# Archer Care Facility Limited - Archer 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:

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| **Legal entity:** | Archer Care Facility Limited |
| **Premises audited:** | Archer Village |
| **Services audited:** | Rest home care (excluding dementia care) |
| **Dates of audit:** | Start date: 25 June 2018 End date: 26 June 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:** 43

# 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 |
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| | 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 |
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| | 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

Archer Village is governed by a charitable trust and is part of the Archer Retirement Village. The service is certified to provide rest home level care for up to 55 residents. On the day of audit there were 43 residents.

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 care centre is managed by a village manager with support from a clinical nurse manager. A general manager oversees the operations of the retirement village and care centre.

The residents, relative and general practitioner commented positively on the care and services provided.

Improvements are required around the food service.

The service has been awarded two continued improvement ratings around values and beliefs and the activity programme.

## Consumer rights

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| 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. |

Archer Village ensures 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's Code of Consumers' Rights (the Code). Residents' cultural needs are met. Policies are implemented to support residents' rights, communication and complaints management. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

## Organisational management

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| 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 management programme includes service philosophy, goals and a quality/business planner. Meetings are held to discuss quality and risk management processes. Residents'/family meetings are held regularly, and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. Falls prevention strategies are in place that includes the analysis of falls incidents. An education and training programme has been implemented with a current training plan in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

## Continuum of service delivery

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| 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. | | Some standards applicable to this service partially attained and of low risk. |

The clinical nurse manager takes primary responsibility for managing entry to the service with assistance from the site manager. Comprehensive service information is available. The registered nurses complete care plans and evaluations within the required timeframes. All residents are assessed using the interRAI assessment tool. Residents interviewed confirmed they were involved in the care planning and review process. Each resident has access to an individual and group activities programme. The group programme is varied and interesting. Medicines are stored appropriately, and the service has medication polices that comply with legislation and guidelines. General practitioners review residents at least three monthly or more frequently if needed. Meals are prepared on-site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Residents interviewed were complimentary about the food service.

Two continuous improvements are awarded around pastoral services and activities.

## Safe and appropriate environment

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| 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. |

The building has a current warrant of fitness and emergency evacuation plan. All bedrooms are single occupancy. Planned and reactive maintenance issues are addressed. Chemicals are stored safely throughout the facility.

There is sufficient space to allow the movement of residents around the facility using mobility aids and there are several lounge and dining areas. The internal areas can be ventilated and heated. The outdoor areas are safe and easily accessible. Residents are being provided with safe and hygienic cleaning and laundry services, which are appropriate to the setting. Staff have planned and implemented strategies for emergency management. Emergency systems are in place in the event of a fire or external disaster.

## Restraint minimisation and safe practice

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| 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. |

Archer Village has policies in place for restraint minimisation and the management of challenging behaviour. On the day of the audit there were no residents with restraints or enablers.

## Infection prevention and control

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| 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. |

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. Standardised definitions are used

for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

## 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) |
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| **Standards** | 1 | 43 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 2 | 90 | 0 | 1 | 0 | 0 | 0 |

| Attainment Rating | Unattained Negligible Risk (UA Negligible) | Unattained Low Risk (UA Low) | Unattained Moderate Risk (UA Moderate) | Unattained High Risk (UA High) | Unattained Critical Risk (UA Critical) |
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| **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 |
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| Standard 1.1.1: Consumer Rights During Service Delivery<br>Consumers receive services in accordance with consumer rights legislation. | FA | The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with staff (four health care assistants (HCA), one registered nurse (RN), one enrolled nurse (EN), and one diversional therapist) confirmed their familiarity with the Code. Interviews with six residents and one relative confirmed the services are being provided are in line with the Code. |
| Standard 1.1.10: Informed Consent<br>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 | Informed consent processes are discussed with residents and families on admission. Written general consents including outings and indemnity forms, were included in the admission process as sighted in all seven resident files reviewed. Consent forms are signed for any specific procedures.<br>Caregivers interviewed confirmed consent is obtained when delivering cares. Advance directives sampled identified the resident resuscitation status and/or signed by the resident (if appropriate) and the general practitioner. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident. Copies of enduring power of attorney (EPOA) were seen in the resident files as appropriate.<br>Discussion with a family member identified that the service actively involves them in decisions that affect their relative's lives. Seven admission agreements were sighted for the long-term residents. |

