

Pacific Haven (2015) Limited - Pacific Haven Residential Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Pacific Haven Residential Care (2015) Limited

Premises audited: Pacific Haven Residential Care

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 5 September 2019 End date: 6 September 2019

Proposed changes to current services (if any): None.

Total beds occupied across all premises included in the audit on the first day of the audit: 23

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

Pacific Haven provides residential services for residents requiring rest home level care. The current directors (one of whom is the nurse manager) have owned the service since 2015 and both manage the facility full time.

This certification audit was conducted against the relevant Health and Disability standards and the contracts with the district health board. The audit process included a review of policies and procedures; the review of residents' and staff files, observations and interviews with residents, a relative, staff and management.

Residents, relatives and the GP interviewed, praised the service for the support provided. The owners continue to make improvements to the environment. Environmental improvements include ongoing refurbishment of bedrooms, installation of doors in a lounge, and installing double glazing gradually.

One improvement was identified during this audit around discussion of quality information at meetings.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Staff at Pacific Haven strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights (the Code). Residents' cultural needs are met. Policies are implemented to support residents' rights, communication and complaints management. Complaints and concerns have been managed and a complaints register is maintained.

Information on informed consent is provided and discussed with residents and relatives. Staff interviewed were familiar with processes to ensure informed consent.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Pacific Haven have policies and procedures in place which support residents at rest home level needs. A documented quality and risk management programme is implemented. There is a current business plan that includes specific goals for 2019.

Organisational performance is monitored through several processes to ensure it aligns with the identified values, scope and strategic direction.

Staff receive ongoing training and there is a training plan developed and commenced for 2016. Rosters and interviews indicated sufficient staff that are appropriately skilled with flexibility of staffing around clients' needs.

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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There is an admission package available prior to or on entry to the service. The nurse manager and/or registered nurse is responsible for each stage of service provision. A registered nurse assesses and reviews each resident's needs, outcomes and goals at least six monthly. Care plans demonstrated service integration and included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior carers responsible for administration of medication complete annual education and medication competencies. The medicine charts were reviewed by the general practitioner at least three monthly.

An activities coordinator implements the activity programme for the residents. The programme includes community visitors, outings and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for the residents. Residents and families reported satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission. All meals and baking are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met as required.

Safe and appropriate environment

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

Standards applicable to this service fully attained.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals were stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms were personalised with access to an adequate number of communal shower/toilet facilities. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Systems and supplies are in place for essential, emergency and security services.

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.

Pacific Haven has a restraint minimisation and enabler use policy in place which reflects safe practice and procedures. There has been no restraint used at Pacific Haven since 2015. Staff receive training around restraint minimisation, and challenging behaviour management.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

Infections are reported by staff and residents and monitored through the infection control surveillance programme by the infection control officer (registered nurse). There are infection prevention and control policies, procedures and a monitoring system in place. Training of staff and information to residents is delivered regularly. Infections are monitored and evaluated for trends and discussed at staff meetings.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	44	0	1	0	0	0
Criteria	0	92	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Pacific Haven has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Training on the Code is included as part of the orientation process for all staff employed and in ongoing training. Residents and relatives have been provided with information on admission which included the Code.</p> <p>Interviews with five residents including one YPD and two family members demonstrated an understanding of the Code.</p> <p>Three caregivers, one registered nurse (RN), one activities coordinator, one kitchenhand/cook, one chef, and one laundry/cleaner interviewed, confirmed staff respect privacy, and support residents in making choices where able.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General consents are obtained on admission as sighted in the five resident files reviewed, including three aged residential care, one under long-term chronic health condition contract (LTCHC) and one under Ministry of Health Younger Person Funding (YPD). Advance directives identifying the resident resuscitation status had been appropriately signed by the resident and general practitioner (GP).</p> <p>An informed consent policy is implemented. Systems are in place to ensure resident, and where</p>

