provide advocate information to residents if needed. Residents and family members interviewed were aware of their access to advocacy services. An advocate attends monthly residents' meetings and is available to talk to individual residents as required.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Family and friends were seen visiting on the day of the audit. 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. Brooklands staff support ongoing access to the community and entertainers are invited to perform at the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaint forms are available. Information about complaints is provided on admission. The facility manager, clinical manager and the RN operate an 'open door' policy. Residents and relatives confirmed they are aware of the complaints process. Caregivers interviewed were able to describe the process around reporting complaints. There were five complaints made in 2017 and two complaints received in 2018 year to date. Documentation including follow-up letters and resolution and demonstrates that complaints are being managed in accordance with guidelines set by the HDC.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The Code and advocacy pamphlets are located at the main entrance of the service. On admission, the facility manager/RN or clinical manager 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. Resident meetings have been held providing the opportunity to raise concerns in a group setting.</p>

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has policies which align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. House rules and a code of conduct is signed by staff at commencement of employment.</p> <p>Church services are held. Contact details of spiritual/religious advisors are available to staff. Residents and relatives interviewed confirm the service is respectful.</p> <p>Residents' files include their cultural and/or spiritual values when identified by the resident and/or family. Discussions with residents confirm that they are able to choose to engage in activities and access community resources. There is a policy on abuse and neglect and staff received training in August 2017.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service has guidelines for the provision of culturally safe services for Māori residents. There is a Māori health plan which includes cultural values and beliefs. On the day of audit, there were no residents who identified as Māori. Interviews with staff confirm they are aware of the need to respond appropriately to maintain cultural safety. Policies include guidelines about the importance of whānau. Cultural awareness training has been provided for staff.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Care planning includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicate that they are asked to identify any spiritual, religious and/or cultural beliefs. The service provides a culturally appropriate service by identifying the individual needs of residents during the admission and care planning process as reported by the registered nurse.</p> <p>Relatives reported that they feel they are consulted and kept informed and family involvement is encouraged.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>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 dignity, privacy and boundaries. All staff have completed training around professional boundaries.</p>

<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>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 facility manager and clinical manager are jointly responsible for coordinating the internal audit programme. All quality activities are monitored through an online electronic database. Monthly full staff, combined quality infection control and health and safety meetings and regular residents' meetings are conducted. There is a regular in-service education and training programme for staff. Staff interviewed stated that they feel supported by the facility manager, clinical manager and RNs</p> <p>Evidence-based practice is evident, promoting and encouraging good practice. An RN is on-call when not on-site. A general practitioner (GP) visits the facility regularly to assure three-monthly reviews are completed and any acute needs are met. A podiatrist is on-site for six-eight weekly visits. The service has links with the local community and encourages residents to remain independent. Residents and relatives interviewed spoke positively about the care and support provided. The 2017 relative satisfaction survey reflects high levels of satisfaction with the care that is provided.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is an open disclosure policy in place. Communication with family members is recorded on the electronic incident report forms and in the resident daily progress notes. Twelve incident forms reviewed identify that family were notified following a resident incident. Three family members interviewed stated they were well informed by phone and email and involved when needed, in residents' care. Monthly resident meetings encourage open discussion around the services provided (meeting minutes sighted).</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement. The information pack is available in large print and can be read to residents who are visually impaired. An interpreter is provided as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of</p>	<p>FA</p>	<p>Brooklands Rest Home is part of the Brooklands Retirement Village. The rest home provides rest home level care to up to 40 residents. There are four double rooms which are currently occupied as singles. On the day of audit, there were 34 residents. All residents were under the age-related contract. Brooklands is privately owned with a managing director and a facility manager (RN) providing oversight of the service. The facility manager is supported by a clinical manager who has worked at Brooklands for ten years as a registered nurse. The registered nurse has been with the service for two</p>

