

Waihi Lifecare (2018) Limited - Waihi Lifecare

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: Waihi Lifecare (2018) Limited

Premises audited: Waihi Lifecare

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services

Dates of audit: Start date: 19 August 2019 End date: 20 August 2019

Proposed changes to current services (if any): Existing provider intending to change the number and types of services provided in a certified facility - Change 17 rest home beds to dual purpose beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 43



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

Waihi Lifecare (2018) Ltd provides rest home, and hospital level care for up to 51 aged care residents and has a five bed maternity annexe. The service was purchased by the current operators in late 2018. The director/operators also own another aged care facility in the area.

Waihi Lifecare is managed by a facility manager who is also a registered nurse (RN). The facility manager has been in the role for three months and is very experienced in managing aged care facilities. There have been significant staff changes since the provisional audit. This includes the appointment of a new facility manager and disestablishment of the clinical nurse manager role.

This certification and partial provisional 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, the maternity manager and facility manager, the two directors, care and allied health staff, two lead maternity carers, the contracted physiotherapist and a general practitioner. All interviewees including residents and their families spoke positively about the care provided.

The providers request to amend the bed configuration by re-allocating 17 rest home beds as dual service beds was also considered. The outcome of this is reported in 1.2.1. Extensive interior upgrades and refurbishment of residents' rooms in the maternity annex and hospital wing have occurred along with acquisitions of new furniture and equipment.

The only areas not rated as fully attained relate to the reconfiguration application to reconfigure beds. These are identified in part four. Otherwise all areas assessed for certification complied with the standards.

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's Code of Health and Disability Services Consumers' Rights (the Code) is made available to consumers. 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 consumers. Staff were noted to be interacting with consumers in a respectful manner.

Consumers who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. A comprehensive Māori health plan and related policies guide care. There was no evidence of abuse, neglect or discrimination and staff understood and implemented related policies. Professional boundaries are maintained.

Open communication between staff, consumers 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 are of an appropriate standard.

The complaints management system meets regulatory and legislative requirements and was known by staff, residents and family members. Each of the concerns/complaints received had been managed in a fair and timely manner and were effectively resolved.

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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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 operator 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.

The appointment, orientation and management of staff is based on good employment practice. A systematic approach to identify and deliver ongoing training to staff, supports safe service delivery. Staffing levels and skill mix meet the changing needs of residents.

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

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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The organisation works closely with the local Needs Assessment and Service Coordination Service (NASC), to ensure access to the facility is appropriate and well managed. When a vacancy occurs, relevant information is provided to the potential resident/enduring power of attorney/family to facilitate the admission.

Residents' needs are assessed by the multidisciplinary team on admission, within the required time frames. Registered nurses are supported by care and allied health staff, designated general practitioners. Shift handovers and communication sheets guide continuity of care. Consumers' needs are assessed by Lead Maternity Carers (LMC) in maternity and they are supported by a second LMC in labour and birth and maternity staff.

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 consumers/resident files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis. Consumers/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. Consumers/residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

The planned activity programme, overseen by one trained diversional therapist, provides residents with a 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 based on current good practice and consistently implemented using an electronic system in rest home and hospital and manual system in maternity. Medications are administered by appropriately trained staff all of whom have been assessed as competent to do so.

Food service delivery is supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Consumers verified satisfaction with their meals. The food service meets the nutritional needs of the residents with special needs catered for. A food safety plan and policies are in place.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
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The facility meets the needs of residents and was clean and well maintained. There was 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. All laundry is undertaken onsite and evaluated for effectiveness.

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

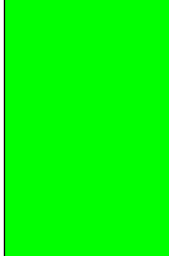
Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation has implemented policies and procedures that support the minimisation of restraint. Four restraints and one enabler were in use at the time of audit. Use of enablers was voluntary for the safety of residents in response to individual requests. The methods for assessment, approval, and monitoring of each restraint intervention meet the required standards.

Regular reviews for the restraints in place occurs. 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 appropriately trained infection control coordinator/registered nurse, aims to prevent and manage infections. There are terms of reference for the infection control committee which meets monthly. Specialist infection prevention and control advice is accessed from the district health board (DHB), microbiologist, infectious diseases physician, and group clinical advisory committee. 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 and the maternity service surveillance is undertaken with data analysed, trended and results reported through all levels of the organisation. Follow-up action is taken as and when required. There has not been an infection outbreak since the previous audit.

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	49	0	2	0	0	0
Criteria	0	103	0	2	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Waihi Lifecare has developed policies, procedures and processes 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 to residents and maintaining dignity and privacy. Consumers and their Enduring Power of Attorneys (EPOAs) and their family/whanau reported this was occurring. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training as verified in training records.</p> <p>Maternity: The maternity facility has policies, procedures and processes in place in relation to the Code and were observed demonstrating respectful communication and maintaining dignity and privacy on the day of audit. All maternity staff had training on the Code and those interviewed could describe how this was implemented during every day practice and this was observed occurring during the audit process. Consumers interviewed confirmed they were treated in a respectful manner and their rights were adhered to by facility staff and lead maternity carers (LMCs).</p>
<p>Standard 1.1.10: Informed Consent</p>	FA	<p>Registered nurses 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</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>		<p>photographs, outings, vaccination, 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. Staff were observed to gain consent for day to day care and adapted to residents' requests throughout the audit. EPOAs and family/whanau confirmed they were provided with the information they need to make informed choices and give informed consent and were able to provide examples of staff gaining consent on a daily basis.</p> <p>Maternity: It was reported by staff and LMCs that staff work well together and consumers are provided with information to make informed choices and give informed consent. The consumer interviewed expressed satisfaction with their care and felt fully informed from both the LMC and staff in the maternity service. All documentation audited had appropriate consent forms completed and evidence of consent obtained prior to specific procedures occurring, for example, administration of Vitamin K for the neonate. There are processes and policies in place for storage, return and disposing of the placenta as well as a written consent form completed by the consumer for this to occur. This takes into account the cultural practices of Maori and other cultures.</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, EPOAs, family/whanau members are given a copy of the Code, which also includes information on the advocacy service. Residents, EPOAs and family/whanau members interviewed were aware of the Advocacy Service, how to access this and their right to have support persons when required, however reported that this service had not been required by them. (Refer 1.1.13)</p> <p>Staff were aware of how to access the Advocacy Service and examples of their involvement were discussed at staff interviews. Updates on the availability of the advocacy service is included in residents' meetings and yearly staff training as sighted in documentation provided.</p> <p>Maternity: Staff recognise and facilitate the right of consumers to advocacy/support persons of their choice and have had initial and ongoing training. Information on the advocacy services is readily available at the front entrance and consumer lounge in maternity service. Consumer interviewed was aware they could have an advocate/support person and information was available, however had not required these services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to</p>	<p>FA</p>	<p>Residents at Waihi Lifecare are assisted to maximise their potential for self-help and to maintain links with their family/whanau and the community by attending a variety of organised outings, visits, internal and external community spiritual services, shopping trips, activities, and entertainment. The facility supports the philosophy of 'Quality of Life', caring, and living life to the highest level of independence.</p>