informed choices and give informed consent.		appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The staff interviewed demonstrated a good understanding in relation to informed consent and informed consent processes. All resident files reviewed had signed admission agreements on file.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available at the entrance to the facility. Residents' meetings included actions taken (if any) before addressing new items. Discussion with the relatives identified that the service provides opportunities for the family/EPOA to be involved in decision making.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Key people involved in the resident's life have been documented in the resident files. Interviews with residents confirmed relatives and friends can visit at any time and are encouraged to be involved with the service and care. Visitors were observed coming and going at all times of the day during the audit. Maintaining links with the community is encouraged.</p> <p>Entertainers, volunteers and church services provide links with the community. There are several visiting professionals contracted by the service that provide links.</p> <p>On interview, activities staff confirmed that they help residents access the community such as going shopping and going on outings to places of choice such as the weekly trip to the movies.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>A complaints policy and procedures have been implemented and residents and their family/whānau are provided with information on admission. Complaint forms are available at the entrance to the facility and are easy to find. A complaint register is maintained. The service had no complaints in 2018 and one complaint in July 2019 which the complainant has also copied to the Health and Disability commissioner and the DHB. A letter of response was written to the complainant within timeframes, and clearly documented all aspects of the complainant's concerns, and offers a resolution. The complaint remained ongoing at the time of the audit. Management had not yet received a response from the Health and Disability commissioner, and the DHB contacted the service to inform management they had received the letter of complaint.</p> <p>During interview with residents, relatives and staff, all reported their understanding of the complaints process. Staff confirmed that complaints are discussed with them and they notify RN and/or the management if any residents or relatives want to make a complaint.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The information provided to residents on entry includes information on how to make a complaint, advocacy services and the Code. All information provided has been discussed with residents and relatives (when available) on entry to the service. Large print posters of the Code and advocacy are displayed in the facility and on entering the facility. The admission agreement includes the scope of services, and any liability for payment for items not included in the scope and the Code.</p> <p>Resident meetings provide the opportunity to raise issues/concerns. The manager and nurse manager (owners), and the registered nurse (RN) described discussing the information pack with residents and family members on admission.</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>Pacific Haven has a philosophy that ensures the residents' rights to privacy and dignity are recognised and respected at all times. Residents are encouraged to maintain their independence. Outings are encouraged and supported for residents. Staff interviewed stated that they encourage the residents' independence by encouraging them to be as active as possible.</p> <p>The caregivers interviewed reported that they knock on bedroom doors prior to entering, ensure doors are closed when cares are being given and do not hold personal discussions in public areas (witnessed during the audit). The residents interviewed confirmed that their privacy is being respected. The shared bathrooms have a privacy lock.</p> <p>Resident preferences are identified during the admission and care planning process with family involvement.</p> <p>Five resident files reviewed identified that cultural and/or spiritual values and individual preferences were identified on admission with family involvement and these were documented in the residents' care plan. This included cultural, religious, social and ethnic needs.</p> <p>There are clear instructions provided to residents on entry, regarding responsibilities of personal belongings in their admission agreement. Personal belongings are documented and included in resident files.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability</p>	FA	<p>Pacific Haven has a Māori health plan that is implemented which guides staff in cultural safety. There is a cultural safety policy to guide practice, including recognition of Māori values and beliefs and identify culturally safe practices for Māori. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged. Cultural needs are addressed in the care plan. Links are established with community representative groups as requested by the resident/family. There is a</p>

needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.		<p>resident Māori advocate, and an external spiritual advisor/advocate that residents can access. Cultural training is provided for staff.</p> <p>All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents. There were five residents that identified themselves as Māori on the day of audit.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Pacific Haven embraces the cultural diversity of its residents, relatives and staff. There are policies and procedures in place which reflects key relationships with churches and reflects ethnic groups and support available. Diverse beliefs, cultures, personalities, skills and life experiences are acknowledged and included in the activities plans.</p> <p>The residents' personal needs and values were identified on admission and this information was gathered from previous interRAI assessments and residents, relatives and/or EPOA. All care plans reviewed included the resident's social, spiritual, cultural and recreational needs. Caregivers were able to give examples of how they meet the individual needs of each resident they care for.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The service has policies and procedures to protect consumers from any form of discrimination, coercion, harassment, or exploitation. Relevant policies and procedures have been implemented.</p> <p>The managers and staff interviewed, demonstrated a clear understanding of professional boundaries. Documented job descriptions described the functions and limitations of each position. The staff employment process includes the signing of house rules. The orientation programme includes an emphasis on dignity and privacy and boundaries, and ongoing training is provided.</p> <p>The relatives interviewed acknowledged the openness of the service and stated that they would be very surprised if there was any coercion or discrimination as staff were all approachable, welcoming and open.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Internal auditing programmes are implemented. Staffing policies include pre-employment, and the requirement to attend orientation and ongoing in-service training. There are clear ethical and professional standards and boundaries within job descriptions.</p> <p>There is an active culture of ongoing staff development with the Careerforce programme being implemented and education sessions are held monthly at the staff meetings. There are implemented competencies for caregivers and the RNs.</p>

