

Vinada Limited - Voguehaven 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:	Vinada Limited
Premises audited:	Voguehaven Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 25 January 2019 End date: 25 January 2019
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:	21

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

Voguehaven Rest Home provides rest home level of care for up to 26 residents. On the day of the audit there were 21 residents. The resident care manager/director has the responsibility of the daily operations and oversee the delivery of services. She is supported by a part-time administrator/director, clinical manager and long serving staff. The residents and relatives spoke positively about the care and supports provided at Voguehaven Rest Home.

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 residents, family, management, staff and the general practitioner.

This certification audit identified that improvements are required around care planning, hot water temperatures and first aid trained staff.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The staff at Voguehaven Rest Home ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Discussions with families identified that they are informed of changes in their family member's health status. Information about the Code and advocacy services is easily accessible to residents and families. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Voguehaven Rest Home is establishing a quality and risk programme. Progress with the quality and risk management programme is monitored through the bi-monthly quality/staff meetings. Data is collected on complaints, accidents, incidents, infection control and restraint use. There is a current 2018/2019 quality and strategic plan in place. Resident/relative meetings are held regularly. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. Internal audits are completed as per the annual internal audit schedule. The service has an annual training plan for in-service education. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

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 available prior to or on entry to the service. The clinical manager and part-time registered nurse are responsible for each stage of service provision. A registered nurse assesses and reviews each resident's needs, outcomes and goals at least six monthly. Care plans demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior carers responsible for administration of medication complete annual education and medication competencies. The medicine charts had been reviewed by the general practitioner at least three monthly. Activity staff implement the activity programme for the resident with assistance from caregivers. The programme includes community visitors, outings and activities that meet the individual and group recreational preferences for the residents. All meals and baking are undertaken on site in the domestic style kitchen. Residents' food preferences and dietary requirements are identified at admission and accommodated. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
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There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are spacious and personalised. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Emergency and disaster management systems are in place in the event of a fire or external disaster.

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 restraints and one enabler were 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 infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The clinical manager and part-time registered nurse are the infection control coordinators and oversee infection control management for the facility. The clinical manager has completed infection control education and coordinates education and training for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There has been one outbreak which was well managed.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	42	0	2	1	0	0
Criteria	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and relevant legislation. An information pack is available to residents/families prior to admission and contains information of their rights. Discussions with five care staff, including three caregivers, one clinical manager and one activities officer confirmed their familiarity with the Code. Four residents and three family members interviewed confirmed the services being provided are in line with the Code.</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>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The caregivers interviewed demonstrated a good understanding in relation to informed consent and informed consent processes. There are established informed consent policies/procedures and advanced directives. General written consents are obtained on admission. Five resident files contained signed consents. Resuscitation status had been signed by the resident and</p>

		general practitioner (GP) in all files reviewed. Residents and families interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided. Five long-term resident files reviewed had signed admission agreements.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Client right to access advocacy and services is identified for residents. Advocacy leaflets are available in the service reception area. The information pack provided to residents prior to entry includes advocacy information. The information identifies who the resident can contact to access advocacy services. Staff were aware of the right for advocacy and how to access and provide advocate information to residents if needed. Residents and family members that were interviewed were aware of their access to 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	Residents and relatives confirmed that visiting could occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups. Entertainers are regularly invited to perform at the facility.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The service has a complaints policy that describes the management of complaints process. There are complaint forms available at the service entrance. Information about complaints is provided on admission. Interviews with residents and relatives confirmed an understanding of the complaints process. There have been no complaints made since the last audit. The resident care manager/director stated that any complaints received would be managed appropriately with acknowledgement, investigations and responses recorded. Family members stated that the management team work with them to ensure they are happy with services.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The Code and advocacy pamphlets are located at the main entrance of the service. On admission the resident care manager/director or clinical manager discusses the information pack with the resident and the family/whānau. This includes the Code, complaints and advocacy information. The service provides an open-door policy for

		concerns/complaints. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are informed about the Code.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. There is an abuse and neglect policy in place. Staff receive training on abuse and neglect, which was last completed in August 2018.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service has guidelines for the provision of culturally safe services for Māori residents. On the day of the audit there were five residents that identified as Māori. The files of two of the residents identified as Māori were reviewed and included a specific Māori health care plan. The service has established links with the local Iwi (Mataiwi Marae). On the day of the audit there was a Māori entertainment session provided to residents. Staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff receive training on cultural safety and Māori values and beliefs, which was last completed in October 2018.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Family members reported that they feel they are consulted and kept informed and family involvement is encouraged.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on privacy and personal boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service meets the individualised needs of residents with needs relating to rest home level care. The quality programme has been designed to monitor contractual and standards compliance and the</p>

