

Melody Enterprises Limited - Ultimate Care Rhapsody

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 The DAA Group 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:	Melody Enterprises Limited
Premises audited:	Ultimate Care Rhapsody
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 March 2019 End date: 22 March 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:	59

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
Yellow	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
Red	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

Melody Enterprises Limited provides rest home and hospital level care for up to 70 residents at Ultimate Care Rhapsody. The service is operated by Ultimate Care Group and managed by a facility manager and a clinical services manager. The facility manager and clinical services manager are new to the facility since the previous audit. Residents and families spoke positively about the care provided.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, management, staff, a contracted allied health provider and a general practitioner.

This audit has identified areas requiring improvements relating to complaint management, training records, timely document retrieval, care planning, emergency planning, and emergency supplies.

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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The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

Services are provided that respect the choices, personal privacy, independence, individual needs and dignity of residents and staff were noted to be interacting with residents in a respectful manner.

Care for residents who identify as Māori is guided by a comprehensive Māori health plan and related policies.

There was no evidence of abuse, neglect or discrimination and staff understood and implemented related policies. Professional boundaries are maintained.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required.

The service has linkages with a range of specialist health care providers, which contributes to ensuring services provided to residents are of an appropriate standard.

A complaints register is maintained with complaints resolved promptly.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Ultimate Care Group business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body through the support office was regular and effective. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. Delivery of ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Residents' information is accurately recorded and not accessible to unauthorised people.

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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The organisation works closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is appropriate and efficiently managed. When a vacancy occurs, relevant information is provided to the potential resident/family to facilitate the admission.

Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers and handover documentation guides continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed are reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

The planned activity programme is run by a diversional therapist and an activities coordinator who provide residents with a wide variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures and consistently implemented using an electronic system. Medications are administered by registered nurses whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery. The kitchen was well organised, clean and meets food safety standards. Residents verified overall satisfaction with meals.

Safe and appropriate environment

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Ultimate Care Rhapsody meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken onsite and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained.

Restraint minimisation and safe practice

<p>Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.</p>		<p>Standards applicable to this service fully attained.</p>
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Ultimate Care Group has implemented policies and procedures that support the minimisation of restraint. One enabler and four restraints were in use at Ultimate Care Rhapsody at the time of audit. A comprehensive assessment, approval and monitoring process with regular reviews occurs. Use of enablers is voluntary for the safety of residents in response to individual requests. Ultimate Care Rhapsody staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection prevention and control programme, led by an experienced infection control nurse, aims to prevent and manage infections. Specialist infection prevention and control advice is accessed from the organisation's external advisor or the Taranaki District Health Board. The programme is reviewed annually.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, data is analysed, trended, benchmarked and results reported through all levels of the organisation. Follow-up action is taken as and when required.

