

M F & B K Coombes - Avon 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: M F & B K Coombes

Premises audited: Avon Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 26 April 2019 End date: 26 April 2019

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 7

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

Avon Rest Home provides rest home level care for up to 18 residents. On the day of the audit there were seven residents and nine boarders living at the facility.

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 residents and staff files, observations, and interviews with residents, family, management, staff and a general practitioner.

The manager is appropriately experienced and is supported by a registered nurse who assists with management responsibilities and oversees the residents' clinical cares. Feedback from residents and families was very positive about the care and services provided.

This certification audit identified that one improvement is required around medication management.

There is one area of continuous improvement around reducing the number of falls.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed at the entrance in English and in Māori. This information is provided to residents and families during their entry to the service. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care planning accommodates individual choices of residents and/or their family. Residents interviewed spoke positively about care provided. Complaints processes are implemented, and complaints and concerns are managed. Staff training reinforces a sound understanding of residents' rights.

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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The implemented quality and risk management system includes the management of complaints, implementation of an internal audit schedule, monitoring incidents and accidents, review of infections, and the review of health and safety systems.

Human resources policies are in place including a documented rationale for determining staffing levels and skill mixes. There is an implemented orientation programme that provides new staff with relevant information for safe work practice. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and there is sufficient staff on duty at all times.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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A registered nurse is responsible for the provision of care and documentation at every stage of the service delivery. Residents are assessed prior to entry to the service to establish a level of care. The initial support plans, baseline assessments and care plans guide staff in the safe delivery of care to the residents. The care plans are resident, and goal orientated and reviewed every six months or earlier if required. Input from the resident/family is evident in the service delivery. Integration of allied health and a team approach is evident in the resident files reviewed. The general practitioner reviews residents three monthly or more often as required. Residents interviewed confirmed that they were happy with the care provided.

Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme.

There is a secure electronic medication system at the facility. Medication charts are reviewed three monthly by the general practitioner. The registered nurse and caregivers that administer medication have annual medication competency assessments and receive annual education.

Residents' food preferences and dietary requirements are identified at admission and accommodated. All meals are cooked on site. The kitchen is well equipped for the size of the service. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

Standards applicable to this service fully attained.

The building holds a current warrant of fitness. Chemicals are stored safely throughout the facility. Appropriate policies are available along with product safety charts. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is wheelchair access to all areas. Internal areas are well ventilated and warm. External areas are safe and well maintained. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaners and maintenance staff are providing appropriate services. An external provider is currently being utilised for the laundry service. Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation scheme and emergency supplies for at least three days.

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.

The service maintains a restraint free environment. There are policies and procedures to follow in the event that restraint or enablers were required. On the day of the audit there were no residents using restraints or enablers. The registered nurse is the restraint coordinator. Restraint education is covered in the staff training programme.

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.

Infections are reported by staff and residents and monitored through the infection control surveillance programme by the infection control officer (registered nurse). There are infection prevention and control policies, procedures and a monitoring system in place. Training of staff and information to residents is delivered regularly. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of the surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	44	0	1	0	0	0
Criteria	1	91	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with the licensing manager, registered nurse (RN), one caregiver, one activities/caregiver and one cook confirmed their familiarity with the Code. Interviews with five residents and one family member confirmed that the services being provided are in line with the Code. The RN confirmed that aspects of the Code are discussed at resident and staff meetings (link 1.2.3.6).
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	There are established informed consent policies/procedures and advanced directives that are being implemented. General consents obtained on admission were sighted in the five resident files reviewed. 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. Consents were sighted for specific procedures. Advance directives if known were on the resident files. Resuscitation plans were appropriately signed. Residents