		quality of service delivery in the facility. Staffing policies include pre-employment, the requirement to attend orientation and ongoing in-service training. The clinical manager is responsible for coordinating the internal audit programme. Three monthly quality/staff meetings and resident/relative meetings are conducted. Residents and relatives interviewed spoke positively about the care and support provided. Staff interviewed stated that they feel supported by management.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	There is a policy to guide staff on the process around open disclosure. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. Information is provided in formats suitable for the resident and their family. Residents and relatives interviewed confirmed that management and staff are approachable and available. Eleven incident forms reviewed identified family were notified following a resident incident. Relatives interviewed confirmed they are notified of any incidents/accidents and change in health status of their family member. Families are invited to attend the resident/relative meeting. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau has difficulty with written or spoken English, then interpreter services are made available.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Voguehaven Rest Home is a 26-bed rest home, which provides a homely environment. On the day of audit there were 21 rest home residents. The resident care manager/director has the responsibility of the daily operations and oversees the delivery of services. The resident care manager/director has an aged care national certificate and has considerable experience (15 years) in caring for the elderly. A part-time administrator/director and clinical manager support the resident care manager/director. The two directors (manager and daughter) formally meet four times a year. The agenda includes health and safety, infection control, restraint, audit outcomes and quality initiatives. There is a current quality and strategic plan for 2018-2019. Goals identified included (but are not limited to) upgrade the accommodation and environment, retain effective staff members and maintain occupancy above 94%. There have been environmental improvements and replacement of equipment. The refurbishing plan is ongoing. Staff

		<p>interviewed confirmed the communication levels are good and the staff work together as a team. Residents and families speak highly of the staff and the services provided.</p> <p>The Voguehaven Rest Home resident care manager/director has attended at least eight hours of training relating to the management role. The clinical manager maintains relevant professional development hours. A current annual practicing certificate was sighted.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The resident care manager/director reported that in the event of her temporary absence the clinical manager fills the role with support from care staff.</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>There are policies and procedures to guide the facility to implement the quality management programme including (but not limited to) quality assurance and risk management programme, management committee responsibilities and internal audit schedule. Staff have input into the staff meetings. Minutes sighted evidenced there is discussion around complaints, compliments, health and safety, infection control and quality initiatives and improvements. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints, and surveys. Health and safety policies, systems and processes are implemented to manage risk. Staff interviewed stated they are well informed and receive quality and risk management information such as accident incident graphs and infection control statistics.</p> <p>Internal audits are completed as per the annual internal audit schedule. Implementation of corrective actions and sign off is the responsibility of the resident care manager/director. The resident satisfaction survey (June and November 2018) and relative satisfaction survey (September 2018) have been documented as presented to and discussed with residents and family. Clinical guidelines are in place to assist care staff with safe and timely delivery of care. Policies and procedures are reviewed regularly and include reference to interRAI assessments where applicable. Falls prevention strategies are in place, that include the analysis of falls incidents and the identification of interventions on a</p>

		case-by-case basis to minimise future falls.
<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>There is an incident reporting policy that includes definitions and outlines responsibilities. Eleven accident/incident forms were reviewed. All document timely registered nurse (RN) review and follow-up when required. There is documented evidence the family had been notified of any incidents. Discussions with the resident care manager/director confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications including section 31 notifications. There has been one section 31 incident notification required since the last audit. The notification was to confirm the appointment of the new clinical manager in August 2018. There was an outbreak in March 2018 and public health authorities were notified.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies to support recruitment practices. Five staff files (one clinical manager, two caregivers, one activities officer/caregiver and one cook) were reviewed. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Performance appraisals were current. A current practising certificate was sighted for the clinical manager. The service has an orientation programme in place to provide new staff with relevant information for safe work practice.</p> <p>Staff interviewed were able to describe the orientation process and stated that they believed new staff are adequately orientated to the service. The clinical manager and caregiver's complete competencies relevant to their role such as medications. There is an annual education planner in place that covers compulsory education requirements over a two-year period. Caregivers are encouraged and supported to undertake external education. The clinical manager has completed interRAI training and has attended education sessions at the district health board (DHB).</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Staffing rosters were sighted and there is an adequate number of staff on duty to meet the residents' needs. The clinical manager has been in the role since August 2018 and works 24 hours a week, six hours on Monday, Wednesday, Thursday and Friday. A part-time RN assists when required. The resident care manager/director is on call 24/7 for</p>