<p>maintain links with their family/whānau and their community.</p>		<p>The facility has unrestricted visiting hours and encourages visits from residents' family/whanau and friends. Family/whanau members interviewed stated they felt welcome when they visited and are comfortable in their dealings with staff.</p> <p>Maternity: The consumer reported having visitors of her choice, visiting hours were flexible and husband/partner are invited to stay and support mother and baby if they choose.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The reviewed complaints 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 understood how to raise any concerns.</p> <p>The complaints register reviewed contained 17 complaints received since the takeover in November 2018. Eight of these were submitted by staff and nine were received from residents or their families. Three of these complaints were complex and/or involved an external authority.</p> <p>One complaint from April 2019, received from the family of a deceased resident involved the Nationwide Advocacy Service. The FM who is responsible for complaints management and follow up, conducted an extensive investigation into the matter. All actions taken, through to an agreed resolution with the complainant were completed in a timely manner and were documented. The Office of the Health and Disability Commission notified a complaint had been received in July 2019, and information has been submitted to assist with investigation of the matter. An allegation from a resident about care staff was referred to the police for investigation and the matter is still open.</p> <p>The FM carries out an in depth 'root analyses' of potentially serious matters to assist with investigations. Where the service can address the root cause, remedial actions are identified and implemented for improvement. Documentation reviewed confirmed that staff are kept informed about complaints where appropriate. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Residents and their EPOAs, family/whanau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy service (Advocacy Service) by the facility manager (FM) as part of the admission process, from written information provided, and from discussion with staff. The Code is displayed on posters in the entrance ways of the rest home and hospital service along with brochures on the Code, and advocacy services. In the front entranceway there is information on how to make a complaint and forms to provide feedback.</p> <p>Residents and EPOAs/family members confirmed they, or their relative, receive safe services of an appropriate standard that comply with consumer rights legislation. Monthly residents' meeting minutes</p>

		<p>evidenced discussion on the Code at each residents' meeting. All residents and their families/whanau are offered the opportunity to attend these meetings as confirmed by residents, EPOAs, family/whanau.</p> <p>Training records and staff interviewed verified staff have a thorough understanding of the requirements of the Code ensuring services are provided in a manner that respects residents' rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.</p> <p>Maternity: Staff confirmed consumer rights are discussed on admission by staff and written information provided. Consumer rights and advocacy service information was observed in the entrance way of maternity and consumers lounge. Consumers interviewed confirmed this was occurring, felt well informed and their individual needs were being met.</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, EPOAs and residents' family/whanau confirmed they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff understood the need to maintain privacy and staff attention to ensuring residents' privacy was maintained was observed throughout the audit. Residents' information is held securely. Privacy was ensured while exchanging verbal information, in discussion with families and consultation with the general practitioner (GP). Some residents have a private room and others share.</p> <p>Residents are encouraged to maintain their independence by being enabled to continue involvement in past interests, participate in community activities, and enjoy regular outings to the local shops, areas of interest and participation in clubs of their choosing. Each care plan sighted included documentation related to the resident's abilities and strategies to maximise independence. A review of six residents' records (three in the rest home and three in the hospital) and one in the maternity service confirmed that each consumer's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan. Staff understood the facility'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 and ongoing yearly.</p> <p>Where residents share rooms, full length curtains are in use to afford privacy.</p> <p>Maternity: The consumer interviewed confirmed they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. Maternity staff understood the facility policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of orientation and the annual training programme.</p>
Standard 1.1.4: Recognition	FA	Staff support residents in the service who identify as Maori to integrate their cultural values and beliefs. The

<p>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>		<p>principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whanau to Maori residents. There is a current Maori Health Plan developed with input from cultural advisers ensuring that residents who identify as Maori will have their health and disability needs met in a manner that respects and acknowledges their individual cultural values and beliefs.</p> <p>The Maori Health plan is guided by the Maori Philosophy of Health embodied in the Maori model of health 'Te Whare Tapa Wha'. These four cornerstones incorporated Whanau (Family health), Tinana (Physical health), Hinengaro (Mental health), Wairua (Spiritual health) as well as Tapu and Noa which are fundamental concepts that under pin all of the above assisting and supporting staff to meet the resident/whanau spiritual and cultural requests.</p> <p>There was one resident in the facility at the time of audit who identified as Maori. Documentation of cultural assessment on file of the Maori resident in the care plan reflected a person-centred approach that incorporates the individual's need of Maori health into the services provided. The resident and his EPOA verified a high level of satisfaction with the care being provided at Waihi Lifecare.</p> <p>Current access to resources includes the contact details of local cultural advisers and guidance on tikanga best practice is available and is supported by staff who identify as Māori in the facility. There is access to advice from the local District Health Board if additional support is required to support residents who identify as Maori.</p> <p>Interviews verified staff have knowledge to support residents who identify as Maori to integrate their cultural values and beliefs. A cultural safety programme is implemented and maintained throughout the facility and cultural safety and Maori health are included in the yearly staff training programme. There are six members of staff in the rest home and hospital who identify as Maori.</p> <p>Maternity: On the day of audit there were no consumers who identified as Maori in the maternity service, however two staff members identify as Maori. There are appropriate support services available and an overarching organisational plan (sighted) to ensure Maori consumers' needs are met which was understood by staff. Education and training are provided to service providers with the importance of whanau recognised and supported.</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</p>	<p>FA</p>	<p>Residents, EPOAs and family/whanau verified that they are consulted on their individual culture, values and beliefs and that staff respect these. Residents' personal preferences, required interventions and special needs are included in all care plans reviewed, for example, food likes and dislikes and attention to preferences around activities of daily living, chaplain visits, and cultural support. Documentation, observations and interviews verified the individuality afforded to residents in rest home and hospital level. Staff were observed enabling residents to have choices regarding care routines, meal times and activities required to meet their needs. Education and training are provided to staff as confirmed in training records.</p>

