

Well Health Care Limited - Fencible Manor Rest Home

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Well Health Care Limited		
Premises audited:	Fencible Manor Rest Home		
Services audited:	Rest home care (excluding dementia care)		
Dates of audit:	Start date: 13 December 2018	End date: 13 December 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:	17		

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

Fencible Manor is owned and operated by the owner/manager who is also a registered nurse. The service can provide care for up to 19 residents. On the day of audit there were 17 rest home residents. The residents and family members commented positively on the care and services provided.

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

The facility is managed by an experienced and suitably qualified manager who is a registered nurse (RN) and has been in this position since 2015.

This audit identified improvements required around resident/family meetings.

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.		Some standards applicable to this service partially attained and of low risk.
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Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on noticeboards. Policies are implemented to support rights such as: privacy; dignity; abuse and neglect; culture; values and beliefs; complaints; advocacy; and informed consent. Care planning accommodates individual choices of residents and/or their family/whānau. Family stated they are kept well informed on their relative's health status. Residents are encouraged to maintain links with the community. Complaints processes are implemented, and complaints and concerns 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.		Standards applicable to this service fully attained.
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Fencible has a documented quality and risk management system. Key components of the quality management system include management of complaints, implementation of an internal audit schedule, incidents and accidents, review of infections, restraint, review of risk and monitoring of health and safety including hazard management. There is a monthly staff meeting that includes health and safety, infection control, review of incidents and accidents and discussion of quality and risk. Human resources policies are in place including a documented rationale for determining staffing levels and skill mixes. There is an implemented orientation programme that provides new staff with relevant information for safe work practice. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and there is sufficient staff on duty always.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

Standards applicable to this service fully attained.

All residents have a needs assessment prior to admission. The registered nurse is responsible for the provision of care and documentation at every stage of service delivery. Residents/relatives are involved in planning and evaluating care. The two activity coordinators implement the activity programme that meets the individual needs, preferences and abilities of the residents. Community links are maintained. There are regular entertainers, outings, and celebrations. Medications are managed appropriately in line with accepted guidelines. Staff who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly by the GP. All baking and meals are prepared and cooked on-site. Residents' food preferences are identified at admission. This includes consideration of any dietary preferences or needs.

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.

Documented systems 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. Chemicals are stored safely throughout the facility. Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness. Resident rooms are spacious, some with ensuites, and are personalised. External areas are safe and well maintained. A bus is hired monthly for outings. The dining room and lounge are spacious. Cleaning and laundry services are well monitored through the internal auditing system.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There are policies and procedures on safe restraint use and enablers. A registered nurse/quality and risk coordinator is the restraint coordinator. There were no residents with restraint or enabler. The service has a locked front door. Resident files include documented consents for the locked door. Staff receive training around restraint and challenging behaviours.

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.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator/owner is responsible for coordinating education and training for staff. The infection control coordinator has completed infection control training. There is a suite of infection control policies and guidelines to support practice. The infection control coordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility.

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	44	0	1	0	0	0
Criteria	0	92	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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	Five residents and two relatives interviewed confirmed that information has been provided around the Code of Rights. Residents stated that their rights are respected when receiving services and care. There is a resident rights policy in place. Discussion with two caregivers, the RN owner (manager) and a registered nurse (RN) identified that they are aware of the Code of Rights and can describe the key principles of residents' rights when delivering care.
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	<p>The service has policies and procedures relating to informed consent, resuscitation and advanced directives. Residents are required to sign an admission agreement on entry to the service. The service uses an industry template which includes the requirements of the aged residential care agreement.</p> <p>Five of five files reviewed included signed agreements. Each file included signed consents and resuscitation instructions. Staff were aware of advanced directives.</p> <p>Discussions with residents and families identified that the service actively involves them in decision making.</p>

Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Residents and families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Pamphlets on advocacy services are available at the entrance. Interviews with the residents and relatives confirmed that they can access advocacy services if needed. Staff receive education and training on the role of advocacy services.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	The service has an open visiting policy and family/whānau and friends are encouraged to visit the home and are not restricted to visiting times. All residents interviewed confirmed that family and friends can visit at any time and visitors were observed attending the home. Residents and relatives verified that they have been supported and encouraged to remain involved in the community.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints is maintained on the online complaint register. The owner/manager manages all complaints. Only one complaint is documented, and this has been resolved to the satisfaction of the complainant. Residents and family members advised that they are aware of the complaints procedure. Complaints forms are available at the main entrance.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The service has information available on The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) at the main entrance to the facility. The Code of Rights (English and Māori) is also displayed in the resident areas. There is a welcome information folder that includes information about the Code of Rights. Residents and relatives stated they receive sufficient verbal and written information to be able to make informed choices on matters that affect them.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has	FA	The service provides physical and personal privacy for residents. During the audit, staff were observed treating residents with respect and ensuring their dignity is maintained. Staff (two caregivers and one registered nurse) described how they maintain resident privacy, including knocking on the residents' doors before entering, as observed on the day of audit. Staff

regard for their dignity, privacy, and independence.		attend privacy, and dignity and abuse and neglect in-service as part of their education plan.
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service has a cultural safety policy and Māori health policies to guide staff in the delivery of culturally safe care. The Māori health policy identifies the importance of whānau. Cultural assessment plan and evaluations of care for Māori are completed for those who identify with Māori. There were no residents who identified as Māori on the day of audit.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Care plans are reviewed at least six-monthly to ensure the resident's individual culture, values and beliefs are being met. Staff recognise and respond to values, beliefs and cultural differences. Residents are supported to maintain their spiritual needs. Chinese culture is celebrated as a high proportion of residents are Chinese.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The staff employment process meets best practice with regard to recruitment, including reference checks and police vetting. Professional boundaries are defined in job descriptions. Staff were observed to be professional within the culture of a family environment. Caregivers can describe how they build a supportive relationship with each resident. Residents interviewed stated that they are treated fairly and with respect.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The quality programme is designed to monitor contractual and standards compliance, and the quality of service delivery in the facility. Staffing policies include pre-employment, and the requirement to attend orientation and ongoing in-service training.</p> <p>The recent resident satisfaction survey reflects high levels of satisfaction with the services received. Policies and procedures have been updated by the external policy provider and are available to staff. Staff meetings have been conducted.</p> <p>Residents and relatives interviewed spoke very positively about the care and support provided. There are implemented competencies for caregivers. There are clear ethical and professional standards and boundaries within job descriptions.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	PA Low	<p>Management promote an open-door policy. This was observed on the day of audit. The service has not conducted any resident meetings.</p> <p>Accident/incident forms reviewed documented that relatives have been notified of the incident. Relatives interviewed stated they are notified promptly of any changes to residents' health status.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they must pay for that is not covered by the agreement. An interpreter service is available if required and many staff speak Mandarin.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Fencible Manor is owned and operated by the registered nurse owner/manager. The service can provide care for up to 19 residents. On the day of audit there were 17 rest home residents.</p> <p>The service quality and business plans have been reviewed by the owner annually, and outline the purpose, values, scope and direction and goals of the organisation. The documents described short and long-term objectives and the associated operational plans. There are established systems, policies and procedures for safe service delivery.</p> <p>The owner is a registered nurse who has owned the facility since 2015. She confirmed knowledge of the sector, regulatory and reporting requirements and maintains her annual practising certificate. She attends relevant courses and education sessions on the aged care sector.</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>During the temporary absence of the owner/manager, the service casual RN maintains oversight of the facility. A current practising certificate for the owner/manager and casual RN were sighted.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and</p>	FA	<p>The service has a quality risk management plan in place that is reviewed annually. The service has a range of policies and procedures in place to support service delivery that have been reviewed regularly by the service and external contractor. Staff are informed of any new/reviewed policies through handovers and meetings.</p>

