

Thornton Park Retirement Lodge Limited - Thornton Park Retirement Lodge

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 HealthShare 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:	Thornton Park Retirement Lodge Limited	
Premises audited:	Thornton Park Retirement Lodge	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 15 October 2018	End date: 16 October 2018
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	38	

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Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Thornton Park Retirement Lodge is a privately owned and operated facility in Opotiki that provides rest home and hospital level care and respite/short stay to a maximum of 42 residents.

This re-certification audit was conducted against the NZ Health and Disability Services Standards and the provider's contract with the Bay of Plenty District Health Board. (BOPDHB)

There have been no changes within this service since the previous surveillance audit in 2017.

The audit process included a pre-audit review of policy and procedures, review of a sample of residents' and staff files, visual inspection of the premises and interviews with residents, visiting relatives, staff, and a visiting BOPDHB nurse. The owner, a general practitioner (GP) and the BOPDHB portfolio manager for older people services were interviewed by telephone. All interviewees talked positively about their experiences with the service and expressed confidence in the quality and extent of care provided.

This audit identified two areas requiring improvement. These are related to six monthly stocktake checks for controlled drugs (as required by section 43 of the Misuse of Drugs Act) and a deteriorated cupboard in a sluice room.

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 Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is provided to residents and family/whanau on admission. The residents' privacy, independence and personal safety is protected. Care and support is provided in a manner which recognises the residents' culture, values and beliefs. Residents who identify as Maori have their needs met in a manner that respects their cultural values and beliefs. Care is guided by a Maori health care plan and other related policies. There was no evidence of abuse, neglect or discrimination and staff understood and implemented related policies. Professional boundaries are understood by staff and maintained. Service delivery is based on good practice principles.

Communication is open and resident choices are recorded and acted upon. Adequately documented processes are in place for informed consent. Some residents and family/whanau are assisted and encouraged to formulate advanced directives. Advocacy information is available for residents and family/whanau. Links with family/whanau and the community are encouraged and supported by the service provider.

A complaints management process is clearly described in policy. Residents and relatives are advised on entry to the home about the processes for raising concerns or complaints and are given written information about their right to complain and where to access independent support and advocacy for this.

The consumer information management system meets the requirements of this standard and the Health Records Standard. Current and past resident records are legible, only accessible to authorised people, stored safely and archived in a suitable manner.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Standards applicable to this service fully attained.

The service uses a basic quality and risk management system to monitor service performance. This occurs through internal audits, analysing quality data gathered from event reporting such as incidents, complaints and infections and through resident and relative feedback. Where these activities identify that improvements are required, management, the nursing staff or other staff and the owner determine the best course of action to resolve the matter. Any gaps in service delivery are monitored by re auditing to test that improvement has occurred.

All incidents and accidents are reported verbally and in written form. These are reviewed and investigated for cause by the clinical nurse manager. Staff act in an open and frank manner by acknowledging what has occurred and notifying senior staff, families or the GP depending on the nature of the incident as soon as practicable. The owner and the clinical nurse manager understand their responsibilities for notifying the Ministry of Health and the DHB on matters that are required to be notified by legislation.

The service recruits and manages staff using good employment practices. There is a small dedicated workforce who are supported to carry out their roles by in service training and industry education in the provision of safe and appropriate care, food, cleaning and laundry services.

The number of staff on duty for each shift meets safe staffing guidelines and the contract requirements for the level of care provided. A total of five registered nurses (RNs) are employed to oversee clinical care and there is always an RN on duty and another on call.

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The nursing staff is responsible for the development of care plans in consultation with the residents, staff and family/whanau representatives. Care plans and assessments are developed, reviewed and evaluated within the required time frames that safely meet the needs of the residents and contractual requirements.

Planned activities are appropriate to the residents' assessed needs and abilities. Residents and family/whanau expressed satisfaction with the activities programme in place.

Medication management system is in place and medication is administered by staff with current medication competencies. All medications are reviewed by the general practitioner (GP) every three months or when required according to policy.