<p>ethnic, cultural, spiritual values, and beliefs.</p>		<p>A resident/EPOA/family/whanau satisfaction questionnaire includes evaluation of how well residents' cultural needs are met and resident/EPOA/family/whanau interviews supported that individual needs are being met at Waihi Lifecare.</p> <p>Maternity: Ethnicity, cultural and religious information is assessed on admission and included in the consumer's care planning as verified in documentation sighted. Consumers interviewed confirmed the appropriate support is given to meet their needs. Maternity staff have received training at orientation and ongoing as confirmed in education records sighted.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Residents, EPOAs and family/whanau members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The GP interviewed also expressed satisfaction with the standard of services provided to residents at Waihi Lifecare.</p> <p>The induction process for staff includes education related to professional boundaries and expected behaviours. Staff have records of completion of the required training on professional boundaries. Staff are provided with a Code of Conduct in the staff orientation booklet and 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>Maternity: Staff maintain professional boundaries and described how this occurs and what they would do should this occur and have ongoing education and training on discrimination. Consumers interviewed confirmed discrimination has not occurred and they were one hundred percent satisfied with the service provided.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Waihi Lifecare encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, the hospice/palliative care team, diabetes nurse specialist, physiotherapist, occupational therapists, wound care specialist, mental health services for older persons, and education of staff. The GP confirmed the service sought prompt, timely and appropriate medical intervention when required were responsive to medical requests and managed the complex needs of residents as a team. The GP described the facility as proactive towards maintaining and improving the quality of life for residents, for example, recent quality improvements with falls prevention, pressure injury prevention, wound care and de-escalating challenging behaviours.</p> <p>Individual books of each resident's life was observed in residents' rooms in the rest home and hospital and family/whanau verified that it gives family and visitors visual cues that they can have a conversation with the</p>

		<p>resident about, for example, the family pet, the vehicle they use to drive, their wedding day, family members they are close to, including grandchildren. Residents felt it gave staff and visitors a sense of the essence of who they are and what they loved to do before entering Waihi Lifecare. Staff reported that it is helpful in understanding the resident's likes and dislikes to enables staff to identify with the resident and provide care and resources that have meaning to them.</p> <p>Other examples of good practice observed during the audit included extra fluid rounds, prompt answering of call bells, regular toileting rounds, and pressure injury prevention strategies. There is a commitment to ongoing improvement in the care provided by staff evidenced by an ongoing initiative aimed at a reduction in the number of falls by the implementation of an exercise and strengthening programme implemented by a physiotherapist and supported by the physiotherapist aid and diversional therapist. There was standardisation of assessment tools, and development and implementation of a new care plan.</p> <p>Staff reported they receive management support for internal and external education through Careerforce training and there was evidence of a compulsory plan for all staff where staff are booked to attend education to support contemporary good practice.</p> <p>Maternity: Staff reported they receive management support for ongoing internal and external education. The maternity manager is involved in updating policies and procedures and was in consultation with LMCs and DHB experts to ensure services provided are consistent with current best practice for maternity. Regular review and evaluation of care and services is planned and undertaken in consultation with LMCs and consumers. Regular multidisciplinary meetings are occurring, and staff reported relationships are strong amongst the staff, LMCs and emergency services. Regular audits are undertaken, and feedback provided both verbal and written from consumers. There was evidence of a compulsory plan for all staff responsible for maternity services where staff are booked to attend education to support contemporary good practice and management of maternity emergencies.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents, EPOAs and family/whanau members verified they were kept well informed about any changes to 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, EPOA, family/whanau input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services can be accessed via the District Health Board or Older Persons Health when required. Staff knew how to do so, although reported this was rarely required due to all residents currently able to speak English.</p> <p>Maternity: LMCs and consumers confirm the maternity manager and staff communicated effectively with</p>

		<p>consumers. The consumer interviewed felt satisfied with the information they were given from LMCs and staff within the maternity environment.</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>	<p>FA</p>	<p>The directors' business plan clearly outlines the purpose, values, scope, direction and goals of the organisation. These specify annual and longer term objectives for service delivery improvements and growth. The two directors are on site at least three days a week and maintain regular contact with the FM and other staff and the residents and their families. They are kept informed about the organisation's performance and service delivery matters via direct feedback, statistical and narrative analysis for incidents and accidents, infections, restraint, bed occupancy, staffing and any known emerging risks or issues.</p> <p>The FM is maintaining a comprehensive nursing practising certificate and has extensive experience as a manager and clinician in aged care services. This person has been in the role for three months and demonstrated knowledge of the sector, regulatory and reporting requirements. Responsibilities and accountabilities are defined in a job description and individual employment agreements. The manager maintains knowledge of the sector and currency about business and clinical practices by attending courses relevant to the role and through on line education which meets and exceeds the ARCC requirement of attending eight hours professional development annually.</p> <p>The service has agreements with Waikato DHB and the MoH to deliver care for older people assessed as requiring rest home, hospital (medical and geriatric), respite, Long Term Support-Chronic Health Conditions (LTS-CHC) and for young people with disabilities. There is also an agreement with the DHB for the provision of primary maternity services from the five-bed maternity annexe which is connected to the aged care facility. The agreement allows for assessment, labour and birth and postnatal care provided by Lead Maternity Carers (LMCs).</p> <p>On the first day of audit there were 42 aged care residents and one mother and new born on site.</p> <p>In the rest home/hospital, 26 were assessed and receiving rest home level of care and 15 were receiving hospital care. An additional resident was privately paying as a boarder and was being assessed for rest home level care. There were no people under the age of 65 years of age and no respite or palliative care residents.</p> <p>Partial Provisional Audit</p> <p>The service provider submitted notification for reconfiguring services on 30 July 2019. The proposal was to increase hospital bed numbers by two and reconfigure 17 rest home beds as dual purpose beds. Visual inspection on the days of audit revealed that only five of the proposed 17 existing rest home rooms meet the requirements and were suitable to be used for accommodating either rest home or hospital level care residents. This took into account the size of the room for manoeuvrability of equipment and people, egress for emergencies, provision of hand washing facilities and the layout and distance from RN oversight and</p>