		<p>Examples of good practice being undertaken at Pacific Haven includes (but not limited to) staff meetings and in-service training being held at 6.30pm to suit staff needs, which continues to result in high attendance. Significant improvements to the building continue to be undertaken to improve the safety and satisfaction of residents. There is a current focus on training staff to deal with the effects of long-standing drug and alcohol abuse in residents.</p> <p>Residents and the two relatives interviewed spoke very positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care support and stated that they feel supported by management.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The relatives interviewed stated they are informed of changes in health status and incidents/accidents. This was consistently confirmed on incident forms reviewed where relatives wished to be contacted. Residents also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident meetings occur monthly and the management have an open-door policy. Residents and relatives are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau have difficulty with written or spoken English, the interpreter services are made available.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Pacific Haven provides residential services for people requiring rest home level care. On the day of the audit, there were 23 residents and 2 boarders. Fifteen are under the aged residential care contract, five are under long-term chronic conditions contracts (LTS-CHC), three are on younger person with disability (YPD) contracts.</p> <p>The organisation consists of two directors who own the business. They have previous experience in aged care. One director operates as a full time non-clinical manager and the other (a registered nurse) operates as the full-time nurse manager, and both have attended in excess of the eight hours education required including leadership and management training.</p> <p>The goals and direction of the service are well documented in the 2019 business plan and the progress toward previous goals has been documented and are discussed at the management meetings.</p>
Standard 1.2.2: Service	FA	<p>During the temporary absence of the nurse manager, the registered nurse provides cover.</p>

<p>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>		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>PA Low</p>	<p>Policies and procedures are current and are updated and reviewed regularly in line with best practice and current legislation. Internal audits are completed as per the internal audit schedule. Any area of non-compliance includes the implementation of a corrective action plan with sign-off by the nurse manager when it is completed.</p> <p>The manager (non-clinical) is the health and safety officer. The health and safety committee comprise of the managers and the RN. Pacific Haven collects information on resident incidents and accidents as well as staff incidents/accidents and provides follow-up where required. Hazards are identified on hazard identification forms. The hazard register is relevant to the service and has been regularly reviewed and updated in June 2019.</p> <p>There are monthly management/quality meetings which include discussions on aspects of quality and risk including the monthly infection control and incident/ accident statistics, however, not all of the quality data is shared with the staff at monthly meetings.</p> <p>Resident meetings are held monthly. Pacific Haven are proactive in providing consultation with residents/relatives and staff through the six-monthly newsletters.</p> <p>The annual resident satisfaction survey in 2018 identified a 30% response rate, and low satisfaction rates with staff interactions and activities.</p> <p>The 2019 resident satisfaction survey had a 90% response rate and identified 100% satisfaction with staff interactions. Activities remain an area of low satisfaction, corrective actions have been implemented around accommodating resident requests for more outings and encouraging residents to be more motivated in attending activities. The resident meeting minutes and resident interviews evidenced increasing satisfaction around activities provided.</p> <p>The residents' food satisfaction survey identified 100% satisfaction with breakfasts and overall satisfaction with the current menu and alternatives available.</p> <p>The 2018 and 2019 surveys identified overall satisfaction, the 2019 survey identified the need for increased communication and family involvement in residents care planning. A corrective action has</p>