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.		Some standards applicable to this service partially attained and of low risk.
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Waste and hazardous materials are managed safely. The interior and exterior of the facility is effectively maintained by a full time employed maintenance person who ensures the buildings and chattels are safe. A current building warrant of fitness is on display. Medical and electrical equipment is tested and serviced regularly. Fire suppression systems are in place and checked as functional by an external contractor. Staff are trained in managing emergencies including fire by attending trial fire evacuations.

Residents bedrooms, bathrooms and communal areas used for dining and recreation are spacious and comfortable. Chattels are of a good quality and the furniture provided is suitable for use by older people.

All areas are cleaned daily to a high standard. Laundry services are effective and hygienic.

The home is maintained at a warm and comfortable temperature. All areas have opening doors and windows for ventilation.

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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The organisation has implemented policies and procedures that support the minimisation of restraint. Four residents were using restraints and four using enablers on the days of audit.

Policy is implemented related to assessment, approval and the monitoring process with regular reviews occurring. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

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 management systems are in place to minimise the risk of infection to residents, visitors and service providers. The infection control coordinator is responsible for coordinating education and training of staff. Documentation evidenced that relevant infection control education is provided to staff. Infection data is collated monthly, analysed and reported during staff meetings and quality meetings. The infection control surveillance and associated activities are appropriate for the size and complexity of the service. Surveillance for infection is carried out as specified in the infection control programme.

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	48	0	1	1	0	0
Criteria	0	99	0	1	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The service has policies, procedures and processes that meet their obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Care and management staff interviewed understood the requirements of the Code. Staff were observed demonstrating respectful communication, encouraging independence, providing options and maintaining dignity and privacy. Training is included on the Code of Rights as part of the induction process for all new staff and is ongoing, as sighted in the training records during the audit.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Policies and procedures on consent support the residents' right to make informed decisions. The policy references Rights 5, 6 and 7 of the Code and the process for determining competency and advanced directives. Advance directives are made available to residents and are acted on where valid. The CNM reported that informed consent is discussed and recorded at the time the resident is admitted to the facility. The residents' files sampled had the required consent forms signed where appropriate, by the residents or enduring power of attorney (EPOA). The consent forms signed by EPOAs were for those residents who had been assessed as incapable and the consent was only for matters not related to end of life decisions. Staff acknowledged the residents' right to make choices based on information presented to them. Residents and family/whanau interviewed confirmed that they were provided with day to day

		choices and consent was obtained.
<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>Residents are given a copy of the Code, which also includes information on the Nationwide Advocacy Service during the admission process. Posters related to the Nationwide Advocacy Service are displayed in the facility, and additional brochures available at reception. Family members and residents interviewed were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>Staff are aware of how to access the Advocacy Service and education was provided as evidenced in the education plan and staff records reviewed.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending outings, activities and entertainment. Visitors are welcome, and the facility has unrestricted visiting hours. Family members stated they felt welcome when they visit and comfortable in their dealings with staff.</p> <p>Resident's records reviewed evidenced links in the community with residents attending church services, family events and community gatherings as part of the activities programme. Staff and/or family assist residents to attend these activities and interests as much as possible.</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 complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew what to do if they had concerns.</p> <p>The clinical nurse manager is responsible for complaints management and follow up. Any complaints received are entered in to an electronic complaints register but none have been received since 2016.</p> <p>Staff were able to describe their responsibilities and the actions needed when a resident or visitor raised concerns. There is a philosophy of taking immediate action to address any concerns raised.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p>	FA	<p>Residents and family interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) through the administration support</p>