		any facility or staffing issues and the clinical manager is on-call 24/7 for any clinical issues. There are two caregivers on the morning shift and afternoon shift, there is one caregiver on the night shift. The resident care manager/director and housekeeper are qualified caregivers and can provide assistance when required. There is a staff workload monitoring policy, which takes the acuity of residents into consideration when determining staff numbers on duty. Residents and relatives interviewed confirmed that there are sufficient staff on site at all times and staff are approachable and in their opinion, competent, professional, respectful and friendly.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission with the involvement of the family. Staff can describe the procedures for maintaining confidentiality of resident records and sign confidentiality statements. Files and relevant care and support information for residents is able to be referenced and retrieved in a timely manner.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission. Admission agreements sighted aligned with all contractual requirements. Exclusions from the service are included in the admission agreement.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exit or discharges to and from the service.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs and senior caregivers who administer medications complete annual medication competencies. Annual in-service education on medication is provided. Medications are checked on delivery against the medication chart and any discrepancies fed back to the pharmacy. All medications are stored

		safely. Standing orders are not used. All eye drops were dated on opening. There were no residents self-medicating at the time of audit. Ten medication charts were reviewed. The GP generates handwritten medication charts. All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three monthly. The administration signing sheets reviewed identified medications had been administered as prescribed.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	Meals and baking are prepared on site in the domestic style kitchen. The kitchen was observed to be clean and well maintained. A dietitian approves the four-seasonal menu. The cook receives resident dietary information including dislikes and food allergies. Any special dietary requirements are delivered in named containers. Residents and family members interviewed were very complimentary about the meals provided. Serving temperatures are checked on delivery and recorded. Fridge temperatures are monitored and recorded daily. All perishable goods were date labelled. A cleaning schedule is maintained. A food control plan was in the process of development. All staff involved in the preparation of breakfasts and serving of meals have attended food safety training.
Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.	FA	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. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The RNs complete an initial assessment on admission including risk assessment tools as appropriate for all admissions. All five resident files documented an up to date interRAI assessment. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident and significant others, and form the basis of the care plan.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	PA Moderate	Residents' long-term care plans reviewed were in place for all five resident files reviewed. Care plans did not always document the required supports/needs to reflect the resident's current health status. Relatives interviewed confirmed they were involved in the care planning

		<p>process. Long-term care plans evidenced resident and/or relative involvement in the development of care plans. Short-term care plans were sighted for short-term needs and these were either resolved or transferred to the long-term care plan. There was evidence of allied health care professionals involved in the care of the resident including physiotherapist, dietitian and mental health services.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition alters, the RN initiates a review and if required, GP consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented on the family contact form in the residents' files reviewed. Adequate dressing supplies were sighted. Wound management policies and procedures are in place. A wound assessment and treatment form and evaluation notes (includes dressing type) were in place for one resident with a wound. There were no pressure injuries. The service accesses wound district nurses for advice on wound management. Continence products are available. The residents' files include a urinary continence assessment, bowel management plan, and continence products used.</p>
<p>Standard 1.3.7: Planned Activities 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>The activities team includes an activity staff member who has been in the role for five years plus one other activities person currently undertaking diversional therapy training. Caregivers also assist with the activities. Activities are planned over seven days a week with caregivers implementing activities over the weekend. There are a variety of recreational activities such as news reading, word games, crafts, quizzes, exercises, daily sing-a-longs and movies. The activity programme is adapted for special request such as trips to local sights, gardening and knitting clubs.</p> <p>There are entertainers and community visitors including pastoral visitors and school children. There are weekly outings and/or mystery drives. Activities offered are meaningful and meet the residents' recreational preferences. A resident profile is completed soon after admission. Each resident has an individual activity plan which is reviewed at least six monthly. The service receives feedback on activities through one-on-one feedback, residents' meetings and surveys. Residents</p>

		interviewed were happy with the programme provided.
<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 reviewed were evaluated by an RN within three weeks of admission and a long-term care plan developed. Care plans had been evaluated six monthly for four of five long-term resident files reviewed. One resident has not been at the service six months. Written evaluations identified if the desired goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the residents' files sampled. The service facilitates access to other medical and non-medical services, such as district nurses, allied health providers and dental health. There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets and products charts are readily accessible for staff. Chemical bottles sighted had correct manufacturer labels. Chemicals are stored in a locked cupboard. Personal protective clothing is available for staff and was observed being worn by staff carrying out their duties on the day of audit. Staff have attended chemical safety training.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The building has a current building warrant of fitness that expires 1 April 2019. The directors have a reactive and planned maintenance programme in place. The resident care manager/director is responsible for the daily maintenance of the facility and the planned maintenance plan. There has been ongoing upgrading of the facility as needed. Hot water temperature checks were conducted and recorded monthly, however water temperatures have remained over 45 degrees in some resident areas.</p> <p>An external contractor has serviced medical equipment annually. Electrical equipment has been serviced two yearly. Residents were</p>