		<p>been activated and includes increasing social activities for relatives to enjoy with residents.</p> <p>Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Pacific Haven documents and analyses incidents/accidents, unplanned or untoward events, and provides feedback to the service and staff so that improvements are made. Individual adverse event reports are completed for each incident/accident with immediate action noted and any follow-up action required. Minutes of the management/quality meetings, and staff meetings reflected discussions have occurred around minimising risks. A monthly data sheet is completed indicating all incidents/adverse events and preventative measures in place to minimise risks.</p> <p>Ten adverse event forms were reviewed. All demonstrated that there was clinical follow-up by the RN or nurse manager.</p> <p>There have been two section 31 forms completed since the last audit. The section 31 forms were completed for two coroner's inquest, one in May 2019 where a resident under the mental health act passed away. The other was a previous coroner inquest (2016) that had been reopened by the coroner in 2019.</p> <p>There have been no outbreaks since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There is a comprehensive staff recruitment policy to guide management to ensure that the most appropriate people are recruited to vacant positions.</p> <p>Five staff files reviewed (the registered nurse, a recently employed caregiver, one long-standing caregiver, the activities coordinator, one cook/kitchenhand). All had relevant documentation relating to employment, and relevant checks were completed to validate individual qualifications and experience. Of the files reviewed, performance appraisal occurred annually for long-standing staff.</p> <p>Current annual practicing certificates are kept on file. There is a minimum of one care staff member with a current first aid certificate on every shift.</p> <p>The orientation package provides information and skills around working with residents with aged care and mental health related needs (most residents have mental health issues) and was completed in all staff files sampled.</p> <p>There is an annual training plan in place that is being implemented, with additional training sessions added as required. Staff have competencies for medications including insulin administration, infection</p>

		<p>control, hoist and manual handling, hand washing, emergency management, and wounds</p> <p>Pacific Haven encourages staff to complete Careerforce training. Currently there are three staff who have completed level 2 Health and Wellbeing with a further three planned to start. The nurse manager and the RN are interRAI trained.</p> <p>The activities coordinator has completed level 3 and is completing the level 4 diversional therapy qualification and the assessor qualification. Kitchen staff are due to commence training in October 2019.</p> <p>Residents and relatives interviewed stated that staff were knowledgeable and skilled.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery. Staffing rosters were sighted and there were staff on duty to match needs of different shifts and needs of different individual residents.</p> <p>The registered nurse works 10.30 am to 4 pm Monday to Thursday each week. The nurse manager is available from 11 am to 9 pm daily during the week.</p> <p>There are two caregivers on the morning shift; 1x 7 am to 11 am and 1 x 9 am to 1 pm with the non-clinical manager assisting residents with morning cares.</p> <p>The afternoon shift has two caregivers 1 x 3.45 pm to 11.15 pm and one from 6.30 pm to 8 pm with the nurse manager assisting.</p> <p>Nightshift has one caregiver from 11 pm to 7 am.</p> <p>The managers live close to the facility and are on call 24/7. There is always a registered nurse (nurse manager) available on call.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>All relevant initial information was recorded within required timeframes into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access by being held in a locked staff area. Care plans and notes were legible. All resident records included the name of resident and the person completing. Individual resident files demonstrated service integration including records from allied health professionals and specialists involved in the care of the resident. Information in the electronic medication management system and interRAI data are password protected.</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' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Pre-admission information packs are provided for families and residents prior to admission. Five admission agreements reviewed aligned with all contractual requirements. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures, to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exit or discharges to and from the service.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Caregivers, management and RNs who administer medications have completed a practical and written medication competency. The pharmacist had undertaken an audit and had made recommendations in relation to the management of controlled medications. These formed the basis of a corrective action plan which had essentially been completed (one action was an education session for medication administering staff the week following audit). The pharmacist provides annual in-service on medication administration and medication management and education on an annual basis. Medications were checked on delivery against the medication chart by the RN, as evidenced by RN signature on the blister packs. Standing orders are not used. There were no residents self-medicating. All medications are stored safely. The medication fridge is monitored. All eye drops were dated on opening.</p> <p>Ten medication charts reviewed had photo identification and an allergy status on the medication chart. The GP had reviewed the medication charts at least three monthly. The administration signing sheets reviewed identified all prescribed medications had been administered as prescribed.</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</p>	FA	<p>All meals at Pacific Haven are prepared and cooked on site. The Monday to Wednesday qualified chef is supported by a cook who works Thursday to Sunday 9 am to 6 pm. This cook has chemical and food safety training and is enrolled to commence units 167 and 168 in October 2019. On the day of audit there was a relieving qualified chef with 19 years' experience (the last 18 months in aged care settings) as the chef was on leave. There is a five weekly seasonal menu, which had been reviewed by a dietitian (May 2018). The food control plan was due to expire April 2020. Meals are served directly</p>

