

Fitzroy Village Management (2016) Limited - Fitzroy of Merivale

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:	Fitzroy Village Management (2016) Limited	
Premises audited:	Fitzroy of Merivale	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 3 February 2020	End date: 3 February 2020
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:	29	

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Fitzroy of Merivale is privately owned and operated. The rest home provides rest home level care for up to 31 residents. On the day of the audit there were 29 residents living at the facility.

This certification audit was conducted against the health and disability standards and the contract with the district health board. The audit process included the review of existing policies and procedures, the review of resident and staff files, observations and interviews with residents, family member, staff, management and general practitioner.

One owner director is a registered nurse and is in the role of clinical manager. The second owner/director has a business management background and is responsible for health and safety, finances and maintenance. Residents and family interviewed were complimentary of the services they receive.

This certification audit identified one improvement around care plan interventions.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the services provided is readily available to residents and families/whānau. Māori values and beliefs are understood and respected. Care planning accommodates individual choices of residents and/or their family/whānau. Informed consent processes are adhered to. Residents are encouraged to maintain links with their community. Complaints processes are implemented, and complaints and concerns are managed appropriately.

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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Services are planned, coordinated, and are appropriate to the needs of the residents. Quality and risk management processes are established. Quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, internal audits, meetings and health and safety processes. Adverse, unplanned and untoward events are documented by staff. Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place. There are adequate numbers of staff on duty to ensure residents are safe. There is a clinical manager and part-time RN who provide registered nursing cover and available 24 hours on call when not on site. The residents' files are appropriate to the service type.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The facility manager manages entry to the service. An information pack is available prior to or on entry to the service. A registered nurse completes initial assessments including interRAI assessments, care plans and evaluations within the required timeframes. Care plans are integrated and include the involvement of allied health professionals. Residents and relatives interviewed confirmed they were involved in the care planning and review process. General practitioners review residents at least three monthly or more frequently if needed.

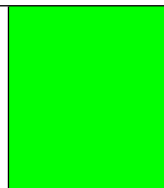
Each resident has access to an individual and group activities programme. The group programme is varied and interesting and includes outings, entertainers and community interactions.

Medicines are stored and managed appropriately in line with legislation and guidelines. Registered nurses and caregivers administering medications have completed annual competencies. The general practitioner has reviewed the medication charts at least three monthly.

Meals are prepared and cooked off site. The menus are reviewed by a dietitian. The menu is varied and provides meal options. Individual and special dietary needs are catered for. Residents interviewed were very complimentary about the food service.

Safe and appropriate environment

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

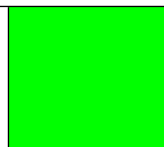


Standards applicable to this service fully attained.

The building has a current warrant of fitness. All rooms are single, personalised and have ensuite facilities. The environment is warm and comfortable. There is adequate room for residents to move freely about the home using mobility aids. Communal areas are spacious and well utilised for group and individual activities. Outdoor areas are well maintained, safe and accessible and provide seating and shade for residents. There is adequate equipment for the safe delivery of care. All equipment is well maintained and on a planned schedule. All chemicals are stored safely, and the laundry is well equipped. The cleaning service maintains a tidy, clean environment. There is an emergency evacuation plan in place and sufficient civil defence supplies. There is a first aid trained staff member on duty at all times.

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.

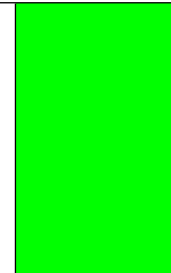


Standards applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint, only as a last resort. Staff receive regular education and training on restraint minimisation. No restraint or enablers were in use.

Infection prevention and control

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



Standards applicable to this service fully attained.

The infection control programme is appropriate for the size and complexity of the service. The infection control officer (clinical manager) is responsible for coordinating the infection control programme and providing education and training for staff. The infection control manual outlines the scope of the programme and includes a comprehensive range of policies and guidelines. Information is obtained through surveillance to determine infection control activities.