		observed to safely mobilise throughout the facility with easy access to communal areas. There is safe access with ramps and rails to outdoor areas which provide seating and shade. Interviews with staff confirmed there was adequate equipment to provide safe and timely care.
<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	There are 22 single rooms and 2 double rooms. All rooms have hand basins. There are adequate numbers of toilets/showers for each wing of bedrooms. The toilets and showers are identifiable and include vacant/in-use signs. Showers have privacy curtains in place. Fixtures, fittings and floor and wall surfaces are made of accepted materials for ease of cleaning. Residents interviewed stated their privacy and dignity is maintained while staff are attending to their personal cares and hygiene.
<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	There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms as viewed on the day of audit.
<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	There is a lounge and dining room at each end of the home. The main dining room is adjacent to the kitchen area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the resident group. Residents were seen to be moving freely within the communal areas throughout the audit. Residents interviewed reported they can move freely around the facility and staff assist them if required.
<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	There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen is laundered on site. There were adequate linen supplies sighted on the day of audit. The facility has a laundry with a defined clean/dirty area. The laundry has a commercial washing machine. Laundry processes are monitored through internal audits and resident meetings and surveys. There is a dedicated cleaner Monday to Friday. A cleaning schedule is maintained. The cleaner's trolley is kept in a locked area when not in use.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p>	PA Low	There are emergency and business continuity plans in place to ensure health, civil defence and other emergencies are included. Emergency

<p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>equipment is available at the facility. 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 drill occurring on 23 January 2019. The service has alternative gas facilities (BBQ) for cooking, in the event of a power failure. There is sufficient water stored (well water and bottled water) to ensure ten litres per resident for three days.</p> <p>There are two civil defence and outbreak supplies kits available that are checked annually. Short-term backup power for emergency lighting is in place for up four hours. The service has a generator available on site and training is provided to staff on a regular basis. A minimum of one person trained in first aid is required at all times, however there is not always a first aid trained staff member on duty 24/7. There is a call bell system in place and there are call bells in the residents' rooms, lounge and dining room areas. Residents were observed to have their call bells in close proximity.</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>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. All bedrooms have adequate natural light.</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 infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The clinical manager with the part-time RN holds the infection control coordinators role. An infection control programme is linked into the quality management system. The infection control programme was reviewed 2018. Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents and staff are offered the annual influenza vaccine.</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 committee meeting is integrated with the staff meetings. The clinical manager has attended external education on infection control within the last year. The infection control coordinator has access to GPs, local laboratory, the infection control and public health departments at the local DHB for advice.</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>	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 were reviewed July 2018. Staff confirmed they are informed when there is a change to policy or infection control practice. External expertise can be accessed as required, to assist in the development of policies and procedures.</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>	FA	<p>The infection control coordinators (clinical manager and part-time RN) are 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. Hand hygiene and hand washing audits are completed annually and incorporated into the medication competency. 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, including trends, analysis and audit outcomes are discussed at the quality meetings. Trends are identified, analysed and preventative measures put in place. Systems in place are appropriate to the size and complexity of the facility. There was one outbreak in March 2018. Relevant authorities were notified. Documentation sighted included an outbreak log and staff debrief.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Voguehaven rest home has policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. The resident care manager/director and RN share the restraint coordinator role. The restraint coordinator confirmed that the service promotes a restraint-free environment. There are no residents assessed as requiring restraint. There was one resident using an enabler (bedrail). Enablers in use are voluntary. Restraint education is included in the two-yearly training programme. Restraint/enablers are discussed at the staff meeting. The caregivers interviewed were knowledgeable in the use of enablers.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	<p>PA Moderate</p>	<p>All five resident files documented a care plan. This small service has care staff and other staff who have worked with residents over a period of time and it was evident that they were very knowledgeable regarding care needs. The documentation of care in the care plan was not always well documented.</p>	<p>Falls interventions were not well documented in two resident files, behaviour management and interventions were not well documented in two resident files, and interventions around the risk of collapse was not reflected in one care plan.</p>	<p>Ensure that care plans reflect the resident need as identified by the assessment process and GP notes.</p> <p>60 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA Low</p>	<p>There is an ongoing maintenance and checking schedule in place and water temperatures are recorded monthly. Temperatures over 45 degrees have not been addressed.</p>	<p>The water temperatures for some shower rooms have remained consistently over 45 degrees.</p>	<p>Ensure that the water temperatures are less than 45 degrees in resident areas.</p> <p>90 days</p>

<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Low</p>	<p>A minimum of one person trained in first aid is required at all times, however there is not always a first aid trained staff member on duty 24/7. Two caregivers that work together on the afternoon duty are not first aid trained.</p>	<p>There is not always a first aid trained staff member on duty 24/7. Two caregivers that work together on the afternoon duty are not first aid trained.</p>	<p>Ensure that there is a first aid trained staff member on duty 24/7.</p> <p>90 days</p>
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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.