component of service delivery.		<p>from the kitchen to residents in the adjacent dining room. Dietary needs are known with individual likes and dislikes accommodated. Dietary requirements, cultural and religious food preferences are met. Additional or modified foods such as pureed foods and diabetic desserts are provided as required. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>Fridge, freezer and end-cooked temperatures are monitored and recorded. Containers of food are labelled and dated. All perishable goods in fridges are date labelled. The dishwasher is checked regularly by a contracted service. A cleaning schedule is maintained.</p> <p>All food services staff have completed training in food safety and hygiene and chemical safety. Nutrition and safe food management policies define the requirements for all aspects of food safety.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The nurse manager or registered nurse completes an initial assessment on admission including risk assessment tools as appropriate. An InterRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes for long-term residents under the ARCC. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident and significant others and form the basis of the care plan. InterRAI assessments, assessment notes and summaries were available for review in the files. The long-term person-centred care plans reflected the outcome of the assessments.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Person-centred care plans reviewed were resident focused and individualised. Person-centred care plans documented the required supports/needs to reflect the resident's current health status. Relatives and residents interviewed confirmed they were involved in the care planning process.</p> <p>Short-term care plans were sighted for short-term needs and these were either resolved or transferred to the long-term person-centred care plan. Short-term care plans were sighted for wounds, infections and change of condition.</p>

		There was evidence of allied health care professionals involved in the care of the resident.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP or nurse specialist consultation. There was evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications were documented in the resident files reviewed.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. A register of wounds is maintained. A wound management plan, dressing application record and evaluation notes were in place for all wounds. Three residents had wounds – one with two carcinomas that were awaiting surgical intervention, one with a graze and the third with an infected toe. There were no pressure injuries on the day of audit. There is access to a wound nurse specialist from the DHB if required.</p> <p>Continence products are available and resident files included a urinary continence assessment, bowel management, and continence products identified.</p> <p>Monitoring occurs for blood pressure, weight, vital signs, blood glucose, pain and challenging behaviours.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service has recently employed an activities coordinator who has experience as a carer (17 years) and holds a Level 3 Support of the Older Person certificate. She has a current first aid certificate and works 25 hours per week, Monday to Friday. She has worked in an activity assistant role previously and has commenced diversional therapy training (DT). The activity coordinator attends on site in-service training as well.</p> <p>The activities programme has been recently reviewed with input from residents who requested more outings and barbeques. Included in the input was that of the YPD residents. The result is there are now outings three days a week (an increase) using the facility van; these include movies, shopping, mystery drives and out to a food chain. Activities provided are appropriate to the needs, age and culture of the residents. The activities are meaningful and include (but are not limited to), adult colouring, arts, newspaper reading (a volunteer), walks, music and word games. Activities are often spontaneous and the programme flexible to meet the residents' preferences. Community links and social interaction is maintained through community groups including the local kindergarten. There is an interdenominational church service held six weekly on the weekend. A monthly resident meeting is held where activities are discussed. A resident advocate attends every few meetings.</p>

		<p>A resident diversional therapy profile is completed on admission. Each resident has an individual activity plan which is reviewed six monthly as part of the six-monthly multidisciplinary review. There was evidence of help being given to residents to follow up their individual interests both within and outside the facility.</p> <p>Families are invited to the monthly resident meetings. The service receives feedback on activities through one-on-one feedback, resident meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans reviewed were evaluated by the nurse manager and/or RN within three weeks of admission and a long-term care plan developed. Person-centred care plans had been evaluated six monthly. Written evaluations identified if the desired goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets and product charts are readily accessible for staff. Chemical bottles sighted had correct manufacturer labels. Chemicals were pre-mixed. Chemicals were stored in locked areas. Personal protective clothing was available for staff and seen to be worn by staff when carrying out their duties on the day of audit.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current building warrant of fitness that expires 1 April 2020. The facility is two levels with the laundry and storage areas downstairs.</p> <p>One of the owner/directors is responsible for the daily and ongoing building maintenance of the facility. There is a reactive and planned maintenance schedule. Hot water temperatures are monitored monthly. Essential contractors are available 24 hours. Electrical testing is completed annually. Annual calibration and functional checks of medical equipment (including a hoist), is completed by an external contractor. Environmental improvements included (but not limited to) the replacement of the roof (half is now completed), the upgrading of a shower/toilet area into a full disability toilet/shower area and ongoing refurbishment of bedrooms. Most recent upgrades have been the installation of doors opening to the outside from one lounge and the installation of a new call system throughout the facility.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids and a number of communal areas that are easily accessible.</p> <p>There is to safe access to several outdoor areas. Seating and shade is provided.</p> <p>The caregivers interviewed stated they have sufficient equipment including hi-lo beds, hoist, chair scales and pressure injury resources to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Toilet and shower facilities were of an appropriate design to meet the needs of the residents. There were adequate numbers of communal use shower/toilets and hand basins in each wing. Communal toilet facilities have a system that indicates if it is engaged or vacant. Showers have privacy curtains. Residents confirmed staff respect their privacy while attending to their hygiene cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All rooms are single. There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms as viewed on the day of audit.</p>