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	45	0	3	2	0	0
Criteria	0	95	0	4	2	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>Ultimate Care Rhapsody has policies, procedures and processes in place to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</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>Nursing and care staff interviewed understand the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form including for photographs, outings, invasive procedures and collection of health information.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented where relevant in the resident's file. Staff demonstrated their understanding by being able to explain situations when this may occur.</p> <p>Staff were observed to gain consent for day to day care on an ongoing basis.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were also displayed at reception, and additional brochures were on display throughout the facility. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>Staff were aware of how to access the Advocacy Service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Residents of Ultimate Care Rhapsody are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, entertainment, the facilities proximity to the shops and the enabling of some residents to use mobile scooters.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff. Family members are assisted to join residents and partake in a meal if they wish. Family and visitors were observed to be offered morning and afternoon teas if present at the time.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>PA Low</p>	<p>The Ultimate Care Group complaints/concerns policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The complaints register reviewed showed that 14 complaints have been received in 2018 and five this year and that actions taken, through to an agreed resolution, are documented and completed within the timeframes. Action plans showed any required follow up and improvements have been made where possible. The facility manager is responsible for complaints management, follow up and escalation to the support office senior managers. Staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There was one complaint received from a Nationwide Health and Disability Service advocate providing assistance to a complainant, since the previous audit. This complaint was fully investigated, relevant follow up actions were taken by the facility manager and the complaint was responded to by the Ultimate Care Group General Manager Residential Care (GM).</p> <p>Two complaints relating to pain management had not been escalated to the GM as required by the Ultimate Care Group policy and as the GM stated she would have expected.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents and family interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussion with staff. The Code is displayed in several common areas throughout the facility, together with information on advocacy services and the phone number to access the service written in large print. Information on how to make a complaint, feedback forms and how to access the interpreter service is also on display.</p>
<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>Residents and families of Ultimate Care Rhapsody confirmed that they received services in a manner that had regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff understood the need to maintain privacy and were observed doing so, when attending to personal cares, ensuring resident information is held securely and privately, exchanging verbal information and during discussions with families and the GP. All residents had a large private room, that has the capacity to accommodate a wide range of the resident's furniture. Several residents had their own double beds, a lounge suite and a small fridge, enabling them to entertain visitors in the privacy of their own room if desired.</p> <p>Residents were encouraged to maintain their independence by participating in community activities, regular outings to the local shops or areas of interest and participation in clubs of their choosing. Several residents have mobility scooters, enabling them independence to come and go as they feel able. Each plan included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for staff, and is then provided on an annual basis, as confirmed by staff and training records.</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</p>	FA	<p>There were three residents and three staff members at Ultimate Care Rhapsody at the time of audit who identified as Māori. Interviews of staff and residents verified staff were able to support residents who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whānau to Māori residents. There is a current Māori health plan developed with input from cultural advisers.</p>

respects and acknowledges their individual and cultural, values and beliefs.		
<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>Interviews with residents of Ultimate Care Rhapsody verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences required interventions and special needs were included in all care plans reviewed, for example, food likes and dislikes and attention to preferences around activities of daily living. A resident satisfaction questionnaire includes evaluation of how well residents' cultural needs are met, and this supported that individual needs are being met.</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>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A general practitioner (GP) also expressed satisfaction with the standard of services provided to residents.</p> <p>The induction process for staff includes education related to professional boundaries and expected behaviours. All registered nurses (RN's) have records of completion of the required training on professional boundaries. Staff are provided with a Code of Conduct as part of their individual employment contract. Ongoing education is also provided on an annual basis, which was confirmed in staff training records. Staff are guided by policies and procedures and, when interviewed, demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The team at Ultimate Care Rhapsody encourages and promotes good practice using evidence-based policies and input from external specialist services and allied health professionals, for example, hospice/palliative care team, respiratory nurse specialist, physiotherapist, clinical nurse specialist, community dieticians, services for older people, and education of staff. The GP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and have access to on line training sites. RNs are also able to access training through the Taranaki District Health Board (TDHB). Care staff access training through an external provider. The facility manager (FM) is an onsite assessor.</p> <p>Other examples of good practice observed during the audit included a commitment to ongoing improvement in the care provided, evidenced by an ongoing initiative aimed at a reduction in the</p>

		<p>number of falls, and an analysis and interventions to minimise the causes of medication errors. A diverse and exciting activity programme operates at Ultimate Care Rhapsody. Activities are evidenced to be occurring all day and were well attended by residents, who were complimentary of the programme. Photographs throughout the facility capture residents' pleasure, when participating in the activities on offer.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their own or their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process and in family contact records. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code. The results of resident satisfaction surveys are displayed to families and residents at reception.</p> <p>Interpreter services can be accessed via TDHB when required. The phone number to access the service is on display and in large print, at reception. Staff knew how to access the service, though reported that interpreter services were rarely required due to all present residents being able to speak English.</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>The Ultimate Care Group strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents described annual and longer term objectives and the associated operational plans. A sample of quarterly reports to the general and regional managers provided within an electronic reporting system showed adequate information to monitor performance is reported including occupancy, staffing, financial performance, health and safety, property, incidents, exceptions, emerging risks and issues.</p> <p>Ultimate Care Rhapsody is managed by a facility manager who holds relevant qualifications and has been in the role for 18 months. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The facility manager confirms knowledge of the sector, regulatory and reporting requirements and maintains currency through Ultimate Care Group education and sector involvement.</p> <p>The service holds contracts with Taranaki District Health Board (DHB) and Ministry of Health (MOH) for aged related residential care and young persons with physical disabilities, (YPD) respectively. A total of 48 residents were receiving rest home services and 11 were receiving hospital level services under the DHB ARRC. Three people under 65 years of age reside at Ultimate Care Rhapsody. One of these people under 65 was receiving palliative care funded through the DHB contract, and two people</p>