Consumers are informed of their rights.		person, registered nurse (RN) and clinical nurse manager (CNM) as part of the admission process. The Code is displayed and easily accessible along with information on advocacy services and how to make a complaint.
<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 privacy and dignity policy explain how staff are to ensure the privacy of residents, ensuring the protection of personal property and maintaining the confidentiality of residents' related information. The process for accessing personal health information is detailed and the care planning process identifies and records interventions for respecting residents' individual beliefs and values. Rooms are shared ensuite, which maintains physical, visual, auditory and personal privacy. Residents' personal belongings are maintained in a secure manner.</p> <p>Residents are encouraged to maintain their independence by going on outings with family in the community, shopping trips, community activities and attending activities of their choice. Each care plan included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual culture, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan. There are documented policies and procedures on abuse and neglect including the required reporting process.</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 policies reviewed acknowledge the organisation's responsibilities to Maori is in accordance with the Treaty of Waitangi. The organisation is committed to identifying the needs of residents and ensuring staff are trained and capable of working appropriately with all residents in their care. The residents have access to appropriate services, and barriers to access within the control of the organisation are identified and eliminated.</p> <p>There were residents and staff who identified as Maori at the time of the audit. Interviewed Maori residents expressed that their individual and cultural, values and beliefs are met during provision of care. The care givers (CGs) interviewed demonstrated good understanding of services that are in line with the needs of Maori residents and the importance of whanau. Tikanga principles are understood by staff.</p>
Standard 1.1.6: Recognition And Respect Of The Individual's Culture,	FA	Residents verified that they were consulted on their individual culture, values and beliefs and that staff respect these. Residents' personal preferences, requiring interventions and special needs

<p>Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>were included in all care plans reviewed.</p> <p>Staff interviewed reported they received training in cultural awareness and this was evidenced in the education plan reviewed.</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>Policies sighted evidence processes for providing an environment that is free from discrimination, coercion, harassment, sexual, financial or other exploitation. The staff code of conduct and professional behaviour is included in the employment and orientation process. The staff code of conduct states that any form of discrimination constitutes a serious misconduct.</p> <p>In interviews, with family/whanau, and observation during the audit, indicated that residents are free of any form of coercion or discrimination. The CNM in interview conducted, demonstrated awareness of the importance of maintaining professional boundaries and processes they are required to adhere to.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through evidence-based policies, input from allied health professionals respectively. Staff reported that they were satisfied with the relevance of the education provided and were able to explain how they maintain good practice. The nursing team is available and accessible to care staff for clinical support and advice when required.</p> <p>The GP confirmed the service seeks prompt and appropriate medical intervention when required and are responsive to medical requests.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Staff education has been provided related to appropriate communication methods. The service has required access to interpreting services for the residents. Policies and procedures are in place if the interpreter services are needed to be accessed. Documentation regarding open disclosure following incidents/accidents was evident. Family/whanau reported that they are informed of any events or concerns. There was evidence of resident/family input into the care planning process.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned,</p>	FA	<p>Thornton Park Retirement Lodge has always been privately owned and operated. Interview with the owner revealed there are plans to build an additional wing with 22 dual beds in 2019.</p> <p>Currently the maximum occupancy is for 42 residents. On the days of audit there were 39 beds</p>

coordinated, and appropriate to the needs of consumers.		<p>occupied. This number included one resident who was in public hospital. Twenty residents were assessed as requiring hospital level care and 15 were receiving rest home level care, under the age residential care contract (ARCC) with the DHB. Four residents were under the age of 65 years with long term chronic health conditions. Two of these people were included in interviews and the sample of files audited. All residents had signed admission agreements.</p> <p>The clinical nurse manager (CNM) has a nursing degree and years of work experience in the aged care sector. This person attends industry specific training and sector network meetings to maintain the skills and knowledge required in the ARCC. Five other registered nurses are employed to provide 24 hour a day seven days a week clinical care. The CNM and one other senior RN are certified to complete InterRAI assessments are maintaining their annual competency with this.</p> <p>The annual business plan includes service goals which are being monitored for progress by the CNM and owner/operator. The business plan includes a mission statement, values and service scope and identifies the organisations strengths, weaknesses, opportunities and threats. The owner/operator is fully informed about residents, occupancy, staffing, adverse events or any other aspects of service provision.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The clinical nurse manager's role is substituted by one of the senior registered nurses who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Other management roles are designated to senior coordinators. Interviewees stated these arrangements work well and there have been no issues.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The reviewed quality and risk management plan is aligned to the annual business plan and clearly describes the systems for service monitoring, review and quality improvement. Service goals for 2018-2019 are documented in the business plan and are monitored for progress.</p> <p>There is evidence that policies and procedures are being updated by the CNM as required and that all documents are controlled.</p> <p>Deficits that are identified by feedback, internal audits, or incidents that require remedial action to prevent recurrence, are monitored for effective implementation by senior management team and RNs. Documented evidence of corrective actions was seen on incident/accident reports, in the internal audit reports and in the hazards and risk register. These are discussed at a range of</p>