		<p>interviewed confirmed they have been made aware of and understand informed consent processes and that appropriate information had been provided.</p> <p>All long-term residents (under the aged residential care contract - ARCC) had a signed admission agreement.</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>	FA	<p>Residents and families are provided with information on the Code and advocacy services on entry to the service. Interviews with the residents confirmed their understanding of the availability of advocacy services. Caregivers and the registered nurse interviewed were aware of the resident's right to advocacy services and how to access the information.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy and family and friends are encouraged to visit the home and are not restricted to visiting times. Residents interviewed stated that they are supported and encouraged to remain involved in the community. During the audit, residents were observed freely coming and going from the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written, are maintained using a complaint's register. There were two complaints lodged in 2018 (year to date) that were reviewed. In each case, appropriate actions were taken within the required timeframes and to the satisfaction of the complainant. Residents and families interviewed advised that they are aware of the complaints' procedure.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Posters display the Code and leaflets are available. The service is able to provide information about the Code in different languages and/or in large print if requested. Written information is given to residents and/or next of kin/enduring power of attorney (EPOA) to read with the resident and discuss. There is the opportunity to discuss this</p>

		<p>prior to entry and/or at admission with the resident, family or legal representative. The registered nurse and/or caregivers are available to discuss concerns or complaints with residents and families at any time. Residents interviewed stated they receive sufficient verbal and written information to be able to make informed choices on matters that affect them.</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>The service provides physical and personal privacy for residents. During the audit, staff were observed treating residents with respect and ensuring their dignity is maintained. Staff interviewed were able to describe how they maintain resident privacy.</p> <p>The education programme includes staff training on privacy/dignity; and abuse and neglect. Care staff interviewed stated they promote independence with daily activities where appropriate.</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>There is a Māori health plan and ethnicity awareness policy and procedure. The policy includes references to other Māori providers available and interpreter services. The Māori health plan acknowledges the Treaty of Waitangi, is linked to the four cornerstones of health (physical well-being, spiritual well-being, mental well-being, family). This plan was last reviewed and updated in March 2018.</p> <p>On the day of the audit there was one resident that identified as Māori. A comprehensive and personalised cultural assessment had been completed for this resident to provide direction for staff. This resident was interviewed and stated that their cultural values were respected, and their needs were being met by the service with examples provided.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Staff recognise and respond to values, beliefs and cultural differences. Residents are supported to maintain their spiritual needs and attend a range of community groups as desired. The multi-cultural staff have</p>

		received cultural awareness training.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Professional boundaries are defined in job descriptions. Staff were observed to be professional within the culture of a family environment. Staff are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Interviews with managers and staff confirmed that they build a supportive relationship with each resident. Residents interviewed stated they are treated fairly and with respect.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The licensing manager and registered nurse demonstrate a commitment to providing services of a high standard, based on the service philosophy of care. This was observed during the day with the staff demonstrating a caring attitude to the residents. All residents and families interviewed spoke positively about the care provided. The service has implemented policies and procedures from a recognised aged care consultant to provide a good level of assurance that it is adhering to relevant standards. Staff interviewed had a sound understanding of the principles of aged care and stated that they feel supported by management.</p> <p>An example of a quality initiative that was initiated last year was to help reduce the number of residents smoking. Electronic cigarettes were introduced, and residents received regular reinforcement to reduce/quit smoking.</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>Management promote an open-door policy. Residents confirmed on interview that the staff and management are approachable and available. Information is provided in formats suitable for the resident and their family. Residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement. Communication with family members is recorded either on the incident report form, on the family communication sheet or in the daily progress notes. There are very few adverse events. Five incident forms reviewed (one in 2019 and four in 2018) confirmed that</p>