		under 65 were receiving rest home care under the MOH YPD contract at the time of audit.
<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>When the Ultimate Care Rhapsody facility manager is absent, the clinical services manager carries out all the required duties under delegated authority, supported by the regional operations manager. During absences of key clinical staff, the clinical management is overseen by the clinical services manager who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</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>Ultimate Care Group has a planned quality and risk system that reflects the principles of continuous quality improvement, which Ultimate Care Rhapsody uses. This includes management of incidents and complaints, audit and project activities, a regular resident satisfaction survey, regular minuted meetings, monitoring of outcomes, clinical incidents including falls, medication errors, infections and monitoring of restraints.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the quality management meetings and staff meetings. Staff reported their involvement in quality and risk management activities through incident reporting, meeting attendance, training and audit activities. Relevant corrective actions are developed and implemented to address any shortfalls. Organisation wide resident and family satisfaction surveys are completed annually and Ultimate Care Rhapsody participate in these. The most recent survey in 2018 showed over 90% of the resident respondents were satisfied with the services provided. Areas for improvement at Ultimate Care Rhapsody described in the survey, had been identified, corrective actions taken and reported on to the support office through the electronic monitoring system.</p> <p>Ultimate Care Group policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents at a local level.</p> <p>The Ultimate Care Rhapsody facility manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements.</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>	<p>FA</p>	<p>Ultimate Care Rhapsody staff document adverse and near miss events on an accident/incident form and the CSM or RN enters the information into an electronic system used by Ultimate Care Group. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is escalated, collated, analysed and reported within the electronic system which allows for oversight by the support office staff and senior managers, ease of trending data and benchmarking between facilities.</p> <p>The GM and facility manager described essential notification reporting requirements, including for pressure injuries. They advised there have been several notifications of significant events made to the Ministry of Health, in 2018 and 2019 relating to a wandering incident involving a respite care person and another resident, a pressure injury, an incident involving the restriction of water and since the last audit there have been several notifications of new facility managers.</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>	<p>PA Moderate</p>	<p>Ultimate Care Group 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. A sample of Ultimate Care Rhapsody staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the specific role. Ultimate Care Rhapsody staff reported that the orientation process prepared them well for their role. Staff records reviewed show documentation of completed orientation and a performance review after a three-month period.</p> <p>Continuing education is planned by Ultimate Care Group on an annual basis, including mandatory training requirements. Managers and staff at Ultimate Care Rhapsody understood the need for education and described the mandatory training provision and their attendance at this. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. The facility manager is the internal assessor for the programme. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training by many staff and completion of annual performance appraisals, however evidence was not found that the infection control nurse had relevant education, the second checkers on night duty were competent to undertake this task, or that the Cook had current Food Safety training.</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>	<p>FA</p>	<p>There is an Ultimate Care Group 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). Ultimate Care Rhapsody managers during business hours and on call adjust staffing levels to meet the changing needs of residents. Weekly review of the roster is undertaken with the regional operations manager, using the acuity data. An afterhours on call roster is noted on the whiteboard in reception, 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. Observations and review of six rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>PA Low</p>	<p>The resident's name, date of birth and National Health Index (NHI) number are used on labels as the unique identifier on all residents' information sighted. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site, in a locked cupboard. There is no methodical filing system in place that dictates where the records are in the cupboard to enable easy access and retrieval.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Electronic medication records are stored in a secure portal.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Residents requiring the services of Ultimate Care Rhapsody, enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the facility manager (FM) or the clinical services manager (CSM). They are also provided with written information about the service and the admission process.</p> <p>Family members and residents interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the TDHB's 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family. At the time of transition between services, appropriate information, including medication records and the care plan is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred to the local acute care facility showed transfer was managed in a planned and co-ordinated manner.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All RNs who administer medicines are competent to perform the function they manage. Caregivers administer medications in the rest home and are deemed competent to do so. Two caregivers on night duty who were thought, by the RNs, CSM and FM to be competent to 'check medications', have no documentation to verify competency (refer criterion 1.2.7.5). A check of administration records of controlled drugs at night, provided no evidence those two caregivers specifically have checked medications.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review is consistently recorded on the electronic medicine chart.</p> <p>There were four residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the RN and CSM and recorded on an accident/incident form. The</p>

