

# Chetty's Investment Limited - Glenbrook Rest Home

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## 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:

<b>Legal entity:</b>	Chetty's Investment Limited
<b>Premises audited:</b>	Glenbrook Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 17 December 2018    End date: 17 December 2018
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	19

# Executive summary of the audit

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## 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

Glenbrook Rest Home provides rest home level care for up to 23 residents. On the day of the audit, there were 19 residents living at the facility.

This certification audit was conducted against the Health and Disability Service Standards and the service contract with the District Health Board. The audit process included the review of documentation including policies, procedures and residents and staff files, observations and interviews with residents, family, management, staff and one medical officer. The registered nurse provides clinical oversight and input with the owner/manager providing strategic and operational management.

This certification audit identified that improvements are required in relation to the following: investigation of adverse events; admission agreements; and administering liquid medication only from bottle prescribed to that resident.

## 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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Information about the service is readily available to residents and families/whānau. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is presented to residents and their families during the resident's entry to the service. Policies are implemented to support rights such as: privacy; dignity; abuse and neglect; culture; values and beliefs; complaints; advocacy; and informed consent.

Māori values and beliefs are understood and respected for those residents who identify as Māori. Care planning accommodates individual choices of residents and/or their family/whānau. Informed consent processes are adhered to. Residents are encouraged to maintain links with their community.

Complaints processes are managed appropriately.

## 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.		Some standards applicable to this service partially attained and of low risk.
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Services are planned, coordinated and are appropriate to the needs of the residents. Quality and risk management processes are established. Quality goals are documented and regularly reviewed by the owner/manager. The risk management programme being implemented includes a risk management plan, incident and accident reporting and health and safety processes. Adverse, unplanned and untoward events are documented by staff.

Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place. The manager/owner is supported by a nurse manager/registered nurse (RN). This individual is on call when not available on site.

There are adequate numbers of staff on duty. The residents' files are appropriate to the service type.

## Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package and associated policies in place. The registered nurses are responsible for each stage of service provision. A nurse/manager assesses and develops the care plan documenting supports, needs, outcomes and goals with the resident and/or family/whānau input. Care plans reviewed in resident records demonstrated service integration and were reviewed at least six-monthly. Resident files included the general practitioner, specialist and allied health notes.

Medications are administered using an electronic management system. The nurse/manager and staff complete an annual competency assessment and receive annual education. There is evidence of the three-monthly medication reviews being completed by the general practitioner.

All meals and baking are done on-site. Residents' food preferences, dietary and cultural requirements are identified at admission and in an ongoing manner and accommodated. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

One activity coordinator oversees the activity programme for the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building holds a current warrant of fitness. Resident rooms provide single accommodation and there are adequate shower and toilet facilities. Resident rooms are personalised. There are lounges and dining areas. Outdoor areas are available, and seating and shading is provided. There is a large courtyard. An appropriate call bell system is available.

There are documented processes for the management of waste and hazardous substances in place. Incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Protective equipment and clothing is provided and used by staff. The cleaning and laundry system includes appropriate monitoring systems to evaluate the effectiveness of the service.

Systems and supplies are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid certificate.

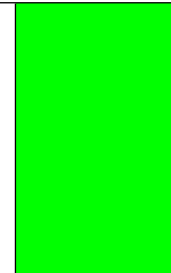
## Restraint minimisation and safe practice

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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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Staff receive regular education and training on restraint minimisation. No restraint or enabler was in use.

## 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 service has infection control management systems in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is reviewed annually and meets the needs of the service. The infection control coordinator has attended external education. 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)
<b>Standards</b>	0	42	0	2	1	0	0
<b>Criteria</b>	0	90	0	2	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0



# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. Policy relating to the Code is implemented. The owner/manager, nurse manager, two caregivers, one cleaner, one activities coordinator and one chef could describe the Code and how it pertains to their job role and responsibilities. Staff receive training about the Code during their orientation to the service, which continues through the staff education and training programme.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Policies and training are in place to guide and support staff, including in relation to the gathering of informed consent. Interviews with care staff identified that consents are sought in the delivery of personal cares.</p> <p>Five resident files were reviewed. All files had completed informed consents in place with these signed by the family. All five had a resuscitation directive completed by the resident who was deemed competent by the general practitioner (general practitioner).</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Health and Disability Commissioner (HDC) advocacy details are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services if required. Staff receive regular education and training on the role of advocacy services, which begins during their orientation to the service.</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>	<p>FA</p>	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The service encourages residents to maintain their relationships with friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, which was evidenced through interviews and observations.</p> <p>Community links are being implemented with examples provided (Cosmopolitan Club, RSA, shopping visits and attendance at the local churches). Church services are provided on-site, once per month.</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>	<p>FA</p>	<p>The complaints process is provided to residents and families during the resident's entry to the service. Access to complaints forms are available in a visible location. A complaints register is in place. No formal complaints have been lodged since the last audit. An open-door policy is in place.</p> <p>Discussions with residents and families confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information that is provided to new residents and their families. Posters describing the Code are in English and Māori.</p> <p>The nurse manager discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the six-monthly residents' meetings. All five residents and three families interviewed reported that the residents' rights were being upheld by the service.</p>

<p><b>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</b></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 residents' personal belongings are used to decorate their rooms. The caregivers interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. They reported that they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit confirmed that the residents' privacy is respected. Shared toilets include appropriate door locking mechanisms.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect, which begins during their orientation to the service.</p>
<p><b>Standard 1.1.4: Recognition Of Māori Values And Beliefs</b></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>A Māori health policy is documented for the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents. There were no residents living at the facility who identified as Māori.</p> <p>Education on cultural awareness begins during the new employee's orientation to the service and continues as a regular education topic.</p>
<p><b>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</b></p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs and desires from the time of admission. This is achieved in collaboration with the resident, whānau/family and/or their representative. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline. Beliefs and values are discussed and incorporated into the residents' care plans.</p> <p>Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p>
<p><b>Standard 1.1.7: Discrimination</b></p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Professional boundaries are discussed with each new employee during their orientation to the service. Professional boundaries are described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training, staff meetings and performance management if there is infringement</p>

		with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>The nurse manager is available on call if not available on-site. Residents are reviewed by a general practitioner (GP) every three months at a minimum.</p> <p>Residents and family/whānau interviewed reported that they are very satisfied with the services received. A resident/family satisfaction completed in December 2018 confirmed that residents are very satisfied with the services that they receive. No opportunities for improvements were identified in the satisfaction survey.</p> <p>The service receives support from the district health board (DHB). A podiatrist visits the facility every eight weeks and a physiotherapist is available on an as-needed basis.</p> <p>The homely environment allows for close relationships between the staff and residents. Activities staff are rostered five days a week. Caregivers assist with activities in the absence of activities staff.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed at all times. The care staff interviewed understood about open disclosure and providing appropriate information when required.</p> <p>Families interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Fifteen accident/incident forms reviewed reflected documented evidence of families being informed following an adverse event.</p> <p>An interpreter service is available and accessible if required through the district health board. Families and staff are utilised in the first instance. There were no residents at the facility who were unable to speak or understand English.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Glenbrook Rest Home provides rest home level care for up to 23 residents. On the day of the audit, there were 19 residents at the facility. All residents were on the ARC contract. A philosophy, mission, vision and values are in place. The strategic plan (2018) is regularly reviewed by the owner of the rest home. Goals are signed off when implemented.</p> <p>The owner/manager has been managing this facility for one year and also manages a rest home in Otahuhu, Auckland. The owner/manager reported that they are on-site at Glenbrook</p>