		<p>access. The plan to increase hospital bed numbers by two by converting the current nursing office into a two-person bedroom is feasible, but conversion had not begun and the space could not be verified. Partial attainment ratings are allocated in 1.4.2.4 and 1.4.4.1.</p> <p>This audit determined that the existing bed numbers stay the same at 56, comprising 51 aged care beds and five maternity beds. A suitable configuration is 22 dedicated hospital beds, 24 rest home and that the five west wing beds be designated for dual purpose.</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>When the facility manager is absent, the senior RNs can take responsibility and carry out duties under delegated authority. A clinical administrator has been recruited to support the FM and this person will also pick up aspects of the FM role to cover absenteeism. The directors are also on site most days. The FM takes on the responsibilities for the maternity manager if this person is absent.</p> <p>Partial Provisional Audit</p> <p>It is not expected that the reconfiguration of five rest home beds to dual purpose beds will significantly impact on the delivery of safe, timely and appropriate services to residents.</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>The new FM has fully implemented an effective quality and risk management system which reflects the principles of continuous quality improvement. This includes the reporting and analysis of incidents and accidents, potential and confirmed infections, complaints, the outcomes from internal audits and feedback from residents and their family.</p> <p>A range of meeting minutes reviewed (for example, staff, RN, health and safety committee, residents, heads of department, carers and activities staff meetings), showed that essential information is presented. This includes the results of internal audits, trends in incidents and other quality data analysis, new service development or projects. Staff reported their involvement in quality and risk management activities through carrying out internal audits, discussions at meetings, visual display of quality data and day to day communications.</p> <p>Corrective actions are documented and implemented to address any shortfalls and the area of service delivery is re-audited until compliance is achieved.</p> <p>Resident and family satisfaction surveys are completed annually, the most recent was in November 2018. A survey has not been conducted since the new owners took over but feedback from residents and families during the audit was very positive.</p> <p>The policies reviewed prior to the onsite audit, are industry standardised by an external consultant and cover</p>

		<p>all necessary aspects of the service and contractual requirement including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. There is a separate set of policies for services in the maternity annexe. These were reviewed on site and assessed as current, meeting best known practice and containing clear guidance for staff and contracted LMCs. All other 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.</p> <p>The FM described 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 there is a nominated health and safety officer who has been trained for the role. This person reports on and oversees safe work practices.</p> <p>There have been no staff injuries reported to Worksafe in the past year.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were clearly described, that incidents were investigated, and preventative actions implemented and followed-up in a timely manner. Adverse event data is collated monthly by the FM who provides a statistical and narrative analysis report to the directors and all staff.</p> <p>The FM described essential notification reporting requirements, including for pressure injuries. Four Section 31 notifications have been submitted to the Ministry of Health and the DHB since the takeover in late 2018. These relate to a missing resident, a police investigation, the appointment of the new facility manager and loss of the clinical nurse manager. There have been no coroner's inquests, issues-based audits or any public health notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of 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 role. Recently employed staff reported that the orientation process prepared them well for their role. The staff records reviewed included proof of completed orientation and an initial performance review after a three-month period.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. The FM is the internal assessor for the programme. Of the 23 health care assistants employed, two have completed level 4 of the National</p>

		<p>Certificate in Health and Wellness (or its equivalent) three have level 3 and the remaining 17 are enrolled to begin level 2, as is the EN.</p> <p>Four of six, registered nurses are trained to undertake interRAI assessments and are maintaining their annual competency requirements. Training records reviewed demonstrated that all care staff are now engaged in essential training related to care of older people. For example, the physiotherapist had recently presented and assessed all staff members' skills with manual handling. Each RN has attended education in the management of maternal emergencies, which is a contractual requirement.</p> <p>All of the RNs have completed training in emergency responses for people in the maternity annexe. This is provided by one of the LMCs and is a contractual requirement. The content of the training and staff competency and knowledge was confirmed by interview and review of documents.</p> <p>Partial Provisional Audit</p> <p>Changing five rest home beds to dual purpose beds (which may be occupied by hospital level care residents) will not present any additional requirements related to staff competency as the service is already effectively delivering this level of care.</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 a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. The FM uses a calculating tool which factors in the Expert Advisory Panel (EAP) recommended hours per consumer per week from SNZ HB 8163:2005 to determine a safe level of staffing for each planned roster. When the number of hospital level care residents increases, the number of staff allocated on each shift is adjusted up. The current allocation of staff hours for health care assistants (HCAs) and RNs per number of hospital and rest home residents was slightly above the recommended levels. There is at least one RN on site at all times and another one on call afterhours. RNs do not attend call outs from the neighbouring retirement village. Staff reported that ready access to advice is available when needed and said sufficient staff are available to complete the work allocated to them. Residents and family interviewed supported this. All staff members have a current first aid certificate including the RNs who also maintain skills in cardiopulmonary resuscitation (CPR).</p> <p>One health care assistant is allocated to the maternity annexe when the beds are occupied. The medical care and oversight of women and babies is provided by the appointed Lead Maternity Carer (LMC) / midwife, with an expectation that an RN on site will provide first response to maternal emergencies.</p> <p>Partial Provisional Audit</p> <p>The reconfiguration of five beds to dual purpose will be taken into account using the existing system for staff</p>

		allocation. An increase in the number of hospital level care residents will automatically indicate an increase to the number of staff hours allocated each week. There are sufficient RNs and HCAs already employed to accommodate any changes.
<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>The consumer/resident name, date of birth and National Health Index (NHI) number are used on labels as the unique identifier on all residents/consumers information sighted. All necessary demographic, personal, clinical and health information was fully completed in the residents/consumer files sampled for review. Clinical notes were current and integrated with General Practitioners, Lead Maternity Carers and allied health service provider notes. Files were legible with the name and designation of the person making the entry identifiable. Archived records are held securely on site and are readily retrievable using a cataloguing system. Consumer/resident files are held for the required period before being destroyed. No personal or private resident/consumer information was on public display on the days of audit.</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>Residents enter Waihi Lifecare facility 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/whanau are encouraged to visit the facility prior to admission and meet with the facility manager (FM). They are also provided with written information about the service and the admission process. The service operates a waiting list for entry. The organisation seeks updated information from NASC and the general practitioner (GP) for residents accessing respite care.</p> <p>Residents, EPOAs and family/whanau members interviewed verified they are 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 sighted for those residents to be admitted into the facility.</p> <p>Maternity: The facility is a low risk primary birthing unit whose admission criteria is low risk women who have been assessed by their LMC midwife as appropriate to birth in a low risk facility and/or receive post birth services at this facility. An admission booking form is required to be completed and signed antenatally. The service is coordinated promoting continuity in service delivery and a team approach by the maternity manager. The facility is staffed by one health care assistant allocated to the maternity annexe when beds are occupied. The maternity care and oversight of mothers and babies is provided by the consumers LMC with an expectation that an RN on site will provide first response in medical emergencies. The emergency ambulance service staffed by paramedics are only a few minutes from the facility. The five LMC midwives have access agreements to enable them to provide services in the facility. Security is in place and after hours the LMCs who are providing care ring a bell to gain entry through a locked external entrance.</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 District Health Boards 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident, EPOA and the family/whanau verified by the GP, staff and residents. 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 as verified in files.</p> <p>Maternity: There was evidence of discharge planning and follow up discharge plans in documentation sighted. The consumer interviewed was fully aware and had been involved in their discharge planning with their LMC and was satisfied with the information provided and discharge follow up plan.</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 was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system Medimap was observed on the day of audit. All medication charts had current resident photographs. Staff were observed wearing blue medication aprons when giving out medication and demonstrated good knowledge of safe medication practices with a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged form 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>There were minimal controlled drugs on site at the time of audit and controlled drugs are stored securely in accordance with requirements. Controlled drugs when in use 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 with evidence of pharmacy checks. The records of temperatures for the medicine fridge were within the recommended range and consistently recorded.</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 including indications for use. The required three-monthly GP review is consistently recorded on the electronic medicine chart.</p> <p>There was one resident self-administering medications at the time of audit and there are processes in place to ensure this was safely occurring as evidenced in documentation and observation at audit. Medication errors are reported to the facility manager and recorded on an accident/incident form. The resident and/or the</p>