		<p>monthly staff meetings.</p> <p>The CNM and nominated health and safety coordinator demonstrate knowledge about the requirements of the Health and Safety at Work Act 2015 and clearly understood their roles. Staff are informed when changes in practice or service policies have occurred.</p> <p>Minutes of residents' meetings confirmed that residents are consulted about service delivery and are kept informed. Resident and relative satisfaction is formally surveyed annually and the results of these showed high satisfaction. The residents interviewed stated they are kept informed and are consulted about services in ways that they understand.</p> <p>The organisation's annual quality plan, business plan and associated emergency plans describe actual and potential risk to the business, service delivery, staff and/or visitor's health and safety. Environmental risks are communicated to visitors, staff and residents as required through notices, or verbally, depending on the nature of the risk. There is a current hazard register and all risks and health and safety are discussed at staff meetings as confirmed by review of meeting minutes and interview with staff and management. There is always at least one staff member with a current first aid certificate on duty.</p>
<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 has clearly documented and known processes for reporting, recording, investigating and reviewing adverse events.</p> <p>A sample of incident/accident records and monthly summary sheets confirmed a coordinated approach to reviewing events. The CNM compiles a monthly summary sheet and collates the results into graphs to compare the data month by month. All data is shared with staff at their meetings and the graphs are displayed. Any negative trends result in mitigating strategies being implemented in a timely manner.</p> <p>Interviews with staff, the CNM and the event forms, confirmed that all incidents are reported, recorded and reviewed as soon as possible. Each event is investigated for cause and corrective/ remedial actions are implemented where necessary. The event forms reliably record that people who need to be notified about the event have been contacted.</p> <p>There have been no serious events requiring notification under section 31.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management</p>	FA	<p>Staff are recruited and managed in accordance with good employer practices. The organisation understands and complies with current employment legislation. The skills and knowledge required for each role is documented in position descriptions and employment agreements. All</p>

processes are conducted in accordance with good employment practice and meet the requirements of legislation.		<p>staff interviewed confirmed they understood their roles, delegated authority and responsibilities. Each of the staff records sampled contained curriculum vitae (CVs), educational achievements, and evidence of referee and police checks, and current practising certificate for the registered nurses. New staff are oriented to organisational systems, quality and risk, the Code of Health and Disability Services Consumers' Rights (the Code), health and safety, resident care, privacy and confidentiality, restraint minimisation, infection prevention and control and emergency situations.</p> <p>There was evidence in the staff records sampled that performance appraisals are conducted annually. Staff maintain knowledge and skills in emergency management, and competencies in medicine administration (for the staff who administer medicines).</p> <p>In service education is provided monthly on a range of subject areas including infection control, resident rights, manual handling, health and safety. The service provider supports all staff to engage in ongoing training and education related to care of older people or the tasks they are employed for. Cooks, cleaners, laundry and all long-term care staff have completed qualifications in care of older people.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The reviewed staffing policies adequately describe process for determining staff levels/skill mix and a staff to resident ratio protocol.</p> <p>Review of previous months, current and future planned rosters confirmed an appropriate number and skill mix of staff on site for the needs of resident population. There is at least one registered nurse on duty 24 hours a day seven days a week and another rostered on call. The CNM and a number of the RNs live on site and are readily available.</p> <p>The residents interviewed said they were satisfied with the availability of staff. Family members said they had no concerns about staffing. All the staff interviewed expressed job satisfaction and said there were enough staff with suitable skills and experience on all shifts. Interviews and personnel records reviewed showed a high staff retention rate. The home is not currently using bureau staff and most staff are willing to do extra shifts to cover for absences or when workload or resident acuity increases.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible</p>	FA	<p>The resident's name, date of birth and National Health Index (NHI) number are used as the unique identifier on all residents' information and this was completed in the residents' records sampled. Clinical notes were current and integrated with general practitioners and allied health service providers notes. Records were legible with the name and designation of the person making the entry identifiable.</p>