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| Standard 1.1.11: Advocacy And Support<br>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | A policy describes access to advocacy services. Staff receive training on advocacy; last occurring in June 2018. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. |
| Standard 1.1.12: Links With Family/Whānau And Other Community Resources<br>Consumers are able to maintain links with their family/whānau and their community. | FA | Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, staff stated that residents are encouraged to build and maintain relationships. All residents and relatives interviewed confirmed that relative/family visiting could occur at any time. |
| Standard 1.1.13: Complaints Management<br>The right of the consumer to make a complaint is understood, respected, and upheld. | FA | The service has a complaints policy that describes the management of complaints process. There is a complaints' form available. Information about complaints is provided on admission. Interview with residents demonstrated an understanding of the complaints process. There is a complaints' register. Verbal and written complaints are documented. All complaints reviewed had noted investigation, timeframes and corrective actions when and where required, resolutions were in place. Results are fed back to complainants. All staff interviewed could describe the process around reporting complaints. There are four complaints around food. Following these complaints, and informal feedback from residents the service implemented an action plan to improve meal services. Residents complemented the meals on the day of audits and noted the improvement. |
| Standard 1.1.2: Consumer Rights During Service Delivery<br>Consumers are informed of their rights. | FA | There are posters of the Code on display throughout the facility and leaflets are available in the foyer of the facility. The service can provide information in different languages and/or in large print if requested. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. On entry to the service, the information pack is discussed with the resident and the family/whānau. The information pack includes a copy of the Code. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And | FA | The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting residents' privacy and could describe how they |

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| Respect<br><br>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | | manage maintaining privacy and respect of personal property. There is a policy that describes spiritual care. Church services are conducted regularly. All residents interviewed indicated that residents' spiritual needs are being met when required. Staff receive training on abuse and neglect, last occurring in June 2018 as part of a training day for all staff. |
| Standard 1.1.4: Recognition Of Māori Values And Beliefs<br><br>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 established cultural policies to help meet the cultural needs of its residents. There is a Māori health plan. Cultural and spiritual practice is supported and identified needs are incorporated into the care planning process and review as demonstrated in the resident files sampled. Discussions with staff confirmed that they are aware of the need to respond to cultural differences. Cultural training as well as Treaty of Waitangi training, has been provided as part of the annual training plan. |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs<br><br>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs. | FA | The service has established cultural policies aimed at helping meet the cultural needs of its residents. Residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment including residents' cultural beliefs and values, is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on. Staff receive training on cultural safety/awareness. |
| Standard 1.1.7: Discrimination<br><br>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | The facility has a staff code of conduct. The abuse and neglect processes cover harassment and exploitation. All residents interviewed reported that the staff respected them. Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct. |
| Standard 1.1.8: Good Practice<br><br>Consumers receive services of an appropriate standard. | FA | The service has policies to guide practice that align with the health and disability services standards, for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Residents and families interviewed spoke positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team. |