		<p>designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Maternity: Medication management was guided by safe practice policies and procedures. Procedures comply with current legislative requirements. All aspects of prescribing, dispensing, administration, review, storage, disposal and medicine reconciliation were verified on the days of audit.</p> <p>Controlled drugs are kept in a locked safe within a locked room and the controlled drug register has evidence of a weekly check, stock in hand and quantity stocktake consistently occurring. There are minimal medications used due to the unit being a primary birthing facility. There is safe administration and storage of self-medication and an administration record is maintained by the consumer as guided by policy and verified at audit. A small medication fridge was consistently being monitored with daily checks documented and within the recommended guidelines.</p> <p>All medications prescribed were signed by an authorised prescriber including registration numbers and administration records were legible and complied with legislation. Consumers had allergies, sensitivities and reactions documented on the medication chart recorded, and the indication for PRN medications were clearly identified. Neonate was on a separate chart to the mothers.</p> <p>Partial Provisional Audit:</p> <p>This audit revealed that the proposed changes to reconfigure five rest home beds to dual purpose beds will not have a significant or negative impact on the current medicine management system.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by a qualified experienced kitchen manager and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was reviewed by a qualified dietitian in July 2019. Recommendations made at that time have been implemented.</p> <p>The food control plan, audited by the local council, is in place and is due to expire December 2019. 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 kitchen manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</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 residents, EPOAs and family/whanau interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to.</p>

		<p>Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided and specialised utensils were in use. There are enough staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</p> <p>Maternity: Consumers food, fluid and nutritional needs were provided in line with nutritional guidelines. When consumers had special dietary requirements, they were documented on the menu and checked by staff prior to delivery to the kitchen manager of the onsite kitchen service. Dietician input can be sought as required. The consumers' fridge was consistently monitored and recorded daily. Interview with a consumer and observation confirmed the food was of an exceptional standard and choices were available on a daily basis including vegan, vegetarian and ethnic preferences.</p> <p>Partial Provisional Audit:</p> <p>This audit revealed that the proposed changes to reconfigure five rest home beds to dual purpose beds will not have a significant or negative impact on the current delivery of food services management system.</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>	<p>FA</p>	<p>If a referral is received but the prospective resident does not meet the entry criteria or there is no vacancy, the local NASC service is advised to ensure the prospective resident and family/whanau 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 service is made and a new placement found, in consultation with the resident and family/whanau. Examples of this occurring were discussed with the (FM) who confirmed this is conveyed to residents and the family/whanau in a compassionate manner. There is a clause in the access agreement related to when a resident's placement can be terminated.</p> <p>Maternity: The facility is a low risk primary birthing unit whose admission criteria is low risk women who have been assessed by their LMC midwife as appropriate to birth in a low risk facility and/or receive post birth services at this facility. Any one presenting in an emergency who does not meet the criteria would be transferred by the ambulance service to the appropriate tertiary facility.</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>All residents have current interRAI assessments which have been used to inform the care plan. On admission, residents to Waihi Lifecare are initially assessed using a range of nursing assessment tools such as initial nursing care assessment, pain scale, FRAT falls risk, skin integrity, nutritional screening, social and behaviour assessments and depression scale, to identify any deficits and to inform initial care planning.</p> <p>All files reviewed had initial assessments completed within 24 hours of admission as per Waihi Lifecare policy. InterRAI assessments were completed within three weeks of admission and at least six monthly unless the resident's condition changes. Interviews, documentation and observation verified both RNs are familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident</p>

		<p>has increasing or changing need levels.</p> <p>Evidence was sighted of comprehensive assessments occurring specifically following residents having a fall and included full neurological monitoring if a head injury is likely or the fall is unwitnessed. In addition, a full post falls assessment is undertaken. Wound assessments are detailed with referral to the wound care nurse as required with photographs taken to verify the wound is healing. A treatment plan is put in place with appropriate documentation, for example, if the resident has increasing difficulty mobilising a mobilisation plan is put in place. This includes a change of position or turning regime implemented which staff sign each shift to indicate that this has been completed with the times frames identified. Referrals to the physiotherapist for support to be provided and staff ensuring the resident is on a pressure relieving cushion and mattress were sighted to prevent pressure injuries. High protein nutritional supplements are added to the resident's diet as needed. This was verified in documentation sighted and resident, EPOA, family/whanau interviews.</p> <p>Maternity: There are processes in place to ensure care delivery is assessed and co-ordinated in keeping with the needs, requirements and preferences of the consumer as evidenced in documentation sighted, and verified by interviews with staff, LMCs and consumer. Assessment tools are consistently used following appropriate processes in documentation sighted in maternity, for example, smoking cessation, family violence and screening for mental health issues as identified by the LMC. There was evidence of an individual care plan for assessed needs, goals, and progress towards goals. The consumer interviewed in maternity felt well informed and involved in timely assessment processes for both mother and baby.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments are reflected in the detailed care plans reviewed. The care plan included the required interventions to monitor the resident's medical conditions and potential medication effects, enabling early interventions in detecting a potential problem.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required was clearly documented and verbally passed on to relevant staff at shift change overs. Residents, EPOAs and family/whanau reported participation in the development and ongoing evaluation of care plans.</p> <p>Maternity: Care plans sighted were thorough, integrated and had documented evidence of discussion points by the LMC and care staff with the consumer, promoting continuity of service delivery. The consumer interviewed felt consulted, involved and supported in the process.</p>
<p>Standard 1.3.6: Service</p>	FA	<p>Documentation, observations and interviews verified the care provided to residents was consistent with their</p>