when required.		Archived records are held securely on site and are readily retrievable. Residents` records are held for the required period before being disposed of appropriately. No personal or private resident information was on public display during the audit.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	The policy has all the required aspects of management of enquiries and entry. Assessment and entry screening processes are documented and clearly communicated to family/whanau of choice where appropriate, local communities and referral agencies. The entry to service process was conducted within the required time frames and was signed on entry. Residents and family/whanau interviewed confirmed that they received sufficient information regarding the services to be provided.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	There is a documented process for the management of transfers and discharges. A standard transfer form notification from the DHB is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families are involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Moderate	The medication management system is implemented to ensure that residents receive medicines in a secure and timely manner. Medications are kept in a locked medication cupboard, drug trolley or refrigerator and in a locked room, free from heat, moisture and light. Medication reconciliation is conducted by the RNs when the residents are transferred back to service. All medications are reviewed every three months and as required by the GP. Allergies are clearly indicated, and photos are on medication charts for easy identification. There were no expired medications that needed to be returned to the pharmacy. An annual medication competency is completed for all staff administering medications and medication training records were sighted. The RN was observed administering medication correctly in both wings. There were no residents self-administering medication at the time of the audit and there is a policy and procedure for self-administration of medication if required. An improvement is required in ensuring six monthly controlled drugs checks (CD) are being conducted.
Standard 1.3.13: Nutrition, Safe Food,	FA	Food, fluid and snacks are available 24 hours a day and all residents interviewed commented on

<p>And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>the quality and variety of meals. An experienced and qualified cook is employed to oversee food services and be on site Monday to Friday. Kitchen assistants are rostered for breakfasts and dinner and the weekends.</p> <p>The five weekly, seasonal menu was reviewed by a registered dietitian in March 2018. Minor recommendations have been implemented. Residents requiring special or modified diets are catered for. On the days of audit there were three residents requiring diabetic diets, 12 needing soft meals and another special diet is being provided. Residents were observed to be provided with alternative meals if requested. Those interviewed expressed satisfaction with the food on offer to them.</p> <p>The Lodge had their food control plan certified with the Opotiki District Council on 29 November 2017.</p> <p>Food is stored safely with use by dates visible on each item. Fridge/freezer and hot meal temperatures are recorded daily.</p> <p>There have been no reported concerns about food services. On the days of audit, staff were observed to be offering residents hot and cold drinks in their bedrooms and the communal areas. Each resident is weighed monthly and any weight loss is investigated. Supplements are provided to residents whose weight is causing concern.</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>CNM reported that all consumers who are declined entry, the residents and family/whanau are informed of the reason for this and made aware of other options or alternative services available. The consumer is referred back to the referral agency to ensure that the consumer will be admitted to the appropriate service provider.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The initial assessments such as continence, pain, falls risk, nutrition and skin assessment are completed within the required time frames on admission. Care plans and interRAI assessments are detailed and are completed in consultation with the residents, family/whanau and other health team members as appropriate. In interviews conducted, residents and family/whanau expressed satisfaction with the assessment process in place.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans sampled were resident focussed, integrated and provide continuity of service delivery. Short term and wound care plans are developed as required. Care plans included the required intervention that addresses the outcomes identified by the ongoing assessment process. Goals are specific and measurable, and interventions are detailed to address the desired goals/outcomes identified during the assessment process. The residents and family/whanau interviewed confirmed care delivery and support is consistent with their expectations and plan of care.</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>	FA	<p>The documented interventions in short term care plans and long-term care plans are adequate to address the assessed needs and desired goals/outcomes. Significant changes are reported in a timely manner and prescribed orders carried out satisfactorily as confirmed by the GP in the interview conducted. Progress notes are completed daily. Monthly observations are completed and are up to date. Adequate clinical supplies were observed, and the staff confirmed they have access to the supplies and products they needed.</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>	FA	<p>Thornton park retirement lodge has planned activities that are meaningful to the residents' needs, age, culture and abilities. The activities coordinator reported that they establish the residents' responses and interests during activities and modify activities accordingly. Residents' files have a documented activity plan that reflects their preferred activities of choice and are evaluated six monthly.</p> <p>The activities coordinator develops a monthly activity planner which is posted on the respective notice boards. Activities are provided for all residents in rest home, hospital and under 65 years of age. Individualised and group activities are conducted for residents depending on need and interest. These include van outings; group discussions; music groups; visits by school children; ball games and walks to name but a few. Residents' daily activity record is completed, and one on one sessions conducted to capture those reported absent. Over the course of the audit residents were observed engaging in a variety of activities and there were community singing groups and school children who visited for entertainment. The residents and family/whanau reported general satisfaction with the level and variety of activities provided.</p> <p>Thornton park retirement lodge gazette is published every two months and copies are given to residents and posted to family/whanau representatives to update on residents' activities and the service's current and upcoming programmes.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Residents' long-term care plans, interRAI assessments and activity plans are evaluated at least every six months and updated when there are any changes. Residents, family/whanau and staff are consulted in the review process. The evaluations record how the resident is progressing towards meeting their goals and responses to interventions. Changes are made to the interventions if expected outcome is not achieved. Short term care plans are developed when needed and signed and closed out when the short-term problem has resolved.</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>	FA	<p>There is a documented process for the management of all referrals. Residents are given the choice and advised of their options to access other health and disability services where indicated or requested. The service utilises a standard referral form when referring residents to other service providers. The GP confirmed that processes are in place to ensure that all referrals are followed up accordingly. Family/whanau are kept informed of the referrals made by the service. All referrals are facilitated by the GP and nursing team.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Policies and procedures related to waste are documented and comply with legislation and local authority by laws. Staff interviews, observations and visual inspection of all areas revealed that all hazardous substances on site are stored correctly and securely. Household and biological waste is disposed of appropriately. A sharps collection box is stored securely and incontinence products are placed in an outside receptacle for weekly collection and disposal. There is minimal food waste and the management of this and/or other organic waste complies with environmental guidelines. A designated bin for infected waste is stored outside and staff understood when to use it. Staff were observed to be using aprons and gloves when engaging in food handling, personal cares, cleaning or laundry tasks.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>A current building warrant of fitness is on display which expires 26 June 2019. An electrical inspection of plug in appliances is carried out annually. Medical equipment such as the blood pressure monitor, oxygen concentrator, temperature scan, seated scales and hoists are checked annually. Records of these occurring were sighted.</p> <p>The interior and exterior of the buildings are in good condition. There is a finding in 1.4.2.2 related to broken surfaces of a sluice room cupboard. Visual inspection of all areas revealed no obvious hazards on site and no incidents have occurred related to the environment. The grounds are</p>