		family were notified following a resident incident. Interpreters are available as required.
<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>Avon Rest Home provides care for up to 18 residents requiring rest home level of care. On the day of audit there were five residents under the aged residential care contract (ARCC), one under the long-term care – chronic health conditions (LTS–CHC) contract, one under the younger person with a disability (YPD) contract and nine boarders. Two residents funded under the ARCC were receiving services provided by the DHB mental health service.</p> <p>The service has a strategic business plan in place that is reviewed/updated annually. The business plan includes a mission statement, values and goals. Business goals are regularly reviewed in meetings with the licensing manager and the registered nurse.</p> <p>The manager is also the owner of Avon Rest Home. He reported that this facility was opened by his grandparents in 1975. He also owns seven small half-way houses and is on site at Avon Rest Home on an 'as required' basis. He is available by phone 24/7 if not on site. The facility manager is supported by a registered nurse who assists with managerial responsibilities and is responsible for the clinical oversight of the service. He has been in this role since May 2013. He has a background in mental health services with a certificate in mental health nursing and also holds a certificate in management from the New Zealand Institute of Management (2014).</p> <p>The manager and registered nurse have maintained at least eight hours annually of professional development relating to their roles at Avon Rest Home.</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 manager is only on site on an 'as needed' basis and is available 24/7 by telephone. During the temporary absence of the registered nurse, a casual nurse is rostered to cover.</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>	<p>FA</p>	<p>A quality and risk management programme is in place. Interviews with the licensing manager, RN and staff reflected their understanding of the quality and risk management systems that are being implemented. Policies and procedures are provided by an external consultant. A system of document control is in place with evidence of regular (two yearly) reviews. Staff are made aware of any policy changes and sign that they have read and accept new policies and changes to policy.</p> <p>The monthly collating and analysis of quality and risk data includes monitoring accidents and incidents, any complaints received, resident satisfaction and infection rates. Internal audits regularly monitor compliance. Corrective actions are completed where areas are identified for improvement. Staff are kept informed regarding results and actions via staff meetings. Quarterly reviews of corrective actions reflect evidence of either sign-off of the corrective action, or ongoing monitoring. Of particular mention is the significant reduction in the number of residents' falls over a period of three years, resulting in a rating of continuous improvement. Annual resident satisfaction surveys are completed. The last resident satisfaction survey results (2019) indicated that no corrective actions were required. The activities/caregiver confirmed that she discusses quality initiatives and outcomes with residents at resident meetings.</p> <p>A health and safety programme is in place, which includes managing identified hazards. The licensing manager is the health and safety officer. Health and safety training begins during the new employee's orientation. The topic of health and safety is covered quarterly in the staff meetings. The hazard register is regularly reviewed and updated as new hazards are identified.</p> <p>Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and</p>	<p>FA</p>	<p>There is an incident reporting policy that includes definitions and outlines responsibilities including immediate action, reporting, monitoring and corrective actions. Five incident forms reviewed for 2018 (one fall, two skin tears, one physical/verbal aggression, one</p>

where appropriate their family/whānau of choice in an open manner.		<p>absconding) evidenced that appropriate clinical care is provided following an adverse event. Investigations were completed, and family notified as appropriate. All incident forms are signed off by the registered nurse.</p> <p>The caregivers interviewed could discuss the incident reporting process. The registered nurse collects monthly incidents, investigates and implements corrective actions as required. Records of events are collated per individual resident and for the facility as a whole (link CI 1.2.3.6).</p> <p>Discussions with the licensing manager and RN confirmed their awareness to report and notify statutory authorities. One section 31 report was completed during the audit, reporting an instance of physical assault that involved police.</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 resource management policies in place that include the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of current practising certificates for health professionals are held. Five staff files (one RN/manager, three caregivers, one caregiver/activities coordinator) reviewed evidenced implementation of the recruitment process, employment contracts, completed orientation and annual performance appraisals. Staff interviewed were able to describe the orientation process and reported new staff were adequately orientated to the service.</p> <p>There is an education and training plan in place that meets contractual requirements. The RN has completed their interRAI training. There is a minimum of one staff available 24/7 who holds a current certificate in first aid and CPR.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The licensing manager is on 'as needed' and is on-call when not on</p>