		<p>Rest Home seven days a week. The owner/manager is supported by a nurse manager who is a registered nurse (RN). The nurse manager has been in the role since March 2018 and has over ten years of aged care experience.</p> <p>The owner/manager has maintained a minimum of eight hours of professional development relating to the management of an aged care facility.</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>A second RN is available to provide RN cover when the nurse manager is not available. This individual will be providing holiday cover for two weeks in the nurse manager's absence (over the Christmas holiday). The registered nurse has previously worked at this facility and knows many of the residents. The RN is scheduled to orientate with the nurse manager for two days prior to the nurse manager's departure.</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>A quality and risk management system is understood by the managers and staff and is being implemented as confirmed during interviews with the owner/manager and staff.</p> <p>Policies and procedures align with current good practice. These policies have been developed by an external consultant. They are reviewed regularly as per the document review schedule. New policies and policy amendments are discussed with staff.</p> <p>Quality management systems are linked to the internal audit programme, incident and accident reporting (link 1.2.4.3), infection control data collection, resident/family satisfaction surveys and complaints received (if any). Data is collated, analysed and shared with staff. Where improvements are identified, corrective actions are documented. Quality data, outcomes and corrective actions are discussed with staff in the monthly staff meetings.</p> <p>A risk management plan is in place. Health and safety policies have been updated to reflect current legislative requirements. Staff health and safety training begins during their orientation to the service. Health and safety is a regular agenda item covered in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise the risk. Newly identified hazards are documented on a hazard identification form. Contractors are orientated to the facility's health and safety programme.</p> <p>Falls management strategies include the development of specific falls management plans to meet the needs of each resident who is at risk of falling. This includes (but is not limited to)</p>

		decluttering residents' rooms and intentional rounding.
<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>	PA Low	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident. Incident/accident data is linked to the service's quality and risk management programme.</p> <p>Fifteen accident/incident forms were reviewed. Each event involving a clinical adverse event reflected a clinical assessment and follow up by the nurse manager/RN up to August 2018. A revised accident/incident form (implemented in September 2018) failed to reflect documented evidence of an RN investigation.</p> <p>Neurological observations are conducted by the caregivers for unwitnessed falls. The caregivers reported that they contact the nurse manager and are given directions by the nurse manager.</p> <p>The owner/manager is aware of statutory responsibilities in regards to essential notifications. One section 31 report has been completed since the previous audit around controlled drugs.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources policies are in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (four caregivers and one RN) included evidence of the recruitment process (eg, reference checking, signed employment contracts, signed job descriptions, and completed orientation programmes). The orientation programme provides new staff with relevant information for safe work practice. Staff interviewed stated that they believed new staff were adequately orientated to the service. Staff are given annual performance appraisals.</p> <p>An education and training programme is provided for staff that exceeds eight hours per year. The majority of in-services are conducted by an external consultant. Competencies completed include (but are not limited to): death and dying; infection control; behaviour management; medication; first aid; abuse/neglect; fire evacuation; and personal care/hygiene. Medication competencies are repeated annually. The nurse manager has completed interRAI training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate,</p>	FA	<p>Staffing aligns with contractual requirements. The owner/manager reports that they are on-site seven days a week and enjoys coming to the facility over the weekends to speak with families and residents. The nurse manager is on-site five days week (minimum of 36 hours per week). A second RN has recently been employed and will be covering in the nurse manager's</p>

<p>and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>absence over the holidays.</p> <p>There are adequate numbers of caregivers available. Two (long-shift) caregivers are rostered on the AM shift, and two caregivers (one long shift and one short shift) are rostered on the PM shift. One caregiver is rostered during the night shift. Caregivers are responsible for laundry. Separate cleaning staff are available seven days a week (0900 – 1330).</p> <p>Two staff are rostered for activities. The activities coordinator works Monday – Wednesday. The activities coordinator is assisted by an activities staff on Thursday and Friday (who works as a caregiver the during the remaining days of the week).</p> <p>Staffing is flexible to meet the acuity and needs of the residents. Interviews with residents and families confirmed staffing overall was adequate to meet their needs.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Archived records are secure in a separate locked area.</p> <p>Residents' files demonstrate service integration. Entries are legible, dated, timed and signed by the relevant caregiver or RN, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>PA Low</p>	<p>Residents' entry into the service is facilitated in a timely and respectful manner. Pre-admission information packs include information on the services provided for resident and families. Not all residents had a copy of the updated admission agreement. Exclusions from the service are included in the admission agreement. Residents and the family member interviewed stated that they had received the information pack and had received sufficient information prior to and on entry to the service.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>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.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All medications are stored appropriately. The service uses an electronic management system for medication. Ten medication charts were reviewed. All medication charts sampled were legible, up to date and reviewed at least three-monthly by the GP. All 'as required' medication charted included an indication for use. All medication signing sheets were signed following administration.</p> <p>The nurse manager, RN and caregivers who administer medications had been assessed for competency and attended education on an annual basis. A caregiver was observed to be safely administering medications on the day of audit. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. There are no standing orders in use.</p> <p>There are currently two rest home resident who self-administer medication and one resident interviewed confirmed that they inform the nurse manager when taken. Staff interviewed confirm that the both residents inform staff when they have taken their medication. Each resident has a competency completed.</p> <p>Currently one bottle of liquid medication is used for any resident prescribed this.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The service employs a cook and a chef who work four days on and four off. They prepare the evening meal and the caregivers heat and serve this. Both have current food safety certificates. There is a small but well-equipped kitchen and all meals are cooked on-site. Meals are served from the kitchen, which opens into the dining room. Residents eating in their rooms have meals delivered on trays with the food covered and kept warm. On the day of audit, meals were observed to be hot and well presented.</p> <p>There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Kitchen refrigerator, food and freezer temperatures were monitored and recorded daily. These had been out of range of normal, however, all fridges and freezers have been checked and since December 2018, all temperatures are in normal range.</p> <p>The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets were noted on the kitchen noticeboard, which can be viewed only by kitchen staff. An external dietitian has approved the menus in 2014. The service has been verified against the Food Control Plan as per current legislation. Residents and families interviewed were very</p>