		pleasant and safe with no steep inclines. Suitable seating and shade is provided.
<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>All bedrooms are fitted with hand basins. Most of the bedrooms have a shared (by two) ensuite bathroom with shower and toilet. The residents interviewed were happy with the provision of ablutions.</p> <p>Hot water temperatures are tested monthly by maintenance staff. Records show steady safe temperatures delivered at the taps accessed by residents.</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 and can easily accommodate the use of mobility equipment along with two staff and a resident at the same time.</p> <p>The rooms inspected were personalised with furniture provided by the service, such as electric beds, bedside cabinets and wardrobes, and armchairs. These were individually decorated with resident's personal effects, televisions and radios. All residents expressed satisfaction with their bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The lodge is spacious with two large lounges. One of these is open plan with the main dining room. Day time activities for residents who wish to participate are on offer in the main lounge. The majority of residents also had televisions and radios in their room for individual relaxation or private time. There is a communal dining room and some residents choose to take their meals to their bedrooms. The furniture provided is in good condition and suitable for older people. The home has plenty of external sitting areas and gardens which residents enjoy sitting in. Visitors were observed meeting with residents in communal area and in their bedrooms.</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>	FA	<p>Cleaning and laundry is provided by nominated staff who are allocated specific hours and tasks each day. The effectiveness of cleaning and laundry is audited annually and resident feedback is encouraged. All areas of the home were assessed as clean and the relatives interviewed stated the home and their family's bedrooms were always clean and tidy.</p> <p>Staff confirmed they have been provided training in the safe handling of cleaning chemicals. The chemicals were being stored safely and securely with the cleaning trolleys and equipment kept</p>