<p>consumers.</p>		<p>years.</p> <p>There is a 2017-2019 business, quality and risk plan developed which aligns with purpose, mission and values of the business. There was evidence of the annual review of the business plan. The facility manager lives in close proximity to the rest home and is available 24 hours a day, 5 days a week if necessary. The facility manager has maintained at least eight hours annually of professional development activities related to managing a rest home.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The facility manager reported that in the event of her temporary absence, the clinical manager fills her role with support from the other RN.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality and risk management programme is in place. Quality goals were documented in the quality meeting minutes. Policies and procedures are provided by an external consultant. A system of document control is in place with evidence of regular reviews. Staff are made aware of any policy changes through staff meetings, evidenced in meeting minutes.</p> <p>The monthly collating of quality and risk data is documented on the electronic database and includes monitoring accidents and incidents, resident satisfaction and infection rates. An internal audit schedule is implemented. An electronic corrective action register is maintained, and a form is completed where areas are identified for improvement. Staff are kept informed regarding results via staff meetings and during staff handovers.</p> <p>A relative survey was last conducted in June 2017, and included (but not limited to) communication, activities, meals, maintenance and laundry. The survey summary including concerns and suggestions were documented. Results were discussed at resident meetings and emailed to family representatives. Results are also discussed at staff and quality meetings. Any corrective actions were documented and included evidence of implementation and sign off.</p> <p>The quality programme is linked to the annual training plan with additional training offered as issues are identified. A health and safety programme is in place, which includes managing identified hazards. Health and safety meetings are incorporated in the quality and staff meetings monthly. Falls</p>

		prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Security and safety policies and procedures are in place to ensure a safe environment is provided. Emergency plans ensure appropriate response in an emergency.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The service collects all incident and accident information reported by staff in an electronic database. Twelve incidents were reviewed for April and May 2018. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Incidents are benchmarked and analysed for trends. Care staff interviewed were very knowledgeable regarding the care needs for all residents. Discussions with the facility manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources management policies in place which includes recruitment and staff selection process. This process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. Six staff files sampled (the clinical manager, the registered nurse, the diversional therapist, the cook, a kitchen hand and a caregiver) show appropriate employment practices and documentation. Current annual practising certificates are kept on file.</p> <p>The service has in place an orientation programme that provides new staff with relevant information for safe work practice. Staff files reviewed had completed orientation documentation. Staff interviewed stated that the orientation provided was comprehensive and new staff were well supported.</p> <p>There is an annual training plan in place and implemented. Competencies are completed for medication and wound management. All staff, with the exception of one new employee, have current first aid certificates. All caregiving staff either have or are working towards Careerforce qualifications. The manager, clinical manager and one RN have all completed InterRAI training. All staff files reviewed contained a current annual performance appraisal.</p> <p>Residents stated that staff are knowledgeable and skilled.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely,</p>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery, meeting contractual requirements. In addition to the facility manager who works full-time, there is a clinical manager working Monday to Friday and a part-time RN employed from Friday to</p>

<p>appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>Sunday. An RN is on-call when not on-site. The RNs are supported by caregivers. Cleaning staff are employed Monday to Friday. A diversional therapist is rostered Monday to Friday. Staff reported that staffing levels and the skill mix were appropriate and safe. Residents interviewed advised that they felt there are sufficient staffing.</p> <p>Brooklands is divided into two wings, North with 21 beds and South with 15 beds. There is one RN on morning duty, seven days a week. The RN's are supported by caregivers on two long shifts and two short shifts during the morning shifts. On afternoon shift, there are two experienced caregivers on long shift and two caregivers on short shifts. There are two caregivers rostered on night duty.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>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. File entries are legible, dated and signed by the relevant caregiver or registered nurse.</p> <p>Individual resident files demonstrate service integration. This includes medical care interventions and records of the activities coordinator. Medication charts and progress notes are maintained separately.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. All admission agreements reviewed aligned with all contractual requirements. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. One resident file that included transfer documentation was reviewed. Documentation provided for the transfer was comprehensive and included past medical history, medication chart and transfer form. 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 in all exits or discharges to and from the service.</p>
<p>Standard 1.3.12: Medicine</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative</p>