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| Standard 1.1.9: Communication<br><br>Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Residents interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Ten incident/accidents forms reviewed had documented evidence of family notification or noted if family did not wish to be informed.<br><br>Relatives interviewed confirmed that they are notified of any changes in their family member's health status. The resident survey 2018 reflects that relatives are happy with communication. A residents'/relatives meeting occurs every two months and issues arising from the meeting are communicated to staff. Any issues raised from these meetings are investigated by the management team and there was evidence of implemented corrective actions as needed. Interpreter services are available as required. |
| Standard 1.2.1: Governance<br><br>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Archer Care is part of the Archer retirement village. The care centre provides rest home level care to up to 55 residents. On the day of audit there were 43 residents, including three residents in hospital. All residents were under the age-related contract with no respite residents. Archer is governed by a charitable trust board.<br><br>The general manager reports to the board monthly. The site manager reports to the general manager on a variety of operational issues and site manager monthly meeting minutes are recorded for each meeting. The service has a current strategic plan, a business plan and a quality and risk management programme. The service mission reflects the Christian values. There are 2018-2019 goals for clinical, catering and training. Progress toward previous goals has been monitored and documented.<br><br>The overall general manager (GM) has over 15 years' experience overseeing the organisation. The village manager has been in the role for two months and is supported by the GM. The clinical nurse manager has many years' experience in aged care and has been in the role for 16 months.<br><br>The general manager and clinical manager have completed more than eight hours of professional development in the past 12 months. |
| Standard 1.2.2: Service Management<br><br>The organisation ensures the day-to- | FA | In the absence of the village manager, the clinical nurse manager is in charge. Support is provided by the general manager operations and the care staff. |

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| 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. | | |
| Standard 1.2.3: Quality And Risk Management Systems<br><br>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | There is an annual quality plan with objectives. Interviews with staff and review of the monthly quality and risk meetings confirmed that there is discussion about quality data at meetings.<br><br>The village manager chairs the quality and risk meetings and provides oversight of the quality programme. The quality and risk management programme is designed to monitor contractual and standards compliance. Staff have access to the policy manuals. There are policies and procedures appropriate for service delivery and these are regularly reviewed.<br><br>Data is collected in relation to a variety of quality activities. Areas of non-compliance identified through quality activities are actioned for improvement. There is a documented internal audit programme. All issues identified through internal audits had corrective action plans and resolutions. The service is implementing new internal audit tools.<br><br>The service has a health and safety management system that is regularly reviewed. Restraint and enabler use (when used) is reported within the quality and clinical staff meetings. Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.<br><br>There is an implemented annual staff training programme based around policies and procedures. Records of staff attendances are maintained. The infection control programme is implemented, and all infections are documented monthly. Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The 2018 resident/relative survey overall result shows satisfaction with services provided. Resident/family meetings occur every two months and resident and families interviewed confirmed this. |
| Standard 1.2.4: Adverse Event Reporting<br><br>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of | FA | There is an accidents and incidents reporting policy. The village manager and/or clinical nurse manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at staff meetings including actions to minimise recurrence. A registered nurse conducts clinical follow-up of residents following an incident. Incident forms reviewed demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Four of the ten incident forms reviewed required neurological observations, and these had been completed. |

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| choice in an open manner. | | Discussions with the village manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications or outbreaks since the previous audit. |
| Standard 1.2.7: Human Resource Management<br><br>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | There are human resource management policies in place. This includes that the recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Ten staff files were reviewed (one RN, one clinical nurse manager, four caregivers one enrolled nurse, one catering manager and one chaplain and one diversional therapist) and there was evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. Completed orientation is on files and staff described the orientation programme. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.<br><br>The in-service education programme for 2017 has been completed and the plan for 2018 is being implemented. The village manager, clinical manager and RNs can attend external training, including sessions provided by the district health board (DHB). Discussions with the caregivers and the RNs confirmed that ongoing training is encouraged and supported by the service. There are two RNs (one being the clinical nurse manager), and both have completed interRAI training.<br><br>The education programme for staff is now coordinated with a part time permanent staff member and this is helping them to see the gains in qualifications for staff. Last year they had 17 staff members attend a Graduation ceremony where they received their NZQA and ITO Certificates, with Careerforce staff in attendance to present them.<br><br>Archer have four in-house assessors for Archer in cleaning, catering, dementia and health & well-being with the scope to assess to level 4. This improves the timeframes for completing education programmes. All staff in all work areas are now given the opportunity to upskill. Staff are supported with paid study groups and area specific extra training to gain the best in depth knowledge to help them on their journey. In addition to Health & Well-Being pathways, all their housekeeping staff are also qualified or on a qualification pathway. They also have staff undertaking apprenticeships with other ITOs including qualifications in the catering sector. All their maintenance & gardening staff also hold relevant certificates, including 1st aid and are offered further opportunities to upskill with 2-year apprenticeships.<br><br>All staff are supported in all sectors on an individual basis by a designated training coordinator and training delivery is rotated to meet the various learning styles of people. All permanent staff are first aid qualified. Staff have the option to attend parallel training sessions at both sites. If they are |