risk management system that reflects continuous quality improvement principles.		<p>There are monthly staff meetings. Meeting minutes' evidence discussion around a wide range of quality data. Trends are identified and analysed for areas of improvement. Caregivers confirmed that they are kept informed on quality data including corrective actions and quality initiatives. Internal audits are completed as scheduled, including environmental and clinical audits. Corrective action plans are raised, completed and signed off for any corrective actions required.</p> <p>The owner/manager is the health and safety coordinator and health and safety is documented as discussed at monthly staff meetings. An up-to-date hazard register is documented and reviewed each month.</p> <p>Falls prevention strategies are in place that include the analysis of falls and the identification of interventions on a case-by-case basis to minimise future falls. A falls analysis tool (face clock) is used to trend time and location of falls.</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>As part of risk management and the health and safety framework, there is an accident/incident policy. The service collects incident and accident data monthly and provides reports to monthly staff meetings. Accident/incident data, trends and corrective actions are documented in meeting minutes sighted.</p> <p>Five incident forms were reviewed from October and November 2018. All incident forms reviewed identified a timely RN assessment of the resident, corrective actions or recommendations and all had been completed and signed off by the RN or owner/manager. The next of kin have been notified for all incidents/accidents. The caregivers interviewed could discuss the incident reporting process.</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 management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs) where required. All staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained. Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation booklets.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification</p>

		Authority education programme to meet the requirements of the provider's agreement with the DHB. The manager is interRAI trained. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.
<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>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents.</p> <p>The roster includes the owner on duty Monday to Friday (a registered nurse), with a casual RN providing leave cover and working alongside the manager to relieve her for managerial duties when needed.</p> <p>The morning shift includes one long shift caregiver plus a short shift caregiver who also provides activities.</p> <p>The afternoon shift includes one long shift caregiver plus a short shift who also provide kitchen assistance.</p> <p>There is one caregiver on nights.</p> <p>An after-hours on-call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. At least one staff member on duty has a current first aid certificate.</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>	FA	<p>There are resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and resident register. Resident clinical and allied health records are integrated. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. All entries in the progress notes are legible, dated and signed with the 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</p>	FA	<p>Fencible Manor has admission policies and processes. The owner/manager screens all potential residents prior to entry, ensuring that the appropriate level of care is available. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the owner/manager or the</p>

services has been identified.		RN. The admission agreement form in use aligns with the requirements of the ARRC contract. Exclusions from the service are included in the admission agreement. Admission agreements sighted were signed in timely manner.
<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>	FA	Fencible Manor policies and procedures describe guidelines for death, discharge, transfer, documentation and follow-up. Records are kept with the residents' files. One resident was transferred on day of audit and evidence was sighted that all relevant documentation was accompanying the resident. Communication with the family is made and this is documented. Both the owner/manager and RN were able to discuss the process of transfer.
<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>	FA	<p>The service has policies and procedures in place for ensuring that all medicines-related recording and documentation meet acceptable good practice standards. Ten medication charts were reviewed on the paper-based medication system. All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three-monthly. The administration records reviewed, identified medications had been administered as prescribed. Fencible Manor uses roll packaging for regular medication. Medications are checked on arrival by the RN and any pharmacy errors are recorded and fed back to the supplying pharmacy.</p> <p>Medication administration is completed by the RN and medicine competent caregivers. Medications are stored securely in the locked cupboard. Expired medications are returned to the supplying pharmacy. There was no controlled medication on site at the time of audit. Should there be any in use, a metal safe was available and a controlled drug register. Medication competencies have been completed for staff. There were no residents self-medicating on the day of audit. There was documented evidence confirming medication reconciliation following entry to the service.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	Fencible Manor employs two cooks, who between them cover each day. The kitchen staff have completed food safety certificates. There is a four-weekly seasonal menu which has been reviewed by a dietitian in November 2018, changes had been made and it was further reviewed in December 2018. Food, fridge and freezer temperatures are monitored and documented daily. The resident satisfaction survey includes food services and the cook asks for feedback from the residents after their meal. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is