		happy with the meals provided.
<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	Declining entry to services is included in policies and procedures. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined. The registered nurse states that there have not been any residents declined entry since the last audit.
<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>Personal needs, outcomes and goals of residents are identified. The interRAI process is fully implemented. Resident files sampled demonstrated that a range of assessment tools were completed as well as interRAI, when residents are first admitted. These assessments are used along with the initial assessment to develop a more in-depth initial care plan prior to the long-term care plan (LTCP).</p> <p>Resident files are reviewed at least six-monthly. Nutrition and pain are assessed on admission and as needed. Assessments are conducted in an appropriate and private manner. The assessment process and the outcomes are communicated to staff at shift handovers as confirmed through observation of a handover. Residents and family interviewed, stated they are kept informed and involved in the assessment and care planning process.</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 are individually developed with the resident and family involvement is included where appropriate. The registered nurse is responsible for all aspects of care planning. Care plans included specific interventions for all identified care needs. Interventions match those identified in the evaluation and the interRAI assessment (however, link 1.2.4.3).</p> <p>Family/whānau members interviewed confirmed the care delivery and support by staff is consistent with their expectations. Assessments and care plans included input from allied health including the GPs and podiatry. Physiotherapy is available if needed through the medical centre.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p>	FA	The caregivers follow the care plan and report progress against the plan at least daily or more frequently if needed. If external nursing or allied health advice is required, the nurse manager

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>or RN will initiate a referral. If external medical advice is required, this will be actioned by the GP. Staff have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available and resident files include a continence assessment and plan.</p> <p>Six wounds were reviewed (one chronic ulcer, two skin lesions, four wounds following surgical removal). One resident has two wounds, and both have a separate assessment, plan and monitoring form completed. Wounds all had a wound assessment completed, monitoring and wound management plans in place. All wounds have been reviewed in appropriate timeframes and photos taken on a regular basis. The nurse manager and RN have access to specialist nursing wound care management advice and this could be described at interview. Key interventions for one resident include a gel pad under the heel for a reddened area. A pressure injury stage II identified at the last audit has healed.</p> <p>Interviews with the nurse manager, RN and caregivers demonstrated an understanding of the individualised needs of residents. Monitoring charts are completed as required.</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>There are two activities coordinators employed to cover four hours a day, for five days a week to coordinate the activities programme for all residents. They are assisted by a caregiver one additional day a week. There are also occasional weekend activities. Each resident has an individual activities assessment undertaken as well as the interRAI assessment and from this information, an individual activities plan is developed.</p> <p>Each resident is free to choose whether they wish to participate in the activities programme. Participation is monitored. There is community involvement which includes visits from children, visits to the community and church visits. The facility has its own van for outings with a second van from a sister facility able to be used if needed. Recent activities have included discussion groups, sing-a-longs, bingo and quizzes. Hand massages and individual activities are also provided.</p> <p>All long-term resident files sampled have a recent activities assessment and plan within the care plan (LTCP) and this is evaluated at least six-monthly when the care plan is evaluated. Residents and the family member interviewed commented positively on the activity programme.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely</p>	<p>FA</p>	<p>Long-term care plans reviewed had been evaluated at least six-monthly or earlier if there is a change in health status in files sampled. Four of the five files reviewed all have an interRAI re-assessment and an in-depth evaluation of care. One resident did not require evaluation of the</p>