		<p>resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are used and meet standing order guidelines.</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	<p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian in November 2018. Recommendations made at that time have been implemented.</p> <p>A food control plan is in place and registered with the Ministry of Primary Industries (MPI) 27 June 2018.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The cook has undertaken a safe food handling qualification; however, this has not been updated since 2015 (refer criterion 1.2.7.5).</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There are enough staff on duty in the dining rooms at meal times to ensure appropriate assistance is available to residents as needed.</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>If a referral is received by Ultimate Care Rhapsody, but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the CSM. There is a clause in the access agreement related to when a resident's placement can be terminated.</p>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>On admission, residents of Ultimate Care Rhapsody are assessed using a range nursing assessment tools, such as pain scale, falls risk, skin integrity, nutritional screening and depression scale to identify any deficits and to inform initial care planning. Within three weeks of admission residents are assessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI assessment tool, in conjunction with additional assessment data, occurs every six months or more frequently as residents' changing conditions require.</p> <p>In all files reviewed, initial assessments are completed as per the policy and within 24 hours of admission. InterRAI assessments are completed within three weeks of admission and at least six monthly unless the resident's condition changes. Interviews, documentation and observation verified the RNs are familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing need levels.</p> <p>All residents have current interRAI assessments completed by one of four trained interRAI assessors on site. InterRAI assessments are used to inform the care plan. Any acute problems have ongoing additional assessments carried out, for example, regarding pain, wounds and falls.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Moderate</p>	<p>Plans reviewed reflected the generalised support needs of residents, and the outcomes of the integrated assessment process and the needs identified by the interRAI assessments. Care plans evidenced service integration with progress notes, activities notes, medical and allied health professional's notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans. Six of the 13 plans reviewed, did not fully describe the required support the resident needed to achieve the desired outcomes.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Except for the documentation referred to in criterion 1.3.5.2, documentation, observations and interviews verified the care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</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>	<p>FA</p>	<p>The activities programme is provided by a qualified diversional therapist and a recreation co-ordinator, both working five days a week.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal six-monthly care plan review.</p> <p>The planned monthly activities programme sighted and observed is diverse and matches the skills, likes, dislikes and interests identified in assessment data. Photos align the walls of the facility capturing the pleasurable experiences of the residents when participating in the array of activities provided at Ultimate Care Rhapsody. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Residents interested in gardening have worm farms and sell the worm excrement to raise funds for lunches at a café. The local community assist in fund raising events and providing goods the residents use to make things to sell at their yearly fair. Residents participate in shopping expeditions to the hospice shop, to collect treasures which the residents use to create something unique to sell. A stall sits at the entrance to the facility and has on display the resident's achievements for sale. Individual, group activities and regular events are offered. Entertainers visit weekly.</p> <p>The activities programme is discussed at the minuted residents' meetings and minutes indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with the activities on offer. Residents interviewed confirmed they find the programme extremely enjoyable, and reported "there's always something fun going on".</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Except for that referred to in criterion 1.3.5.2, where progress is different from expected, the service responds by initiating changes to the plan of care. Examples were sighted of short-term care plans being consistently reviewed for infections, pain and weight loss and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans were evaluated each time the dressing was changed. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</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>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP, CSM or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to older persons' mental health services. Referrals are followed up on a regular basis by the RN or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</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>Ultimate Care Rhapsody staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this in their various roles.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness expiry date 14 January 2020 is publicly displayed.</p> <p>Ultimate Care Rhapsody has appropriate systems in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted.</p> <p>External areas are attractive, safely maintained and were appropriate to the resident groups and setting.</p> <p>Residents and staff confirmed they knew the processes they should follow if any repairs or maintenance is required and any requests are appropriately actioned. They reported being happy with the environment.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout Ultimate Care Rhapsody. This includes six shared toilets, five shared showers, 53 residents' rooms with their own toilet and 29 of these rooms have full ensuites. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Adequate personal space is provided at Ultimate Care Rhapsody to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheel chairs and mobility scooters. Staff and residents reported the adequacy of bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>A variety of communal areas are available for residents to engage in activities. The dining and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>At Ultimate Care Rhapsody laundry is undertaken on site in a dedicated laundry and by family members if requested. Dedicated laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>There is a small designated cleaning team who have received on the job training. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored through resident, family and staff feedback and the internal audit programme.</p>