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>needs, goals and the plan of care. The attention to meeting a complex 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 were available, suited to the levels of care provided and in accordance with the residents' needs</p> <p>All residents' files reviewed where episodes of challenging behaviour occurred, had recorded behavioural management plans which included the behaviours the resident exhibited, possible triggers and the strategies to manage the behaviours. The behaviour monitoring chart documented all episodes of challenging behaviour and enabled a review by the GP and RN regarding the effectiveness of the strategies in place.</p> <p>Maternity: Mother and baby's support care plans were individualised, separated into two distinct files and integrated in one record. The care plans had aims, goals and required interventions to achieve these developed in consultation with the consumer and LMC and documented in the care pathways for mother and baby.</p> <p>Care planning is the responsibility of the consumer's LMC for labour, birth and postnatal care, however staff are involved in consulting with the LMCs and consumer and updating the care plan when a change has occurred. Staff interviewed confirmed the consumer's LMC is responsible for the mothers and babies in the facility and that they call the LMC for advice when there is a change in the care plan to ensure continuity of care is occurring. The registered nurse on duty in the rest home/hospital facility which adjoins maternity is also available for advice. The consumer interviewed reported a very high level of satisfaction with the information received, support, care and timeliness of services received in the facility. Observations on the day of audit confirmed the consumer was receiving the care and support as documented in records to meet their assessed needs and desired outcomes. All support and care provided were documented in clinical progress notes at each point of contact. LMCs visit their mothers and babies daily in the facility and plan discharge in consultation with the woman, family/whanau and maternity manager. Women are aware they can stay longer if there are any issues or concerns, for example if additional breastfeeding support is required.</p> <p>There were adequate supplies of resources required to provide the levels of service delivery for the mothers and baby's accessing the facility in labour, birth and postnatally.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity</p>	<p>FA</p>	<p>The activities programme is provided by a diversional therapist (DT) who develops and delivers the programme with an activities assistant who works under the guidance of the DT.</p> <p>A social assessment and history are undertaken on admission to gain knowledge of the resident. This identifies the resident's needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The</p>

<p>requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>resident's activity needs are evaluated regularly and as part of the formal six-monthly care plan review. Present in residents' rooms are individualised books completed with photos and narratives of the resident's life from the resident's stories, EPOAs or family/whanau which helps guides visitors and staff in conversations. Different levels of exercise class are provided (beginners and independent) including yoga classes and the physiotherapist visits twice weekly to oversee these. The physiotherapist assistant coordinates with the DT and activities assistant to ensure the level of exercise is appropriate to their needs.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events offered were varied, for example, celebrating birthdays and wedding anniversaries, pet therapy, music and dance performances. Van trips occur twice weekly in the facilities own van. Residents, family/whanau and staff commented on the excellent range of events provided by Waihi Lifecare and the dog who visits regularly is a great favourite with residents.</p> <p>The activities programme is discussed at the residents' meetings and residents, EPOA and family whanau input is sought and responded to. Resident, EPOA and family/whanau satisfaction surveys demonstrated satisfaction with the activities programme and that feedback provided is used to improve the range of activities offered. Residents, EPOAs, family/ whanau interviewed confirmed they were consulted and invited to join in activities and attend residents' meetings.</p> <p>Maternity: Consumer activity requirements were appropriate to the needs, age, culture, and the setting of the service as evidenced in documentation in the mother and baby individualised support plan. Activities are planned to provide and support the individual needs of the mother and baby during their stay in the facility. A current information folder is provided to women on admission and education pertaining to the written information in the folder is discussed. Some of the education provided were '10 steps to successful breast feeding' including; position/latching, baby cues, expressing, safe storage of expressed breast milk, 'SUDI' prevention safe baby sleeping, baby bathing demonstration, how to settle baby, 'skin to skin'. The consumer interviewed confirmed they were given information, encouraged and supported by staff on a shift by shift basis to care for their baby, spend time with family/whanau and given time to read additional information available in their rooms and maternity lounge. There are TVs with built in DVD players in the postnatal rooms and in the lounge/whanau room where consumers are encouraged to socialise with family/whanau and visitors.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely</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 FM or RN. 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 RNs. Where progress is different from expected, the service responds by initiating changes to the plan of care.</p>

<p>manner.</p>		<p>Examples of short-term care plans were consistently reviewed for behaviour management strategies, infections, pain, falls, 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 with photographs taken to evaluate progress. Residents, EPOAs and family/whanau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p> <p>Maternity: Consumers service delivery plans were re-evaluated daily by the LMC and by care staff, shift by shift during all stages of service delivery. If progress is different from expected or there is a change the LMC is informed and the mother and baby will have their stay extended. If the woman is no longer suitable for primary care, the LMC is informed, consent to transfer to the tertiary facility obtained and the maternity manager notified. The care plan is updated, transfer form communication tool completed, and transfer is organised in a timely manner as verified by staff and LMCs interviewed.</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>	<p>FA</p>	<p>Residents with the support of EPOAs where necessary, are supported to access or seek referral to other health and/or disability service providers. Residents/EPOAs can choose to use their medical practitioner of choice, there are three practices in the area. If the need for other non-urgent services are indicated or requested, the GP, FM or RNs send a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to radiology and older person's mental health services. Referrals are followed up on a regular basis by the FM, RNs or the GP. The resident, EPOA and the family/whanau 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 with an escort to accident and emergency in an ambulance if the circumstances dictate. The 'yellow envelope' system is implemented if transfer or discharge is required.</p> <p>Maternity: Referral to other services is made in consultation with the LMC and consumer. The consumer interviewed in the maternity service confirmed they were given choices to access other service providers, for example a physiotherapist.</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</p>	<p>PA Low</p>	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. Cleaning, laundry and kitchen staff have completed training in safe chemical handling. An external company is contracted to supply and manage all chemicals and cleaning products and they provide ongoing support and 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 which staff were observed using.</p>