manner.		<p>care plan at this point.</p> <p>There was at least a three-monthly review by the GP in these files. Care plan reviews are signed by the RN in files sampled. Short-term care plans reviewed were evaluated and resolved or added to the long-term care plan if the problem was ongoing, in resident files sampled.</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>The RN was able to describe access to other medical and non-medical services. Referral documentation is maintained on resident files. The registered nurse initiates referrals to nurse specialists and allied health services. Other specialist referrals are made by the GP. Resident files documented input from the podiatrist. No other specific allied health specialists is required currently, although a mental health review was completed in April 2018 for one resident. Access to the physiotherapist and dietitian is also available.</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>There are policies and procedures in place for the disposal of waste and hazardous material. There is an accident/incident system for investigating, recording and reporting all incidents and forms are completed by staff. All 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.</p> <p>All chemicals sighted were appropriately stored in locked areas. Chemicals are appropriately labelled. Material safety datasheets are available. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</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>	FA	<p>The building holds a current warrant of fitness, which expires 31 May 2019.</p> <p>The nurse manager manages the reactive and preventative maintenance. When an issue requiring maintenance is noticed, the nurse manager/owner ensures that it is completed. External contractors are engaged to complete work as required. A sample of hot water temperatures are taken monthly, and these are maintained at (or just below) 45 degrees. Medical equipment is maintained and calibrated annually.</p> <p>The facility's amenities, fixtures, equipment and furniture are appropriate for the level of service contracted. There is sufficient space to allow residents to move around the facility freely. The hallways are wide enough for appropriate traffic. There is non-slip linoleum in showers and toilet areas throughout the facility. The main hallways and living areas are carpeted. The</p>

		<p>lounge areas are designed so that space and seating arrangements provide for individual and group activities. Residents' bedrooms throughout the facility have resident's own personal belongings displayed. External areas and garden areas surrounding the facility are well maintained and have decking. There is a designated outdoor smoking area.</p> <p>Staff stated they had sufficient equipment (including personal equipment to support individual needs) to safely deliver the cares as outlined in the resident care plans for all people receiving services.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are an adequate number of toilets and showers for the service. Some rooms have ensuite bathrooms and there are also communal toilets and bathrooms. Each bathroom has a hand basin and communal toilets have hand washing and drying facilities. There are separate staff/visitors' toilets. There is signage to promote effective handwashing techniques in the staff and visitors' toilet. Hand sanitiser gel is provided throughout the facility. The facility is clean, well presented and odour free. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. The floor coverings are carpet and vinyl. Residents and family confirmed that there were sufficient toilets and showers.</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>There is adequate space in all bedrooms for residents and staff. Caregivers confirmed they could move freely to provide cares. Doorways into residents' rooms and communal areas are wide enough for wheelchair and trolley access. Residents interviewed stated they are happy with their rooms and could personalise these as they wished.</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 service has a main lounge and separate dining area. There are smaller lounge areas within the facility. Residents were seen to be moving freely throughout the facility. Residents can move freely from their bedrooms to communal rooms and the outside. Internal and external doorways are level with decking, which allows wheelchair access. Activities occur in the main lounges and residents can access their rooms for privacy when required.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and</p>	FA	<p>There are cleaning policies and processes. Laundry and cleaning audits are included in the audit schedule. The cleaning rooms are designated areas and clearly labelled. There is a designated laundry. There is a clear dirty to clean flow and all laundry is undertaken on-site by the caregivers. The laundry has washing machines and driers appropriate to provide laundry</p>