		<p>locked in a designated cupboard. Chemicals are decanted into labelled containers from bulk dispensers. Material safety data sheets for each chemical is on site and located where the chemicals are stored. Laundry processes were observed to be effective, safe and hygienic. A dedicated laundry staff member attends to all the laundry needs such as personal clothes, bed linen and towel's but not the kitchen laundry. This staff member said sufficient hours were allocated. The residents and family members interviewed stated they were satisfied and grateful for the cleaning and laundry services provided.</p> <p>The facility does not have a separate sluice room but each wing has a cupboard space for mop rinsing. Residents who need ready access to toileting in the night are allocated bedrooms with ensuite toilets.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There is an approved fire evacuation scheme for the building dated August 2003 and trial fire evacuations are occurring every six months with the local fire service and the fire safety contractors in attendance. The most recent fire drill occurred in August 2018. The outcomes of trial evacuations are recorded and show how long it took to clear the building and any issues that arose. A hard-wired fire suppression system (sprinklers and smoke detectors) are installed and exit signs are clearly displayed.</p> <p>Civil defence kits containing essential emergency supplies are held on site and the contents are checked regularly. There is sufficient water and food stored on site for the needs of 42 residents for three to five days. The kitchen has electricity and gas and there are barbeques available for cooking in the event of power outage. A large wattage generator is available to power the emergency lighting system and other essential equipment reliant on power such as oxygen concentrators. The generator has been used three times so far this year and ran for more than nine hours at the most recent power outage event. These events have been well managed and prove the facilities ability to continue essential services without electricity. Portable torches and batteries are also stored in the civil defence kits.</p> <p>The call bell system is old but functional. A new system will be installed when the new build occurs. Staff were observed to respond to the bell immediately. Residents and family members stated staff were always attentive and responsive.</p> <p>Interviews with staff confirmed that security checks of all doors and windows occurs each day at dusk. There have been no security incidents since the previous audit.</p>
Standard 1.4.8: Natural Light,	FA	All areas of the home have sufficient natural light. Each bedroom has large opening windows and

<p>Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		<p>the communal areas have ready access to outside. The bedrooms are individually heated by overhead heaters and hallways and communal areas are heated by electrical central heating. There are surplus quilts and blankets for additional warmth in the event of an electrical power outage. The residents interviewed confirmed the temperature in the home is comfortable all year round. There have been no complaints or issues raised about temperatures in the resident's meetings or in the building maintenance logs.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service provides an environment that minimises the risk of infection to residents, staff and visitors by implementing an appropriate infection prevention and control programme. The CNM has access to external specialist advice from the GP and DHB infection control specialists when required. There is a documented role description for the ICC in place.</p> <p>The infection control programme is approved and reviewed annually. Infection rates are discussed at staff and quality meetings every month. Staff are made aware of new infections through daily handovers on each shift. The infection control programme is appropriate for the size and scope of the service.</p> <p>There are processes in place to isolate residents with infectious conditions when required. Hand sanitisers and gels are available for staff and visitors to use. There have been no outbreaks documented since the last audit and infection control guidelines are adhered to. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The ICC is responsible for implementing the infection control programme and indicated there are adequate human, physical, and information resources to implement the programme. Collation, analysis and reporting of infection are discussed and explained at the management and staff meetings. The ICC has access to all relevant resident data to undertake surveillance, internal audits and investigations respectively.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are</p>	FA	<p>The service has documented policies and procedures in place that reflect current good practice. Policies have been reviewed. Staff were observed to be compliant with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p>

implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of 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>Staff education on infection prevention and control is conducted by the CNM, specialist consultants and caregiver who is responsible for hand hygiene training. A record of attendance is maintained and was sighted. The training content meets best practice and guidelines. The ICC attends infection control trainings conducted by the local district health board (DHB) to keep their knowledge current. External contact resources included: GP, laboratories and local DHB. There is an understanding of outbreak management where visitors are warned of any outbreak and advised to stay away until contained. Staff interviewed confirmed an understanding of how to implement infection prevention and control activities into their everyday practice.</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>Surveillance of infections is carried out according to the infection control programme. The ICC reviews all reported infections, and these are documented. New infections and any required management plans are discussed at handover, to ensure early intervention occurs. All infections are recorded, this information is collated and reviewed and analysed by the ICC who will advise staff and management of the outcome.</p> <p>Analysis includes identifying trends and comparisons against the previous months. GP is notified if there is any resistance to antimicrobial agents and evidence of GP involvement and laboratory reporting was sighted. Surveillance programme is reviewed during the infection control programme review.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator who is an RN, provides support and oversight for enabler and restraint management in the facility and demonstrated understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>On the day of audit, four residents were using restraints, the majority of these being bed rails and one has a chair harness/bib to enable sitting upright. Four residents were voluntarily using bed rails and lap belts as enablers.</p> <p>Review of a sample of these residents' files confirmed that a comprehensive assessment was undertaken to identify any risks associated with the use of these devices before applying an</p>