<p>Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>requirements. Staff that administer medications (RNs and senior caregivers) have been assessed for competency on an annual basis and attend annual medication education. All medication is checked on delivery against the medication chart. All medications are stored safely. The medication fridge is maintained within the acceptable temperature range. All eye drops and ointments were dated on opening. There were no residents self-medicating on the day of audit.</p> <p>Ten electronic medication charts reviewed met legislative requirements. Medication profiles reviewed were up to date and reviewed at least three-monthly by the GP. Medications had been signed as administered in line with prescription charts. Appropriate practice was demonstrated on the witnessed medication round.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals are prepared and cooked on-site. The menu has been reviewed by a dietitian. There is an approved food control plan in place. Food services staff have completed on-site food safety education and chemical safety. The cook has NZQA 167 and 168.</p> <p>A resident dietary requirement profile is developed for each resident on admission and provided to the kitchen staff. Resident dislikes are known and accommodated. Special diets are accommodated, and cultural preferences are met. The cook receives a resident dietary profile for all residents and is notified of any dietary changes.</p> <p>Fridge and freezer temperatures are taken and recorded daily. End-cooked food and serving temperatures are recorded daily. Perishable foods sighted in all the fridges were dated. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. A maintenance and cleaning schedule is maintained.</p> <p>Resident meetings along with direct input from residents, provides resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the meals provided. Alternatives are offered for dislikes.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate, if entry was declined.</p>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The RN completes an initial assessment and care plan on admission, including a clinical risk assessment and relevant risk assessment tools. Risk assessments are completed six-monthly with the interRAI assessment or earlier due to health changes. InterRAI assessments reviewed were completed within 21 days of admission and six-monthly thereafter. Resident needs and supports were identified through available information such as, assessments, interRAI, discharge summaries, medical notes and in consultation with significant others.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Six resident files were reviewed for this audit including residents with: requiring regular pain control; wound care; behaviour that challenges; falls management; a new resident; and a resident that transferred out of service. Resident care plans reviewed were resident-focused and individualised. Support needs as assessed were included in the long-term care plans reviewed. Short-term care plans are used for changes to health status and were sighted in resident files, and have either been resolved or if ongoing, transferred to the long-term care plan. Long-term care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Transfer information was comprehensive. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrated service integration. There was evidence of allied healthcare professionals involved in the care of the resident including physiotherapist, podiatrist and dietitian.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's condition alters, a registered nurse initiates a review and if required, GP and/or nurse specialist consultation. There is documented evidence on the family/whānau involvement. Discussions with families confirmed they are notified promptly of any changes to their relative's health.</p> <p>Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. Wound assessment and treatment forms, ongoing evaluation form and evaluation notes were in place for three current wounds on the wound log (two skin tears and one cyst).</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. There is access to a continence nurse specialist by referral. Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. Monitoring forms are used for weight, vital signs, blood sugar levels, pain, challenging behaviour and food and fluid charts.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs a diversional therapist (DT) who works Monday to Friday. The programme is integrated to meet the physical and psychosocial well-being of the residents. The programme includes new activities when requested by residents and is varied. There are regular outings into the community. The service has a van and a car for regular outings. Each resident is free to choose whether they wish to participate in the group activities programme. Participation is monitored. Entertainers visit the home. Special events and theme days are celebrated.</p> <p>A resident profile is completed on admission. Individual activity plans were seen in long-term resident files. The DT is involved in the six-monthly review with the RN. The service receives feedback and suggestions for the programme through monthly resident meetings with age concern and direct feedback from residents and families.</p> <p>Residents interviewed spoke very positively about the varied activities programme which they have input into.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans for long-term residents were evaluated by an RN within three weeks of admission and long-term care plans developed. Long-term care plans included a written evaluation by an RN six-monthly or earlier, for any health changes for five of the six files reviewed. One resident had not been at the service six months. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets for chemicals are readily accessible for staff. Chemicals are stored in locked areas throughout the facility. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of</p>

providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.		audit. Staff have completed chemical safety training.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current building warrant of fitness that expires 1 December 2018. The service employs a maintenance person who undertakes preventative and reactive maintenance. Daily maintenance requests are addressed. Electrical equipment has been tested and tagged. Clinical equipment has been calibrated and/or serviced. Essential contractors are available 24-hours.</p> <p>The facility has wide corridors with sufficient space for residents to safely mobilise using mobility aids. There is safe access to the outdoor areas. Seating and shade is provided.</p> <p>The caregivers and RNs interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>The service has a mixture of ensuite rooms, shared bathrooms and standard rooms with a hand basin. There are sufficient communal toilets and showers. Hand basins, toilets and shower facilities are of an appropriate design to meet the needs of the residents. The communal toilets and showers have privacy locks. Residents interviewed confirmed care staff respect the resident's privacy when attending to their personal cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All rooms are spacious. Residents and families are encouraged to personalise bedrooms. A tour of the facility evidenced personalised rooms which included the residents own furnishing and adornments.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation,</p>	FA	<p>Brooklands Rest Home has a large communal dining area and a large communal lounge area. There are also other sitting areas for residents to sit and meet with their family or friends. This was confirmed at the resident and family interviews and sighted during the tour of the facility. Group entertainment</p>

<p>And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>and activities are conducted in the lounge and residents have enough space to mobilise with safety.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>There are policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There are dedicated laundry and cleaning staff. All laundry is completed on-site. The laundry and cleaning staff have completed chemical safety training and laundry processes. The laundry has an entry and exit door. There is appropriate personal protective-wear readily available. The cleaner's trolleys are stored in a locked area when not in use. Internal audits monitor the effectiveness of the cleaning and laundry processes.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency and disaster management plans in place to ensure health, civil defence and other emergencies are included. Six-monthly fire evacuation practices documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. There is a staff member with a current first aid certificate on all shifts.</p> <p>Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Every shift is covered by a staff member with a current first aid certificate. There are call bells in all areas including residents' rooms, toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. The building is secured during the hours of darkness. Staff on afternoon duty conduct security checks.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and</p>	<p>FA</p>	<p>The facility is heated via a mixture of heat pumps and individual heaters in resident's rooms. The facility is bright and airy and rooms are well ventilated and light. All bedrooms have an external window. On both days of the audit, indoor temperature was comfortable, and resident and staff interviews confirmed that the facility is maintained at a comfortable temperature.</p>

comfortable temperature.		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Brooklands Village 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. It is linked into the quality management system. The clinical manager is the designated infection control coordinator with support from all staff of the infection control team. Staff meeting minutes are available for staff. Infection control audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually. There have been two small gastric outbreaks since the previous audit (May and again in November 2017). The duration of each outbreak was short (respectively two weeks and one week). A case log was maintained, and Public Health notified. An outbreak summary report was completed post outbreaks. Interviews and documentation reviewed identified the outbreaks were well managed.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The clinical manager is the designated infection control (IC) coordinator. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC coordinator 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.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of</p>	FA	<p>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 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 annually. An outbreak kit is maintained.</p>

service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>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. The infection control coordinator has completed ongoing infection control training. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p> <p>Resident education is expected to occur as part of providing daily cares.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>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. The surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements. Trends are identified, and quality initiatives are discussed at staff meetings (minutes sighted). If there is an emergent issue, it is acted upon in a timely manner. The GP reviews antibiotic use at least three-monthly with the medication review.</p> <p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the village manager and support office staff. Two outbreaks have been effectively managed. Notification of each was made to public health.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised and provides a restraint-free environment. There were no residents with restraint and no residents with an enabler. Enabler use is voluntary. Staff interviews and staff records evidence guidance has been given on restraint minimisation and safe practice (RMSP) and prevention and/or de-escalation techniques. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0.</p>

Specific results for criterion where corrective actions are required

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

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

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

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

No data to display

End of the report.