		<p>reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs are communicated to the kitchen.</p> <p>Special diets are being catered for. Five residents interviewed stated that they were happy with the food service. Two relatives also were complimentary of the food provided and staff commented that as there was a number of Asian residents, their likes were catered for with a number of Asian meals provided for them. Observation at mealtime (lunch) evidenced staff assisting residents as required. All perishable goods are date-labelled. A cleaning schedule is maintained. The owner/manager stated that a food control plan has been completed and the site is currently awaiting verification.</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>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. The owner/manager or RN communicate directly with the referring agencies and family/whānau as appropriate, if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Needs, outcomes and goals of residents were identified through the assessment process in the files sampled. Continuing needs/risk assessments are carried out by the RNs. Residents and family were consulted and agreed with intervention outcomes. Along with the interRAI assessment, other clinical assessments were completed, such as falls assessment, nutritional assessment, continence assessment and pressure injury risk assessment.</p> <p>Five files reviewed showed that all files evidenced timely initial interRAI assessments and re-assessments.</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 plan interventions provided evidence of individualised support. Care plans demonstrated service integration and input from allied health. Short-term care plans are in use for changes in health status and were evident in resident files for skin infection, urinary tract infection and chest infection.</p>
Standard 1.3.6: Service	FA	Interviews with staff, residents and relatives identified that the care being provided is

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>consistent with the needs of residents. The GP interviewed advised that the service is prompt at notifying acute medical events and staff respond in a timely manner to requests. The caregivers (including the assistant manager) interviewed, stated that they have all required equipment referred in care plans and necessary to provide care. All staff reported that there are adequate continence supplies and dressing supplies. On the day of the audit plentiful supplies of these products were sighted.</p> <p>Five residents and two families interviewed were complimentary of care received at the facility. Monitoring charts were sighted in files sampled. These included (but were not limited to) weight monitoring, behaviour management, pain management level and vital signs. Interview with the RN confirmed that this information is used in care plan reviews and short-term care planning. Wound assessment and wound management plans would be used if a resident had a wound (interview with RN) but at time of audit no residents had a wound. The RN interviewed described the referral process, should they require assistance from a wound specialist.</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>There is one activities coordinator who is also a qualified carer and the assistant manager. Three hours a day are dedicated to delivering activities to residents, Monday to Friday. There is a wide range of activities offered that reflect the resident needs with participation being voluntary. The programme includes fortnightly visits from entertainers, a tai chi instructor and visits from a school group also occur. A bus is hired monthly for outings. On the day of the audit, residents were observed being actively involved with a variety of activities including one resident playing the piano while another sang to a very high standard.</p> <p>The programme is displayed in large print in communal areas and resident bedrooms. Residents and families interviewed voiced their satisfaction for the activities programme and felt that recreational needs were being met. Residents have an activities assessment completed on entry to the service, including a complete history of past and present interests, career, family etc. On interview, the activities coordinator was able to confirm her involvement in care planning with the RN and relevant family members and/or residents.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans are evaluated by the RN within three weeks of admission. Five files were reviewed. In three files, the long-term care plans were evaluated at least six-monthly or earlier if there was a change in health status. Evaluations document progress toward goals or expected outcomes. In two files, the six-monthly care plan evaluations were not yet due. There is at least a three-monthly review by the GP. Changes in health status are documented</p>

		and followed up. Short-term care plans are utilised for acute changes in the residents' condition. These were reviewed and signed off when resolved.
<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	Discussions with the owner/manager and the RN identified that Fencible Manor has access to external specialist providers. Referral documentation is maintained on resident files sampled.
<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	There are policies related to the management of waste and hazardous substances and these were implemented. 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. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety datasheets are available. Staff completed chemical safety training.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	The building has a current building warrant of fitness that expires 23 March 2019. There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. There is safe access to the large outdoor balconies. Seating and shade is provided. Interviews with caregivers confirmed there was adequate equipment. The owner/manager oversees the maintenance and repairs. The property maintenance schedule is in place and external contractors are used as required. Annual calibration of clinical equipment is completed. Electrical testing has been completed. There is a programme of refurbishing bedrooms. A number had been completed and refurbishment of two further rooms was due to commence in the new year.
<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</p>	FA	There are sufficient toilets and showers for the resident population. Six of the bedrooms have full ensuites, a further two have toilets and all have hand basins. There is also a staff and visitor toilet available. Communal toilets and bathrooms have appropriate signage and shower curtains installed for privacy. Paper hand towel dispensers and flowing soap are available for use in all toilet areas. All residents interviewed reported that their privacy is