<p>substances, generated during service delivery.</p>		<p>Partial Provisional Audit.</p> <p>The five bedrooms identified as suitable for either rest home or hospital level care residents have ready access to a sluice room and are large enough to easily accommodate commodes. There is a requirement in criterion 1.4.1.1 to ensure that suitable and sufficient equipment and supplies are available prior to the rooms being occupied by hospital residents.</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>	<p>PA Low</p>	<p>A current building warrant of fitness (expiry date 24 April 2020) is publicly displayed. The buildings are registered with the historic places trust which presents some restrictions with changing the physical layout. The owner/operators are renovating and upgrading the environment with new flooring, internal and external surfaces and replacing furniture and equipment.</p> <p>Appropriate systems are 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 visual inspection of the equipment. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting.</p> <p>Residents and staff confirmed they know the processes they should follow when repairs and maintenance is required. Review of the reactive maintenance records showed that actions to remedy repairs requests happen in a timely way. All aspects of the internal and external environment are being well maintained as safe and fit for purpose.</p> <p>Partial Provisional Audit.</p> <p>The five bedrooms identified as suitable for either rest home or hospital level care residents are large enough to easily accommodate hoists and mobility equipment and each room had double opening doors. This wasn't the case with nine of the bedrooms in the existing rest home. The small and narrow corridors would impede access and use of equipment. The facility already has sufficient hoists and slings which are in good condition and regularly tested and available to meet the demand by five additional hospital residents. There is a requirement in criterion 1.4.2.4 to ensure that handrails, lifting equipment and mobility aids are available prior to the rooms being occupied by hospital residents.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p>	<p>FA</p>	<p>Visual inspection confirmed there are sufficient numbers of accessible bathroom and toilet facilities throughout the facility, including designated staff and visitor toilets. There are hand basins in each of the current hospital bedrooms and some have attached toilets. Appropriately secured and approved handrails</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>		<p>are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence. Interview with maintenance staff and review of documented revealed that hot water temperature monitoring is occurring to safeguard residents. Where temperatures were above 45 degrees Celsius, remedial actions have been carried out.</p> <p>Partial Provisional Audit.</p> <p>The five bedrooms in the west wing which are currently designated for rest home care, were assessed as also suitable for occupation by hospital level care residents (dual purpose) because they already have hand basins and attached bathrooms and /or are located close to suitable toilet and bathrooms and a sluice room.</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>	<p>FA</p>	<p>The current bed configuration and layout for hospital level care allows for 22 residents. This comprises six single accommodation rooms and four, four bedded rooms although two of these rooms have been converted to double bedrooms. Each of the rest home designated bedrooms currently have single occupants. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>Mobility aids, such as fall out chairs, walkers, wheelchairs and mobility scooters are being stored safely and not causing impediment or obstruction when not in use. Residents interviewed were happy with their bedrooms.</p> <p>Partial Provisional Audit.</p> <p>The 11 bedrooms located in the existing rest home are too far away from the nurse's station, dining and lounge areas. Transferring residents in wheel chairs or fall out chairs would be awkward or impossible in some cases. Their location compromises the provision of regular checks on residents. Nine of these rooms are too small to accommodate a hoist and not all have hand basins. The five bedrooms in the west wing are in closer proximity to the existing hospital areas, are generously proportioned to allow space for transferring equipment and are currently suitable for use by hospital level care residents. The proposed refurbishment of the nurse station into a double occupancy hospital room could not be verified as work hadn't begun. However the size and location of the room allows for easy conversion.</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</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. Dining and lounge areas are separately designated for rest home area and hospital resident use. The rest home area is spacious, is within easy walking distance to residents' rooms and is shared by hospital residents for some activities. Residents can access other areas for privacy, if required. All furniture is in good condition and appropriate for residents' needs.</p> <p>Partial Provisional Audit.</p>

<p>areas to meet their relaxation, activity, and dining needs.</p>		<p>There would be no impediment or impact for hospital level care residents occupying either of the five rooms in the west wing. The rooms are located almost equidistant from the hospital and rest home lounges. There are also other spaces in this area which could be utilised for recreation, physiotherapy/exercise or visiting.</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>	<p>FA</p>	<p>Laundry is undertaken on site in a dedicated laundry. Laundry staff interviewed 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. There is a small designated cleaning team who have attended training in safe chemical cleaning as confirmed by interview and review of training records. Chemicals and the cleaning trolleys were stored in a lockable cupboard when not in use. Cleaning and laundry staff said they are allocated sufficient hours to carry out their tasks. There is a laundry person on site seven days a week and at least one or two cleaners on site six days a week. Laundry and cleaning processes are monitored for effectiveness through the internal audit programme. There have been no complaints or issues with these services in the past 12 months.</p> <p>Partial Provisional Audit.</p> <p>It is not anticipated that reconfiguring five rest home beds to dual purpose beds will negatively impact on the current provision of cleaning or laundry services.</p> <p>Laundry is undertaken on site in a dedicated laundry. Laundry staff interviewed 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. There is a small designated cleaning team who have attended training in safe chemical cleaning as confirmed by interview and review of training records. Chemicals and the cleaning trolleys were stored in a lockable cupboard when not in use. Cleaning and laundry staff said they are allocated sufficient hours to carry out their tasks. There is a laundry person on site seven days a week and at least one or two cleaners on site six days a week. Laundry and cleaning processes are monitored for effectiveness through the internal audit programme. There have been no complaints or issues with these services in the past 12 months.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describes the procedures to be followed in the event of a fire or other emergency. All RNs are trained in managing maternity emergencies and there is appropriate equipment and medicines on site for use in the event of such emergencies.</p> <p>The current fire evacuation plan was approved by the New Zealand Fire Service in June 2000. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being</p>

		<p>on 27 June 2019 which was attended by the fire security service. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures. The onsite fire suppression systems are checked monthly by an appropriately qualified company.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for 56 residents and the Ministry of Civil Defence and Emergency Management recommendations for the region. The emergency lighting system was being regularly tested by maintenance staff.</p> <p>The call bell system was functioning on audit day and residents and families reported staff respond promptly to call bells. Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and a security company checks the premises at night. There have been no security incidents.</p> <p>All resident occupied areas within the home are located within and protected by fire cells as per the evacuation plan. This includes the five rooms assessed as suitable to be allocated as dual purpose.</p> <p>Partial Provisional Audit.</p> <p>The current emergency and security systems and processes are suitable and will not be impacted by the conversion of the five rest home bed rooms in the west wing to dual purpose. There would be no need to review or alter the fire evacuation plan as the rooms are within fire cell areas and their location allows easy egress in an emergency.</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 and doors. Heating is provided by a coal fuelled boiler with radiators in residents' rooms and in the communal areas. Areas were warm and well ventilated throughout the audit. Residents and families confirmed the facilities are maintained at a comfortable temperature.</p> <p>The organisational smoke free workplace policy is known of and adhered to by staff.</p> <p>Partial Provisional Audit.</p> <p>The rooms proposed as dual purpose had external windows and functional heating. There are no requirements.</p>
<p>Standard 3.1: Infection</p>	<p>FA</p>	<p>Waihi Lifecare - Rest Home, Hospital and Maternity Facility:</p>