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>Ultimate Care Group policies and guidelines for emergency planning, preparation and response are provided to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described some of the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 1 December 1998 and reviewed on 5 April 2011. Fire evacuation takes place regularly and trial evacuations at least six-monthly with a copy sent to the New Zealand Fire Service and the most recent call out being on 14 March 2019. The orientation programme includes fire and security training. Staff confirmed their awareness of some of the emergency procedures such as fire or flooding.</p> <p>Supplies for use in the event of a civil defence emergency, including food, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for the 70 residents. Four containers holding 20 litres of water were sighted in the chiller kept for emergency purposes and rotated in use. There is confusion as to the location of the water storage tank believed by staff to be located onsite and no instructions onsite to access this water. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time.</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>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows that open onto outside garden or small patio areas. Heating is provided by forced air gas heaters in residents' rooms and in the communal areas. Areas were well ventilated throughout the hot days of the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</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</p>	<p>FA</p>	<p>Ultimate Care Rhapsody provides a managed environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual, developed at organisational level with input from the CSM. The infection control programme and manual are reviewed annually.</p> <p>The CSM is the designated infection control nurse, whose role and responsibilities are defined in a job</p>

<p>be appropriate to the size and scope of the service.</p>		<p>description. Infection control matters, including surveillance results, are collated monthly by the CSM and tabled at the quality/risk meeting and quarterly infection control committee meetings Infection control statistics are entered in the organisation's electronic database and benchmarked within the organisation's other facilities. The organisation's national quality manager is informed of any IPC concern.</p> <p>Signage at the main entrance to the facility requests anyone who is or has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities.</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 infection control nurse (ICN) has appropriate skills, knowledge and qualifications for the role, and has undertaken a wide range of post graduate training, however, has no evidence of recent training in infection control (refer criterion 1.2.7.5). Well-established local networks with the infection control team at the DHB are available and expert advice from the organisation's external infection control advisor is available if additional support/information is required. The ICN has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The ICN confirmed the availability of resources to support the programme and any outbreak of an infection.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The IPC policies reflected the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last year and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Priorities for staff education are outlined in the infection control programme annual plan. Interviews, observation and documentation verified staff have received education in IPC at orientation and ongoing education sessions. Education is provided by suitably qualified RNs or the infection control nurse from the DHB. Content of the training was documented and evaluated to ensure it was relevant, current and understood. A record of attendance was maintained. When an infection outbreak or an increase in infection incidence has occurred, there is evidence that additional staff education has been provided in response. An example of this occurred when there was a recent norovirus outbreak.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather.</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>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and skin infections. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The ICN/CSM reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality and staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Data is benchmarked internally within the group's other aged care providers.</p> <p>An outbreak of Norovirus occurred in April 2018. Evidence was sighted of a comprehensive review of the outbreak, with documentation from Public Health and the DHB congratulating Ultimate Care Rhapsody for their management strategies.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Ultimate Care Group policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator provides support and oversight for enabler and restraint management at Ultimate Care Rhapsody and demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>On the day of audit, four residents were using restraints and one resident was using an enabler, which was the least restrictive and used voluntarily at their request. A similar process is followed for the use</p>