		<p>site. The RN is on site 20 hours a week and is on call when not available on site. A casual RN provides cover in the absence of the RN.</p> <p>The roster includes one caregiver on the AM shift, PM and night shifts. A second caregiver works as an activities coordinator two – four days per week. Caregivers are also responsible for cleaning and laundry, although at the time of the audit, laundry services were being outsourced while renovations were underway. Interviews with caregivers and residents identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>There are resident files appropriate to the service type. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. All entries in the progress notes are legible, dated and signed including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>The service has comprehensive admission policies and procedures in place. Residents and family received an information pack outlining services able to be provided. All residents had the appropriate needs assessment prior to admission to the service. Admission agreements were signed in all resident's sampled records. Admission agreements reflect all the contractual requirements. Residents interviewed reported that the admission agreements were discussed with them in detail by the owner/manager. The RN ensures that residents are admitted to the service as per 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>	FA	<p>There are policies in place to ensure the discharge of residents occurs correctly. A standard transfer notification form from the district health board is utilised when residents are required to be transferred to the public hospital or to another service. The residents and their families were involved for all exit or discharges to and from the service.</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>	PA Low	<p>An electronic medicine management system (Medimap) is implemented to ensure residents receive medicines in a safe and timely manner. Clinical staff (registered nurses and caregivers) who administer medications have been assessed for competency on an annual basis and attend annual medication education. The GP prescribes medication electronically. Medication received (robotic rolls) are checked on delivery against the medication chart by the registered nurse and stored safely in a locked cupboard located at the nurse's station. The staff administering medications complied with the medication administration policies and procedures as evidenced in the observed medication round on the day of audit. There were two residents who self-administer their own medicines, and the documentation was correctly recorded, and competency assessments were completed.</p> <p>Ten medication charts were reviewed. All medication charts sampled had photo identification, allergy status and evidence of three-monthly reviews by the GP. Not all medication charts reflected documented evidence of the effectiveness of the PRN medication administered.</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 policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. There is a well-equipped kitchen and all meals are prepared and cooked on site by the kitchen staff. There is a food service manual in place to guide the staff. All staff have had food safety training. The service is currently in the process of reviewing their food control plan.</p> <p>Residents are provided with meals that meet their food, fluids and nutritional needs. The registered nurse completes a nutritional profile for each resident on admission and provides the kitchen with the dietary requirement form. Additional or modified foods are also provided by the service.</p> <p>Fridge and food temperatures are monitored and recorded daily. Cooked meals are plated from the kitchen directly to the dining room. The meals were well-presented, and residents confirmed that they are</p>

		provided with alternative meals as per request. All residents are weighed regularly. Residents with weight loss are provided with food supplements. Residents interviewed spoke positively about the food provided.
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	There is a documented policy on decline of entry to the service. When a potential resident's entry to the service is declined, the decision is communicated to potential residents/family and referring agency for appropriate placement and advice. The licensing manager reported that the district health board needs assessors and social workers contact him to discuss the suitability of the potential resident prior to sending the potential resident and their family to view the facility.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	On admission the registered nurse utilises standardised assessment tools to gather information regarding the resident, in consultation with the resident and their relatives where appropriate. Files sampled contained appropriate completed assessment tools and interRAI assessments that were reviewed at least six monthly or when there is a change to a resident's health condition. The interRAI assessments have been completed for all residents within the required timeframes. The long-term care plans sampled reflected the outcome of the assessments. Cultural, sexuality and intimacy needs have been identified for the residents. Additional assessments were completed according to the need, for example for management of behaviour.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	The long-term care plans sampled were resident-focused and personalised. The long-term care plans reviewed described the supports and interventions required to meet residents desired goals as identified during the ongoing assessment process. There was evidence of allied health care professionals involved in the care of the resident. There is documented evidence of resident and/or family input ensuring a resident focused approach to care. Residents confirmed on interview they are involved in the care planning and review process. The resident or relatives sign the long-term care plan.