personal hygiene requirements or receiving assistance with personal hygiene requirements.		maintained at all times.
<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	Residents' rooms are spacious enough to accommodate the resident's own furnishings, as desired, and are large enough to easily manoeuvre transferring and mobility equipment to safely deliver care. Caregivers and the RN reported that rooms have sufficient space to allow cares to take place. The doors are wide enough for ambulance trolley access. Residents are encouraged to personalise their bedrooms as sighted.
<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	Communal areas within the facility include a spacious dining area and a large separate main lounge. All furniture is safe and suitable for the residents. Communal areas are easily accessible to residents.
<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	Some care staff have a period of their duty dedicated to cleaning. Staff have access to a range of chemicals, cleaning equipment and protective clothing. Caregivers complete the laundry services. The laundry consists of two separate rooms, one for dirty laundry and one room for clean. Staff were observed implementing infection control practices. The effectiveness of the cleaning and laundry processes are monitored through internal audits and surveys. Residents and relatives interviewed were satisfied with the standard of cleanliness and laundry services in the facility and survey results were positive.
<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 emergency and disaster management plan in place. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Six-monthly fire evacuation practice documentation was sighted, with the last fire evacuation drills occurring on 18 July 2018 and December 2018. Fire training and security situations are part of orientation for new staff. There are adequate supplies in the event of a civil defence emergency including sufficient food, water (in containers replaced six monthly), and alternate gas cooking (portable gas cooker).</p> <p>There are civil defence and first aid kits available. A minimum of one person trained in first aid is on duty 24/7. There is a call bell system in place, and there are call bells in the</p>

		residents' rooms and lounge/dining room areas. Residents were observed to have their call bells in close proximity.
<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>	FA	<p>All bedrooms and communal rooms have an opening window to the outside and all bedrooms have adequate natural light. Residents' rooms are heated individually. On the day of the audit all areas were a comfortable temperature and well ventilated. Residents and family interviewed stated the environment was warm and comfortable.</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 infection control coordinator is the current RN (owner/manager). She has completed an infection control course. The infection control coordinator oversees infection control for the facility and is responsible for the collation of infection events. Infection events are collated monthly and reported to staff/quality meetings.</p> <p>The 2018 infection control programme has been reviewed and is linked to the quality system.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility.</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 infection control coordinator has completed on-line infection control training.</p> <p>The infection control coordinator has access to GPs, local laboratory, the infection control nurse specialist at the DHB and public health departments at the local DHB for advice and an external infection control consultant specialist.</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</p>	FA	<p>The infection control policies include a range of standards and guidelines including defining roles and responsibilities for the prevention of infection, training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping, incorporate the principles of infection control. The policies are reviewed and updated by an external contractor who provides all policies and the quality system.</p>

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>The infection control coordinator is responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Resident education is expected to occur as part of providing daily cares as appropriate.</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>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at both the monthly staff/quality meetings. Trends are identified, and preventative measures put in place. Internal audits for infection control are included in the annual audit schedule.</p> <p>There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. On the day of the audit there were no residents with restraints in use and no residents with enablers.</p> <p>The service has a locked front door. The key code is documented next to the door. Five resident files reviewed all had a consent for the locked door.</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)
Criterion 1.1.9.1 Consumers have a right to full and frank information and open disclosure from service providers.	PA Low	Residents and their families are provided with information on entry to services and the current owner/manager has an open-door policy for all residents and relatives.	There have been no resident meetings held.	Ensure that residents have a formal process for discussing the service, resident meeting should be held and documented. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.