		<p>of enablers as is used for restraints.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident on review of the restraint approval group minutes, files reviewed, and from interview with staff.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>The restraint approval group, made up of the general practitioner, physiotherapist, registered nurse, EPOA, CSM and cultural advisor as relevant, are responsible for the approval of the use of restraints and the restraint processes. It was evident from review of restraint approval group meeting minutes, residents' files and interviews with the coordinator that there are clear lines of accountability, that all restraints have been approved, and the overall use of restraints is being monitored and analysed.</p> <p>Evidence of family/whānau or EPOA involvement in the decision making was on file in each case. Use of a restraint or an enabler is part of the plan of care.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>Assessments for the use of restraint were documented and included all requirements of the Standard. The Ultimate Care Rhapsody RN undertakes the initial assessment with the restraint coordinator's involvement, and input from the resident's family/whānau or EPOA. The restraint coordinator described the documented process. Families confirmed their involvement. The general practitioner is involved in the final decision on the safety of the use of the restraint. The assessment process identified the underlying cause, history of restraint use, cultural considerations, alternatives and associated risks. The desired outcome was to ensure the resident's safety and security. Completed assessments were sighted in the records of residents who were using a restraint.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The Ultimate Care Group actively minimise the use of restraints and the restraint coordinator described how alternatives to restraints are discussed with staff and family members, for example the use of sensor mats, and cushioning mattresses beside the bed.</p> <p>When restraints are in use, at Ultimate Care Rhapsody's frequent monitoring occurs to ensure the resident remains safe. Records of monitoring had the necessary details. Access to advocacy is provided if requested and all processes ensure dignity and privacy are maintained and respected.</p> <p>A restraint register is maintained, updated every month, reviewed at each restraint approval group meeting and is reported on monthly to the support office. The register was reviewed and contained all residents currently using a restraint and sufficient information to provide an auditable record.</p>

		Staff have received training in the organisation's policy and procedures and in related topics, such as positively supporting people with challenging behaviours. Staff spoken to understood that the use of restraint is to be minimised and how to maintain safety when in use.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	Review of residents' files showed that the individual use of restraints is reviewed and evaluated during care plan and interRAI reviews, three monthly restraint evaluations and at the restraint approval group meetings. Families interviewed confirmed their involvement in the evaluation process and their satisfaction with the restraint process. The evaluation covers all requirements of the Standard, including future options to eliminate use, the impact and outcomes achieved, if the policy and procedure was followed and documentation completed as required.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	The restraint group undertakes a three-monthly review of all restraint use which includes all the requirements of this Standard. Six monthly restraint meetings and reports are completed and individual use of restraint use is reported through the regular staff meetings. Minutes of meetings reviewed confirmed this includes analysis and evaluation of the amount and type of restraint use in the facility, whether all alternatives to restraint have been considered, the effectiveness of the restraint in use, the competency of staff and the appropriateness of restraint / enabler education and feedback from the doctor, staff and families. A six-monthly internal audit that is carried out also informs these meetings. Any changes to Ultimate Care Group policies, guidelines, education and processes are implemented if indicated. Data reviewed, minutes and interviews with staff, the restraint coordinator and facility manager confirmed that the use of restraint has been reduced by half over the past year.

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 1.1.13.1</p> <p>The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.</p>	PA Low	An up-to-date complaints register is maintained and the organisation's support office staff are available to provide clinical quality support and advice. However, the risks associated with two pain related complaints were not recognised or escalated to the appropriate senior clinical quality staff in the support office as required by the organisation's escalation process and the GM's expectation. Other complaints reviewed and managers and staff interviewed indicated an awareness of the need to escalate complaints based on the perceived risk. The risk associated with the two pain related complaints was not recognised at the time however investigation and corrective actions were undertaken at facility level.	Two complaints acknowledged as being high risk were not escalated as required by Ultimate Care Group policy.	<p>Ensure all complaints are risk rated and escalated to relevant senior managers as required by the organisation's policy.</p> <p>90 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to</p>	PA Moderate	The organisation provides annual training programmes and reporting systems to promote relevant timely mandatory education and many staff have completed this as evidenced in staff files and training	The local system used at Ultimate Care Rhapsody to record mandatory	Provide evidence the infection control RN, second checkers of