		enabler or restraint as well as consent from the resident or an authorised family member. The files also showed that alternatives to restraint had been explored.
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>The restraint co-ordinator, together with the CNM and other registered nurses, and the resident and/or family whanau, are involved in the restraint approval process. The GP is not necessarily involved in the initial assessment or approval process. It was evident from review of restraint approval forms, residents' files and interviews with the restraint coordinator that there are clear lines of accountability, that only approved restraints/enablers are in use, and that the overall use of restraints is being monitored.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>Each of the files sampled for residents using a restraint or an enabler contained evidence that a comprehensive assessment had been undertaken prior to implementing an intervention.</p> <p>Assessments for the use of restraint were documented and included the requirements of this Standard. The initial assessment is undertaken by the restraint coordinator or senior RN, together with the resident and/or their family/whānau or authorised person. The assessment process identifies the underlying cause, and documents the falls risk score, alternatives tried and unique considerations for that resident. The desired outcome is documented (for example, to promote independence or maintain residents' safety and security. Details about the risks associated with each restraint intervention, cultural considerations, maintaining privacy and dignity and promoting independence and safety are included in the resident's care plan. A family member confirmed their involvement in the restraint assessment process.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The restraint coordinator, CNM and other RN's review all restraint and enablers in use and strategies use to actively minimise the use of restraint, at their monthly meetings. The overall use of restraint is low in comparison to the number of hospital level care residents (for example, four of 20 residents).</p> <p>The restraint coordinator interviewed described how alternatives to restraints are discussed with</p>

		<p>staff and family members. Time is spent explaining how the resident can be safely supported and trialling suitable alternatives, such as the use of sensor mats, before use of a restraint is implemented. When restraints are in use, frequent monitoring (for example, two hourly checks for bed rails and 30 minute checks for the safety vest/bib) of the resident, occurs to maintain safety.</p> <p>An electronic restraint register is updated whenever changes occur and this is reviewed at the monthly nurses meetings. The register sighted, accurately listed the residents currently using restraints and enablers, the type of interventions in place and when these were due for review.</p> <p>Training in restraint minimisation and safe use of restraints is a compulsory education requirement for all care delivery staff.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>Review of residents' files confirmed the individual use of restraints is reviewed and evaluated during care plan and interRAI reviews, and six monthly restraint evaluations by the restraint coordinator, CNM and other RNs. Records confirmed family involvement in the evaluation process.</p> <p>The evaluation includes all requirements of the Standard, including future options to eliminate use, and the impact and outcomes achieved.</p> <p>Annual restraint audits monitor adherence to policy and procedure.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>Interview with the CNM and restraint coordinator and review of meeting minutes confirmed that overall restraint monitoring and quality review occurs via monthly nurses meetings and via annual internal audits. There have been no adverse events related to restraint or enabler use. Staff education in safe restraint use is ongoing and included as part of the annual training programme.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Moderate	Weekly CD stock takes are conducted, however six-monthly stock takes are not being conducted to comply with legislation, protocols, and guidelines.	Not all medication requirements have been maintained. For example; six-monthly CD stock takes.	<p>Conduct the required CD stock takes every six months.</p> <p>90 days</p>
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	PA Low	The cabinetry surrounding the sink in the rest home sluice room is very deteriorated and has multiple broken surfaces	A sink cupboard in the rest home sluice room is much deteriorated and poses an infection control risk.	<p>Ensure that surfaces are seamless, and easy to clean especially in rooms where body fluids and cleaning apparatus are disposed of and stored. .</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.