<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas within the facility include a main dining area and a smaller dining/lounge area. Three lounge areas allow individual and group activities to occur. One lounge has Sky TV available. The two main lounges have seating arranged to maximise the view of the coastline. All furniture is safe and suitable for the residents. Communal areas are easily accessible to residents.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. Carers undertake some laundry duties but there is a designated cleaner/laundry assistant to complete the majority of laundry and cleaning duties. The cleaner's trolley is stored safely when not in use. The laundry is located downstairs and there is adequate ventilation with opening windows. There is a defined clean/dirty area.</p> <p>The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings and surveys.</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>	FA	<p>There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. All staff receive emergency training on orientation and ongoing six-monthly training sessions. Civil defence supplies are readily available including barbeque, sufficient bottled water and food storage and supplies (batteries and torches) for at least three days. The emergency lighting has been replaced.</p> <p>A fire evacuation plan is in place for Pacific Haven that has been approved by the New Zealand Fire Service. There are six monthly fire drills (last completed on May 2019). The fire safety provider completes monthly fire checks. There is a trained first aider on duty at all times.</p> <p>The call bell system has recently been upgraded to a pager system. Resident's rooms, communal bathrooms and living areas all have call bells. Security policies and procedures are documented and implemented by staff. The building is secure at night with afterhours doorbell access. Additional security/sensor lights have been installed around external building areas.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p>	FA	<p>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. The heating in each room can be individually</p>

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.		controlled. Communal areas have heat pumps. There are sufficient doors and external opening windows for ventilation. All bedrooms have adequate natural lighting.
Standard 3.1: Infection control management 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.	FA	Pacific Haven has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The registered nurse is the designated infection control person with support from all staff. The RN who had recently started in the position has undertaken training for the Infection Control Coordinators role with the Canterbury District Health Board (CDHB). There is a signed position description role on file. Infection control matters are discussed at all staff meetings (minutes sighted). Education has been provided for staff (January 2019) and IC audits were undertaken (May 2019). The IC programme policies and procedures have recently been reviewed and revised, including policies and procedures issued by the CDHB. The ICC can readily access the CDHB for information and advice. There had been no outbreaks since the previous audit.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	There are adequate resources to implement the infection control programme at Pacific Haven. The infection control (IC) person had recently undertaken training and is in close contact with the infection control nurse specialist. The infection control team is all staff through the staff meeting. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.
Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated as required, at least two yearly. They had recently been reviewed including policies/procedures issued by the CDHB.

practical, safe, and appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The staff orientation programme includes infection control education and education was provided (January 2019). Specific education was provided and is ongoing on ESBL, a current resident is Hepatitis C positive. Education is provided to residents in the course of daily support with residents interviewed able to describe infection prevention practice that is safe and suitable for the setting.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in policy. The registered nurse is the designated infection control person. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered onto a monthly summary and then analysed and reported to staff meetings as sighted in staff meeting minutes August 2019.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service philosophy includes that restraint is only used as a last resort. There were no residents at the time of the audit using restraint or enablers. The restraint policy includes a definition of enablers as voluntarily using equipment to maintain independence. The education plan includes restraint education six monthly, and education sessions have been held on management of challenging behaviours. Staff interviewed clearly identified the difference between enablers and restraint. There have been no residents using restraint or enablers since the current owners have been at Pacific Haven.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	PA Low	Quality goals have been identified for 2019. Data is collated and analysed for infection and incident/accident rates. Internal audits are completed as per the schedule and are linked to the quality goals. However, not all quality data is evidenced as being discussed at meetings.	There was no evidence of internal audit results, non-conformities and corrective action plans implemented, being discussed at meetings since the previous audit.	Ensure meeting minutes reflect that all quality data is discussed at meetings. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.