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| | | unable to attend one date, they can catch the session at the other site.<br><br>Archer provides more than the 8 hours of training annually. Training has increased more than twofold in the last 18 months. There were two full days of training in 2018 (18 hours) in addition to the extra 1-hour training sessions throughout the year. Staff are also notified individually of additional external training opportunities to attend and all clinical staff are now registered with the CDHB 'Healthlearn' and currently completing 3 modules totalling 2.5 hours. They have a designated area on site for training which has its own computer for staff use. |
| Standard 1.2.8: Service Provider Availability<br><br>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 54 staff in various roles. Staffing rosters were sighted and there are staff on duty to match the needs of different shifts. The village manager and clinical manager work 40 hours per week, Monday to Friday and are available on call after-hours. In addition to the village manager and clinical manager, there is an RN on duty for each AM shift Monday to Friday and an EN, Tuesday to Saturday. Interviews with staff, residents and a family member confirmed there are sufficient staff to meet the needs of residents.<br><br>The service currently has 43 rest home residents.<br><br>The RNs are supported by three HCAs rostered on the morning (three long shifts) and three HCAs on the afternoon shift (two long and one short) and two HCAs on night duty.<br><br>There are dedicated housekeeping and laundry staff. |
| Standard 1.2.9: Consumer Information Management Systems<br><br>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant caregiver or RN. |
| Standard 1.3.1: Entry To Services<br><br>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been | FA | Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission. The clinical nurse manager screens all potential residents prior to entry and records all admission enquires. Admission agreements reviewed align with contractual requirements. Exclusions from the service are included in the admission agreement. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement |

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| identified. | | with the manager and clinical nurse manager. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer<br><br>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. The facility uses the transfer from hospital to residential (yellow) aged care envelope that works in reverse when residents are transferred to a DHB acute hospital. Relatives are notified if transfers occur. |
| Standard 1.3.12: Medicine Management<br><br>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | Fourteen medication charts were reviewed. The medication management policies and procedures comply with medication legislation and guidelines. An electronic medication management system is in place for regular medication. Paper-based charts were being used for the prescribing of warfarin. Warfarin had been prescribed correctly and warfarin was being administered as prescribed. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Residents' medicines are stored securely in a new room that is solely dedicated to medications.<br><br>Registered nurses, enrolled nurses and HCAs administer medicines. All staff that administer medicines are competent and have received medication management training. Medication administration practice complied with the medication management policy for the medication round sighted. The facility uses a blister-packed medication management system for the packaging of all tablets. The registered nurse on duty reconciles the delivery and documents this. There was evidence of three-monthly reviews by the GP. Medication administration records showed that all medications were administered as prescribed. On the day of audit all eight residents self-administering medicines had documentation correctly recorded and had a competency assessment completed. There were no standing orders in use. Electronic medication records meet legislative requirements and guidelines. The resident charted oxygen had this appropriately prescribed and recorded. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management<br><br>A consumer's individual food, fluids and nutritional needs are met where this service is a component of | PA Low | All food is cooked on-site by the dedicated kitchen staff. There is a four-weekly rotating seasonal menu, which has been reviewed in February 2018 by an external dietitian. The food control plan expires on 28 May 2019.<br><br>There is a food services manual in place to guide staff. A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff. This document is reviewed at least six-monthly as part of the care plan review. Archer has moved to self-service via a buffet in a bain marie |