<p>identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>		<p>records; however, there is no local system at Ultimate Care Rhapsody to readily evidence mandatory training has occurred for individual staff members and to identify gaps. Managers and staff provided information on the education they had attended and this was evidenced in files and training attendance records viewed. The infection control nurse was unable to provide evidence of her infection control training being up to date, the Cook's Food Safety Training was last updated in May 2015 and there was no evidence the night staff were competent as second checkers for controlled drug administration, although second checkers were named on a list in the medication room and RNs said they believe the named caregivers were competent..</p>	<p>education of individual staff is inconsistent and unable to readily provide evidence of relevant mandatory training. This has resulted in three identified gaps which need to be addressed. The system currently used cannot provide assurance all staff have attended the mandatory sessions as required.</p>	<p>medication and the cook have the education required for their roles and that the system used ensures these and other mandatory education competencies are tracked and action taken as required to maintain currency of all staff education.</p> <p>30 days</p>
<p>Criterion 1.2.9.1 Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.</p>	<p>PA Low</p>	<p>A hard copy register that records residents' details on entering and leaving the service is maintained at reception. When the resident leaves the service the resident's records are collated and placed into a large envelope, with the resident's details recorded on the envelope. The envelope is then placed into an available space in a secure storage cupboard. There is no system in place to manage a systematic approach to the storage of these records and enable easy access or retrieval of the records. An interview with the administrator, identified there was no system in place to manage archived patient information, at the time of audit.</p>	<p>The consumer information management system currently in place does not enable information to be entered and retrieved in an accurate and timely manner.</p>	<p>Provide evidence consumer information is entered into a consumer information system in an accurate and timely manner.</p> <p>90 days</p>
<p>Criterion 1.3.5.2 Service delivery plans</p>	<p>PA Moderate</p>	<p>A review of 13 care plans, identified the required support the resident needs as identified in the interRAI assessment. However, six of these files reviewed did not identify the support the resident required in relation to several potential problems associated with clinical assessment data.</p>	<p>Service delivery plans do not always describe the required support the resident requires to meet their desired outcomes.</p>	<p>Provide evidence care plans describe fully the care the residents' require.</p>

<p>describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>		<p>A resident with a stage 3 pressure injury (Refer criterion 1.3.3.3) had a wound care plan in place, however no plan is sighted that references the desired outcome, required management and evidence of wound care specialist input. In addition, the care plan made no reference to the required monitoring of the resident's medical condition Evidence however was sighted of regular blood sugar monitoring occurring.</p> <p>A resident with challenging behaviour had a behaviour management plan in place, however this was not updated to reflect the behaviours identified in ongoing behaviour monitoring, and subsequent management.</p> <p>Two residents with potential problems related to the medical diagnosis, had no plan in place identifying how these were to be monitored, minimised or managed if they occurred. A resident who self-administered medication for pain, had no documentation referencing the potential for pain in the care plan and required management. A resident on an oxygen concentrator had no documentation in the care plan, verifying how the concentrator is to be cared for to ensure it provides the resident with the required support. Interviews verified that no ongoing attention to the concentrator, was known to staff.</p>		<p>60 days</p>
<p>Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security</p>	<p>PA Low</p>	<p>The organisation supplies templates to be completed using local information to guide staff to respond to emergencies. Some relevant information has been documented in the Ultimate Care Rhapsody Plan, however there are gaps and inaccuracies, such as no inclusion of the local Civil Defence site and reference to 8,000 litres of emergency water which no staff know how to access</p>	<p>The Ultimate Care Rhapsody Emergency Plan does not include all relevant required information to guide staff to respond appropriately in an emergency.</p>	<p>Ensure there is adequate water stored and available to residents and staff at Ultimate Care Rhapsody in an emergency. Update the emergency plan with accurate, information which includes the location of the emergency water supply, the local Civil Defence Centre and all</p>

<p>situations. This shall include fire safety and emergency procedures.</p>				<p>other information required by the Ultimate Care Group templates.</p> <p>90 days</p>
<p>Criterion 1.4.7.4 Alternative energy and utility sources are available in the event of the main supplies failing.</p>	<p>PA Low</p>	<p>Ultimate Care Rhapsody has emergency provisions available onsite including four 20 litre containers of water in the chiller, which is inadequate for the number of residents and staff in an emergency. Staff made reference to 8,000 litres of emergency water, however no one was able to describe how to access the water and two locations were provided as possibilities.</p>	<p>There is no assurance that the required emergency water supplies are available to residents and staff of Ultimate Care Rhapsody in an emergency.</p>	<p>Provide an adequate emergency water supply as required by Ultimate Care Group policy.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.