<p>hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>services. Gloves, aprons and goggles are available to staff. Chemicals are labelled and washing liquid is fed directly into machines.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months (at a minimum) with the last fire drill taking place on 6 Sept 2017. The orientation programme and annual education and training programme include fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food, water and blankets. A gas cooker is available.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. Call bells are checked regularly by maintenance.</p> <p>There is a minimum of one staff available twenty-four hours a day, seven days a week with a current first aid/CPR certificate.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>General living areas and resident rooms are appropriately heated and ventilated. All bedrooms and communal areas have at least one external window. The indoor temperatures were pleasant, well ventilated and warm.</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>	<p>FA</p>	<p>The service has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. Infection control 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.</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>	<p>FA</p>	<p>The 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. Infection prevention and control is part of staff orientation and induction.</p> <p>Hand washing facilities are available throughout the facility and hand gel is freely available. The service has links to an IC nurse specialist through Counties Manukau District Health Board. Infection control reports are trended and reported to staff meetings. The staff meeting minutes stay on the board in the nurse's station until all staff have read and signed.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>There are policies and procedures developed by an external consultant 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. The policies have been reviewed and updated in 2018.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Infection control education for staff has occurred both as part of staff orientations and also as part of the annual education schedule. The infection control coordinator has attended infection control training last in November 2018 facilitated by the district health board. This focused on urinary tract infections.</p> <p>Three residents were identified as having influenza A. The first case was in September and two in October. All three were admitted to hospital at different times. The infection was not notifiable, but the outbreak documented so that if there were any other cases, these could be monitored and reviewed. The three residents were confined to their room, number of staff working with the residents decreased and all staff wore personal protective equipment including masks and gloves. The general practitioner was involved to provide oversight, prescribing of antibiotics and to monitor. Notification using a Section 31 form was not required.</p> <p>Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>

<p><b>Standard 3.5: Surveillance</b></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 is outlined in the infection prevention and control programme and described in policy. The surveillance activities are appropriate to the size of the service. The infection control coordinator oversees the monitoring activities. Surveillance data is documented. Monthly analysis is completed and reported at monthly staff meetings, which are a standing agenda item. The service collected all infections and as well as aggregated data for all residents, each resident has an infection log. Four of the five resident files reviewed had a log completed with all infections logged appropriately and captured in infection control data. These logs are used to assist the six-monthly resident reviews and three-monthly GP reviews. There have been no outbreaks of infection since the previous audit.</p>
<p><b>Standard 2.1.1: Restraint minimisation</b></p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies around restraint minimisation. No residents were using restraints or enablers. The nurse manager is the designated restraint coordinator. They are knowledgeable regarding minimising the use of restraints. Staff receive training on restraint minimisation, which begins during their orientation to the service.</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 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	PA Low	<p>Fifteen incident/accident forms were reviewed, dating from June 2018 to November 2018. There was evidence of the nurse manager’s signature on all completed forms, but six of fifteen completed forms failed to reflect that the nurse manager had investigated the incident. Prior to September 2018, a form was used that reflected adequate RN follow up but after this date, a new accident/incident form was implemented. These forms documented the nurse manager’s signature but failed to document an investigation or any follow-up actions taken. The residents’ care plans also did not adequately address actions required to prevent further events.</p>	<p>Six out of fifteen incident reports reviewed from September 2018 onwards failed to reflect evidence of an investigation by the nurse manager.</p>	<p>Ensure all adverse events reflect an investigation by an RN and any follow-up actions taken.</p> <p>90 days</p>



<p>Criterion 1.3.1.4</p> <p>Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.</p>	<p>PA Low</p>	<p>The service has a range of information for new residents and their families. Resident files reviewed had a signed and completed admission agreement. The agreement for new residents had been updated to comply with the ARRC contract. However, two recently admitted had the old service agreement on file rather than the updated version.</p>	<p>Of the five files reviewed, two were new residents (admitted 2018). The current updated version of the admission agreement had not been used for the two new residents.</p>	<p>Ensure residents have the updated admission agreements on file.</p> <p>90 days</p>
<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>	<p>PA Moderate</p>	<p>One bottle of any liquid medication is put onto the trolley e.g. paracetamol, lactulose and all residents prescribed this have the medicine administered from the single bottle.</p>	<p>Staff do not administer liquid medication from a bottle prescribed to them but use one opened bottle on the medication trolley.</p>	<p>Administer medication only from a bottle prescribed to that resident.</p> <p>60 days</p>

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

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

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

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

No data to display
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End of the report.