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| service delivery. | | to enable residents to 'choose' what they want to eat at each meal.<br><br>The kitchen is able to meet the needs of residents who require special diets and the hospitality supervisor works closely with the RNs. Special diets and resident individual likes, and dislikes are accommodated. The kitchen staff have completed food safety training. The temperatures of refrigerators, freezers and cooked foods are inconsistently monitored and recorded. There is special equipment available for residents if required. The kitchen requires repairs to shelves. Residents and the family members interviewed were very happy with the quality and variety of food served. |
| Standard 1.3.2: Declining Referral/Entry To Services<br><br>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 | The service records the reasons for declining service entry to residents should this occur and communicates this decision to residents/family/whānau and the referring agency. Anyone declined entry is referred to the referring agency for appropriate placement and advice. Information on alternate placement options is given out. |
| Standard 1.3.4: Assessment<br><br>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | Files sampled indicated that personal needs information is gathered during admission in consultation with the resident and their family/whānau where appropriate. The interRAI assessment tool is used along with Braden assessments, nutrition evaluations, falls risk assessments, pain assessments and continence assessments. These assessments were used to develop the long-term care plan and to review the resident at least six monthly or when there was a change to a resident's level of care. InterRAI have been completed for all residents in required timeframes. |
| Standard 1.3.5: Planning<br><br>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | The service uses the interRAI long-term care plan template. The care plans reviewed described the current support required to meet the resident's goals and identified care needs. The interRAI assessment and other assessments inform the development of the resident's long-term care plan. Short-term care plans were evidenced for acute changes in health status. Activity plans were documented and included the unique issues for each resident and detail how the resident goals would be met. Residents and their family/whānau interviewed, reported that they are involved in the care planning and review process. |
| Standard 1.3.6: Service | FA | Registered nurses, the EN and HCAs follow the care plan and report progress against the care plan each shift at handover and in the progress notes. If external nursing or allied health advice is |

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| Delivery/Interventions<br><br>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | | required, the RN or CNM will initiate a referral (eg, to the district nurse, hospice nurse or wound specialist nurses). If external medical advice is required, this will be actioned by the GPs. Staff interviewed reported they have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available. Specialist continence advice is available as needed and this could be described.<br><br>The RN documents wound management plans for all residents with wounds. Wounds are dressed by the RN or EN. Wound assessment, monitoring and wound management plans were in place for each of the four current wounds. There were no pressure injuries at the time of the audit. The RN and CNM have access to specialist nursing wound care management advice through the district nursing service.<br><br>Interviews with the CNM, RN, and HCAs demonstrated an understanding of the individualised needs of residents. Care plans reviewed included interventions to support all residents' assessed needs. Blood sugar monitoring charts and weight monitoring charts were in use and up to date. There was evidence of regular and consistent monitoring of elimination needs by the RN and CNM. |
| Standard 1.3.7: Planned Activities<br><br>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. | CI | An experienced full time diversional therapist (DT) is supported by a second DT for 20 hours a week. Together, the two diversional therapists with the support of a team of volunteers provide an activity programme that meets the recreational needs of rest home residents and reflects normal patterns of life. The diversional therapist attends on-site in-service and diversional therapy group meetings.<br><br>Activities are meaningful and include (but not limited to); gardening, swimming, kindergarten visits, reminiscing, knitting groups, church services, bowls, exercises to music, crafts, group walks, quizzes, board games, painting and art. The weekend programme is delivered by care staff and volunteers. The service supports residents to take group holidays.<br><br>There is evidence that the residents have input into review of the wider programme (via Eden circles and resident meetings) and this feedback is considered in the development of the resident's activity programme. Residents interviewed expressed satisfaction with the programme. An activity profile is completed on admission in consultation with the resident/family (as appropriate). Archer uses the tree of life to provide a visual history of the resident's life and uses a day in the life to identify routines and preferences. Documentation in the resident files was individualised and reflected the specific needs and interests of each resident. Relatives and residents interviewed advised that the activity programme was interesting, and the residents were encouraged to participate. In the files reviewed, the recreational plans had been reviewed six-monthly. |