<p>control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>Waihi Lifecare provides a managed environment that minimises the risk of infection to residents, staff and visitors through 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 facility manager and IPC co-ordinator. The infection control programme is reviewed yearly, and the policies are reviewed two yearly. A senior registered nurse is the designated infection control co-ordinator across the rest home, hospital and maternity services, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly and tabled at the monthly quality meeting and the staff meeting. Infection control statistics are entered in the organisation's database. The organisation's facility manager, maternity manager and two directors are informed of any IPC concerns.</p> <p>Signage at the main entrance to the rest home, hospital and maternity 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>Partial Provisional Audit: This audit revealed that the proposed changes to reconfigure five rest home beds to dual purpose beds will not have a significant or negative impact on the current infection control management system.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The IPC co-ordinator has appropriate skills, knowledge and qualifications for the role. The IPC co-ordinator has undertaken on-line training on infection control and planned education is occurring to attend the local DHB infection control study day. Well-established local networks with the infection control team at the DHB and infectious disease physician are available for expert advice if additional support/information is required. The IPC has access to consumers'/residents' records and diagnostic results to ensure timely treatment and resolution of any infections across the services.</p> <p>The IPC co-ordinator confirmed the availability of resources to support the programme and any outbreak of an infection, with the last outbreak reported to have been prior to the last audit.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current</p>	FA	<p>IPC policies reflected the requirements of the IPC standard and current accepted good practice. Policies were reviewed in June 2019 and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry, kitchen staff and maternity staff were observed following organisational policies, such as appropriate use of hand-sanitisers, best practice hand washing technique and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers were readily available in all areas of the facility.</p>

<p>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>All staff interviewed verified knowledge of infection control policies and practices and confirmed they receive ongoing training. Staff are offered the opportunity to receive organisation funded influenza vaccinations.</p>
<p>Standard 3.4: Education 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 for staff across the services 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 the FM and IPC co-ordinator. The content of the training was documented and evaluated to ensure it was relevant, current and easily understood by all staff. A record of attendance was maintained. When an increase in infection incidence has occurred, there is evidence that additional staff education has been provided in response.</p> <p>Education with residents, maternity consumers or their family/whanau is generally on a one-to-one basis and has included reminders about hand washing, increasing fluid rounds during hot weather and advice about remaining in their room if they are unwell or their family/whanau members not visiting if unwell.</p>
<p>Standard 3.5: Surveillance 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, ear, nose and throat, gastrointestinal, the upper and lower respiratory tract and methicillin resistant staphylococcus aureus (MRSA). 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 IPC coordinator reviews all reported infection across the rest home, hospital and maternity services. 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 infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years and this is reported to the FM and directors. Evidence verified the number of infections is very low across the services as confirmed in meeting minutes sighted and interviews with staff.</p>

<p>Standard 3.6: Antimicrobial usage</p> <p>Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.</p>	<p>FA</p>	<p>The IPC coordinator reviews the maternity service implemented policies and procedures two yearly or more frequently as required to ensure prescribing is in line with accepted guidelines. Regular auditing and monitoring of compliance with prophylactic and therapeutic antimicrobial policies is part of the infection control programme.</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>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 in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice the role and responsibilities.</p> <p>On the day of audit, four residents were using bedrails as restraints, one also required a pant restraint and one resident had a bedrail at their request. All of these were the least restrictive option. A similar process is followed for the use 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 interviews 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</p>	<p>FA</p>	<p>A sample of residents' files confirmed that approval and consent for the use of restraints had been obtained either by the resident or their enduring power of attorney (EPOA).</p> <p>The restraint coordinator has clear lines of accountability described in a position description which was sighted. Interview with the FM and review of documents showed that overall use of restraints is being monitored and analysed.</p> <p>Evidence of family/whānau/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>

restraint, and ongoing education on restraint use and this process is made known to service providers and others.		
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	Assessments for the use of restraint were documented and included all requirements of this Standard. The restraint coordinator undertakes the initial assessment with involvement and input from the resident's family/whānau/EPOA. The restraint coordinator was absent on the day of the audit, but the FM and other RNs demonstrated good knowledge of all restraint processes. A family member interviewed confirmed they had been informed and was involved with decisions and ongoing assessment regards the need for restraint. The residents' files and general practitioner verified involvement with 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. Comprehensive assessments were sighted in the records of all the residents who were using a restraint.
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	The use of restraints is actively minimised and has been reduced recently. Interviews and documented showed that alternatives to restraints are discussed with staff and family members. The service had increased the use of sensor mats, low-low beds and purchased perimeter mattresses to prevent fall out from bed. When restraints are in use, 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. The restraint register is kept updated and included details about the resident, the type of restraint in use, the date of approval and commencement and review periods. The register logs the reasons for ceasing use of restraint.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	Documents such as residents' files and meeting minutes showed that the individual use of restraints is reviewed and evaluated during care plan and interRAI reviews, six monthly restraint evaluations and at the monthly RN 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 was completed as required.

<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>Review of the monthly RN meeting minutes and audits of restraint practice confirmed these as a comprehensive quality review of all restraint use. This meets the requirements of this Standard. Trends in restraint use are reported to all staff at meetings. The restraint coordinator considers the overall use and type of restraint in place, whether all alternatives to restraint had been considered, the effectiveness of the restraint in use, the competency of staff and the appropriateness of restraint/enabler education and feedback received from other parties. Any changes to policies, guidelines, education and processes are implemented if indicated. Data reviewed, minutes and interviews with the FM and senior RNs confirmed that the use of restraint is kept to a minimum.</p>
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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 1.4.1.1</p> <p>Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.</p>	PA Low	There is a sluice room in close proximity to the five bedrooms assessed as suitable for dual purpose and adequate supplies to maintain safety and hygiene, already available and in use throughout the facility.	<p>Ensure that disposal of human waste or infectious materials resulting from services provided to hospital level care residents, is managed safely and effectively at all times.</p> <p>Ensure that the sluice room is always well stocked with PPE and cleaning products for staff use</p>	<p>Ensure that disposal of human waste or infectious materials resulting from services provided to hospital level care residents, is managed safely and effectively at all times.</p> <p>Ensure that the sluice room is always well stocked with PPE and cleaning products for staff use</p> <p>Prior to occupancy days</p>

<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	<p>PA Low</p>	<p>Five of the proposed bedrooms are large enough to accommodate lifting and mobility equipment. These rooms are also located closer to the existing hospital wing, allowing easy transportation to lounges or for emergency transfer. There are secure handrails at the right height already in place in the corridors outside these rooms and in the bathrooms.</p>	<p>Ensure that lifting and mobility equipment is readily available, that furniture is arranged to allow easy manoeuvrability and space for residents and staff to move around.</p> <p>Double check that existing handrails are tested for strength and are located in all the right places to promote and maximise resident mobility.</p>	<p>Ensure that lifting and mobility equipment is readily available, that furniture is arranged to allow easy manoeuvrability and space for residents and staff to move around.</p> <p>Double check that existing handrails are tested for strength and are located in all the right places to promote and maximise resident mobility.</p> <p>Prior to occupancy days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.