		<p>All long-term care plans sampled were reviewed and updated in a timely manner. Short-term care plans are evident in the sampled files and have been developed following a change in health status. Interventions addressed the desired outcomes/goals. Integration of records and monitoring documents are well managed. Staff interviewed reported they found the care plans easy to follow.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>The registered nurse and caregivers follow the care plan and report progress of the resident at each shift handover. When a resident's condition alters, the registered nurse initiates a review and if required, arranges a GP visit. There is evidence of three-monthly medical reviews or earlier for health status changes. If external medical advice is required, this will be actioned by the GP. Caregivers interviewed stated there is adequate access to medical supplies including continence and wound care supplies.</p> <p>The service had no reported wounds, infections or pressure injuries at the time of the audit. The registered nurse interviewed, could describe the referral process to the specialist wound care or continence nurse through the DHB. The service maintains close links with mental health services. Behavioural management is well documented and effectively managed.</p> <p>Resident care plans (short-term and long-term) document appropriate interventions to manage clinical risk such as poor mobility, falls, skin integrity, weight loss, diabetes and stoma care. Interviews with the registered nurse and caregivers demonstrated an understanding of the individualised needs of residents and confirmed they are updated of any changes in resident's care or treatment. Residents interviewed confirmed care delivery and support by staff is consistent with their expectations and expressed satisfaction with the clinical care.</p> <p>Monitoring occurs for weight, vital signs, blood glucose and challenging behaviour as applicable.</p>
Standard 1.3.7: Planned Activities	FA	<p>The service employs one activity assistant for two-four days a week to operate the activities programme. This individual also is employed as</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>a caregiver. Activities provided are appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. The activities assistant interviewed displayed an understanding of resident requirements. All activities are supported by caregivers.</p> <p>The weekly activities are posted in the lounge and include exercises, gardening, bingo, church services and quizzes. The activity plans sampled were well-documented and reflected the resident's preferred activities and interests. Each resident has an individual activities assessment on admission and from this information an individual activity care plan is developed. The activities plan is reviewed six monthly and the reviews did document the resident's progress towards goals. The resident's activities participation log was sighted. Interviewed residents indicated the activities provided by the service are adequate and enjoyable. On the day of audit, some residents were observed being actively involved in a group game, while others were socialising outside in the garden.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The five files sampled, demonstrated that the initial care plans are evaluated by the registered nurse within three weeks of admission. Long-term care plan evaluations sighted have been reviewed at least six monthly or earlier if there was a change in health status. The registered nurse completing the plan signs the care plan reviews and then gives it to the resident or family to read and sign. Short-term care plans reviewed had been utilised for all short-term care issues. All changes in health status were documented and followed up. The care staff document in the progress notes on every shift. Registered nurse entries in progress notes were evident. The GP completes a three-monthly resident review or earlier if required.</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</p>	FA	<p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The service facilitates access to other medical and non-medical services. The registered nurse initiates referrals to nurse specialists and allied health services. There was evidence of referrals by the GP to other specialist services. The</p>

meet consumer choice/needs.		residents and the families are kept informed of the referrals made by the service. Referral documentation is maintained on resident files.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are implemented policies in place to guide staff with waste management. All chemicals were securely stored. Storage areas both inside and outside were locked. Chemicals were clearly labelled, and safety datasheets were available and accessible in all service areas. The hazard register is current. Staff interviewed confirmed they can access personal protective clothing and equipment at any time. As observed during the audit, staff were wearing gloves, aprons and hats when required.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The facility has a current building warrant of fitness. There are established systems in place to ensure the physical environment and facilities are safe and fit for their purpose.</p> <p>Maintenance is undertaken by both internal maintenance and external contractors. Electrical safety test tag system shows this has occurred. The facility is being maintained in good repair. All maintenance records were reviewed and are clearly documented. Review of the records revealed temperatures are all below 45 degrees Celsius and whenever it was out of range, corrective actions have been taken.</p> <p>Residents have access to safely designed external areas that have appropriate seating and shade covering. The facility has sufficient space for residents to mobilise using mobility aids and residents were observed moving around freely. The laundry is not in use as it is undergoing renovations. The front outdoor area was concreted.</p> <p>Interviews with residents confirmed the environment was suitable and safe to meet their needs. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing</p>	FA	<p>There are sufficient numbers of toilets and bathrooms for the number of residents in the rest home. Privacy is maximised in both care</p>

facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		settings. There are adequate communal showers and toilets. All bathrooms and toilets are maintained to a good standard, and are constructed for ease of cleaning walls and floors. The hot water temperatures are monitored monthly. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	There is adequate space in the bedrooms and enough space for the safe manoeuvring of mobility equipment. Residents are encouraged to personalise their rooms as viewed on the day of audit.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	The rest home has a lounge/dining area which is suitable for the residents and the care setting. There is adequate room for facilitating activities as observed. Appropriate comfortable seating is provided both within the facility and outside. The dining rooms and lounge are within easy walking distances to bedrooms. Residents interviewed confirmed they use their rooms or external areas if they want privacy or quiet time. All furniture is safe and suitable for the rest home residents.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	Caregiving staff are responsible for cleaning and laundry service. There are sufficient staff allocated seven days a week to carry out these services. The service conducts regular reviews and internal audits of cleaning and laundry services to ensure these are safe and effective. Where improvements can be made these are implemented. Current safety material datasheets about each product are located with the chemicals. The chemicals are stored appropriately in locked cabinets at all times. The cleaner's trolley is stored in a locked room when not in use. All the laundry is sent off-site due to renovations being undertaken in the facility laundry.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during	FA	Emergency management policies and procedures implemented, guide staff actions in the event of an emergency. The emergency plans take

emergency and security situations.		<p>into account emergency systems such as fire protection equipment, emergency lighting, and communication. Fire equipment is checked annually by an approved provider. The emergency evacuation plan and general principles of evacuation are clearly documented in the fire service approved fire evacuation plan. All resident areas have smoke alarms and a sprinkler system which is connected to the fire service.</p> <p>Emergency supplies include sufficient water is in place. There is a civil defence kit and pandemic/outbreak supplies in the facility. Alternative energy and utility sources are available in the event of the main supplies failing, and include emergency lighting and a gas BBQ that can be used for cooking.</p> <p>Emergency education and training for staff includes six-monthly trial fire evacuations. At least one staff member is on duty at all times with a current first aid certificate. Appropriate security systems are in place. Staff and residents interviewed confirmed they feel safe. Call bells are located in all resident areas including bedrooms and bathrooms. Resident interviews confirmed call bells were answered in an acceptable timeframe.</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>	FA	<p>The rest home has adequate heating. Facility environmental temperature monitoring is recorded daily. The maintenance person interviewed ensures the heating systems are running smoothly and that appropriate checks are performed. Residents interviewed were satisfied with their surroundings and are comfortable.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Avon rest home has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The registered nurse is the designated infection control person with support from all staff. Infection control monthly reports are integrated into the staff meetings. Education has been provided for staff. The infection control programme has been reviewed annually. On the day of audit there were no residents with reported infections.</p>

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The infection control (IC) person has maintained practice standards by annual online training. External resources and support from the infection control nurse at the DHB are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</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>There are Avon infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated.</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 staff orientation programme includes infection control education. The infection control person has completed infection control updates and provides ongoing education of staff. Education is provided to residents and family in the course of daily support. Staff and residents interviewed were able to describe infection prevention practices that are safe and suitable for the setting.</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>Infection surveillance and monitoring is an integral part of the infection control programme and is described in Avon infection control policies. The registered nurse is the designated infection control person. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered on to a monthly summary and then analysed and reported at staff meetings. There were no reported resident infections on the day of the audit. On review of the surveillance data, the infection rate is very low at the</p>

		facility and there have been no outbreaks since the last audit.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Avon Rest Home has policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. On the day of the audit there were no residents using restraints or enablers. The restraint coordinator (registered nurse) confirmed that the service promotes a restraint-free environment. Restraint education is included in the education and training programme.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Low	Regular and PRN medications were prescribed and administered correctly. All ten of medication charts had been reviewed by the GP three monthly. There are no standing orders in use. The facility did not have controlled drugs on site. Charts reviewed did not have documented evidence of the effectiveness of the PRN medication that was administered.	Six of the ten medication charts did not have documented evidence of the effectiveness of PRN medication administered.	Ensure effectiveness of PRN medication administered is documented after use. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	Quality data is regularly reviewed monthly, quarterly and annually. When comparing data over a period of three years (2016, 2017, and 2018 and year to date data for 2019) it was noted that falls have reduced significantly.	Falls have reduced significantly following the implementation of fall prevention strategies resulting in a rating of continuous improvement. Twenty-six falls occurred in 2016, twelve in 2017, one in 2018 and one in 2019 (year to date). Strategies to reduce the number of falls have included ongoing education on falls and staff being vigilant all the time in managing at risk residents; regular toileting; early identification of urinary tract infections and ruling out underlying causes; and discussions around falls during staff meetings and at staff handovers.

End of the report.