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| Standard 1.3.8: Evaluation<br><br>Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | The RNs evaluate all initial care plans within three weeks of admission. Files sampled demonstrated that a new long-term care plan has been rewritten every six months and changes made as required at this time as a result of evaluations and updated assessments. Evaluations in files sampled document progress towards residents' goals and needs. There is at least a three-monthly review by the GP. Changes in health status were documented and followed up. Reassessments are completed using interRAI LTCF for all residents who have had a significant change in health status. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan. |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)<br><br>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 medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Medical notes in resident files sampled evidence that referrals and options for care were discussed with the family. The staff provided examples of where a resident's condition had changed, and the resident was reassessed. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances<br><br>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons and goggles are available, and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety datasheets are available. |
| Standard 1.4.2: Facility Specifications<br><br>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | Archer Care is a purpose built, single storey rest home situated in Christchurch. There are 55 bedrooms including 40 with ensuites. There are 15 rooms in the Port Hills neighbourhood (wing) which share communal bathroom facilities. The building has a current building warrant of fitness that expires on 1 February 2019. There is a maintenance person employed to address the reactive and planned maintenance programme. There are gardeners employed to manage the lawns and grounds. All medical and electrical equipment were recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius.<br><br>The facility has sufficient space for residents to mobilise using mobility aids. External areas are well |

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| | | maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans. Two vans owned and operated for outings have current registration and warrant of fitness certificates.<br><br>Residents interviewed reported appreciating the environment they live in. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities<br><br>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. | FA | There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. All rooms in Archer Care are single rooms. The facility is divided into four accommodation wings – three wings have full ensuites in each room and one wing has communal toilet and shower facilities. Each room has adequate space to move about with the use of mobility aids. There are appropriately placed handrails. Privacy curtains are in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. |
| Standard 1.4.4: Personal Space/Bed Areas<br><br>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents confirmed they are encouraged to personalise their bedrooms. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining<br><br>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | Archer Care facility has two small sitting areas, one large main lounge and a large dining room. The service also has a communal recreation centre shared with retirement village residents with a café, auditorium, meeting room, gym and indoor swimming pool. The dining room seating plan allows for social interaction to take place. The large lounge area has appropriately placed seating where group activities and individual activities can take place. There are small seating areas along the corridors where residents may rest when walking or enjoy some quiet time. Residents interviewed stated they are happy with the communal areas and the environment was homely. There is adequate seating and space to allow both individual and group activities to occur. |
| Standard 1.4.6: Cleaning And Laundry Services | FA | There are dedicated cleaning and laundry staff. They have access to a range of chemicals, cleaning and laundry equipment and protective clothing. The standard of cleanliness is monitored through the internal audit programme. Residents interviewed were satisfied with the standard of cleanliness in |

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| Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | | the facility and the laundry service. |
| Standard 1.4.7: Essential, Emergency, And Security Systems<br><br>Consumers receive an appropriate and timely response during emergency and security situations. | FA | A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency 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 evacuation having occurred on 5 June 2018. 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. 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. The service has an emergency generator for emergency power and short-term back-up power for emergency lighting.<br><br>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.<br><br>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<br><br>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight. Residents and family members reported rooms being at suitable temperatures. |
| Standard 3.1: Infection control management<br><br>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 | 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 nurse manager, is the designated infection control coordinator with support from other members of the senior management team. Internal 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. |

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| Standard 3.2: Implementing the infection control programme<br><br>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | A clinical nurse 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 and IC team have external support from Southern labs and the IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available. |
| Standard 3.3: Policies and procedures<br><br>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. | FA | The policies and procedures are appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. |
| Standard 3.4: Education<br><br>The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control coordinator attends DHB based 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 their medical records. |
| Standard 3.5: Surveillance<br><br>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | 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 and is analysed. Short-term care plans are used. Surveillance of all infections is entered on to a monthly infection summary in the electronic database. This data is monitored and evaluated monthly and compared month by month. Outcomes and actions are discussed at staff meetings. If there is an emergent issue, it is acted upon in a timely manner. There have been no outbreaks. |

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| Standard 2.1.1: Restraint minimisation<br><br>Services demonstrate that the use of restraint is actively minimised. | FA | The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. There were no residents with restraints or using an enabler during the audit. Staff education on restraint minimisation and management of challenging behaviour has been provided. |

# Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| Criterion 1.3.13.5<br>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines. | PA Low | The service has a functional kitchen and all food is cooked/baked on-site. There are cleaning manuals and records show cleaning tasks are consistently undertaken. However, raw wood shelves cannot be cleaned to a suitable standard. The service has just purchased a new food thermometer so will now be able to measure the temperature of foods. | (i) There is shelving in the kitchen that is made from bare wood and not able to be cleaned to a suitable standard. (ii) Lack of a thermometer has meant that food temperatures cannot be read. This has recently been purchased. | (i) Ensure all surfaces in the kitchen are suitable to be cleaned to appropriate infection control standards. (ii) Ensure end point temperatures are measured before meals are served.<br><br>90 days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding |
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| Criterion 1.1.3.2<br>Consumers receive services that are responsive to the needs, values, and beliefs of the cultural, religious, social, and/or ethnic group with which each consumer identifies. | CI | Archer acknowledge the special character of their Christian heritage as important, and aim to provide an excellent service above and beyond what other standard care facilities offer. | The service has improved with the increased hours and the three chaplains working as a team over three sites. The chaplains have an on-site office with an ‘open door’ policy to ensure they are freely available to all residents, family and staff. The chaplains evaluate the pastoral need for residents, through their ongoing pastoral visits to resident’s rooms. The chaplains provide at least two services each week at Archer as well as a Sunday service. The chaplains have added guitar accompanying to hymns which is very age appropriate for the residents. The Chaplains book in (on a monthly basis) representatives from range of denominations to run the devotions and Sunday services for the residents.<br>The chaplains are very engaged with end of life care and provide help and support to families (and staff) during this time. The chaplains often take the funeral services as well, which can be provided on-site, or at a location requested by the family. Chaplains attend all the funeral services of our residents, they also escort residents to these services as well.<br>Since the Leisure Centre auditorium was built, all special services (funerals, memorial services, Christmas, Easter and Anzac) are held in the Leisure Centre auditorium allowing larger numbers to attend.<br>Family members and residents all praised the support provided by the chaplains and felt they are a |

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| | | | special part of the services. |
| Criterion 1.3.7.1<br>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer. | CI | The service provides a resident-driven activities programme with activities determined by the residents and some activities led by the residents. | Archer has a goal to provide an activities programme that is meaningful to residents. Each year Archer offers the residents an annual holiday. They generally take a small group as they only have two staff members attend (an EN and Diversional therapist). The duration of the holiday is three days two nights, with the preferred destination being Lake Tekapo. When staying at Lake Tekapo, their preferred accommodation is at The Godley Hotel, as their large seating area and wood burner is ideal for their evening get togethers. Archer has a resident support fund (which is generated by fundraising and donations), which enables all residents to have the opportunity to attend these holidays at a subsidised cost. This ensures that money is not a barrier to any resident who wished to attend. Archer staff, while away, get paid for an 8-hour day with all expenses paid. This annual trip brings an element of excitement and anticipation to the residents with a positive impact on their wellbeing. The resident strives to stay well and fit in the lead up to the holiday. Remaining residents look forward to a daily report from the travellers.<br><br>The annual survey identified that Archer didn't have enough activities in the weekend. To address this, a weekend planner was formed, displaying TV shows, sports and documentaries that may interest residents and with opportunities to fully utilise Sky TV. The programme also highlighted village resident and volunteer's involvement at Archer in the weekends. The planner is then displayed on the whiteboards on a Friday afternoon and put into the nurses' diary to remind staff of what is programmed for the weekend. This allows them to remind and direct residents to events.<br><br>After consultation with residents about the new weekend planner, they were thrilled, as the weekends now had some structure (especially those that don't have many visitors).<br><br>Suggestions were given to which charity they would like to donate their profits from their market day. It was decided to donate to the Christchurch City Mission Christmas Appeal. This prompted one of the quality objectives for March 2017 – March 2018, which was to increase weekend events by 50%. This was met by a 300% increase in activities. |

End of the report.