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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information pack available to residents and their families during entry to the service. The Code is displayed in large print in the communal dining/lounge room. Policy relating to the Code is implemented. The clinical manager/owner/director and care staff interviewed (three caregivers and one diversional therapist) could describe the code and give examples of how it is incorporated into their role and responsibilities. Staff receive training on the Code during their induction to the service and ongoing as part of the education plan.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Informed consent processes are discussed with residents and relatives on admission. Written general consents including outings, social media and indemnity and cardiopulmonary resuscitation status has been appropriately signed in the six resident files reviewed. Copies of enduring power of attorney where known were included in the resident file. Caregivers interviewed confirmed verbal consent is obtained when delivering care. All resident files reviewed had a signed admission agreement on file.</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>Health and Disability Commissioner (HDC) advocacy information is included in the information pack provided to new residents and their family/whānau during their entry to the service. Residents interviewed were aware of the role of advocacy services and their right to access support. There are advocacy brochures available. There is a resident advocate from Age Concern who visits the service and is available for one on one chats with residents. The complaints process is linked to advocacy services although this has not been needed. Staff receive training in the role of advocacy services, which begins during their induction to the service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The service encourages residents to maintain their relationships with friends and community groups. Assistance is provided by the care staff and diversional therapist to ensure that the residents participate in as much as they can safely and desire to do as evidenced through interviews and observations.</p> <p>Community links are established with a range of organisations such as Age Concern, library services, day-care visits, church groups and visiting Japanese students.</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 complaints procedure is provided to residents and families during the resident's entry to the service. There is access to complaints forms and a suggestions box in a communal lounge.</p> <p>The clinical manager is the privacy officer. There has been one internal complaint in 2019. A review of the complaint, investigation notes and letter to the complainant demonstrated compliance with HDC guidelines. A complaint register is maintained. Any concerns or complaints are discussed at staff meetings. Residents interviewed stated the owners/directors are readily available to discuss any concerns they may have.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Details relating to the Code and the HDC advocacy service are included in the resident information that is provided to new residents and their families. The clinical manager or RN discusses aspects of the Code with residents and their family on admission. Brochures on the Code of rights is available to residents and their families. All five residents and one family member interviewed reported that the residents' rights were being upheld by the service.</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>	<p>FA</p>	<p>Care staff interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. They reported that they promote the residents' independence by encouraging them to be as active as possible. Residents and relative interviewed and observations during the audit confirmed that the residents' privacy is respected. Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect, which begins during their induction to the service</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>A Māori health policy is documented for the service. There were no residents who identified as Māori at the time of the audit. The care staff interviewed, reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of residents and described how they would support Māori residents who identified with the Māori culture. Staff attend cultural safety training.</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>	<p>FA</p>	<p>The service identifies the residents' personal needs and individual beliefs from the time of admission. This is achieved in collaboration with the resident, whānau/family and/or their representative. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline. Beliefs and values are discussed and incorporated into the resident care plan, evidenced in five long-term care plans and one respite care resident. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which includes the identification of individual values and beliefs.</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>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training, staff meetings, and performance management if there is infringement with the person concerned.</p>

<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>One owner/director is the clinical manager/registered nurse who is supported by a part-time RN to provide seven-day week RN on morning shifts and 24-hour RN on call. Care staff interviewed stated the two owner/directors are very caring and supportive and readily available to staff, residents and their families. Residents have the opportunity to feedback on the service through meetings and surveys. Residents interviewed reported that they are very satisfied with the care, services and environment at Fitzroy of Merivale. The owner/directors and staff pride themselves on the boutique homelike environment and family atmosphere. The staff are long-serving and know the residents well and treat them as individuals, with dignity and respect, as observed during the audit.</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>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed at all times. The clinical manager and care staff interviewed understood about open disclosure and providing appropriate information when required.</p> <p>There was documented evidence of family notification for changes to resident's health status. Nine accident/incident forms for the month of November identified that family members had been notified within a timely manner for incidents/accidents.</p> <p>There are three monthly resident meetings chaired by the non-clinical owner/director. The meetings are open to families with good attendance and discussion on all aspects of the service. The service has Wi-Fi throughout the building including residents' rooms, improving communication for families with their loved ones.</p> <p>An interpreter service is available and accessible if required through the district health board. Families and staff are utilised in the first instance.</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>Fitzroy of Merivale provides care for up to 31 residents at rest home level of care. At the time of the audit, there were 29 residents (including three privately paying non-assessed residents and one respite care resident).</p> <p>Fitzroy of Merivale is privately owned for four years by two owner/directors (husband and wife team). One owner/director is the clinical manager with a current practicing certificate, many years of clinical experience and oversees the clinical management. The other owner/director has a business management background and is responsible for non-clinical services, finances and maintenance. They are supported by a part-time RN (deputy nurse manager) and long-</p>

		<p>serving staff.</p> <p>The 2016 to 2020 business plan has been reviewed regularly with ongoing goals. The business plan includes the service mission statement, philosophy, vision and values. An electronic medication system was installed November 2019. A connection for a hire diesel generator has been installed at the facility.</p> <p>The clinical manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility including attending DHB study days and infection control skills based DHB study day. The clinical manager has also completed on-line management courses for business management, leadership and quality management.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The clinical manager and part-time RN share the on call. The part-time RN (deputy nurse manager) has responsibility for the service in the absence of the owner/directors.</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>A quality and risk management system is established. There is a quality and risk management plan in place for 2020. The service contract an aged care consultant to provide and review policies and procedures to align with current accepted practice. New policies and updates to existing policies are discussed in staff meetings.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, meetings, health and safety, infection control and resident surveys. There are bi-monthly quality meetings open to all staff and care services meetings bi-monthly. Quality data, including accidents/incidents, infections and outcomes of internal audits is collated, analysed and discussed at meetings as sighted in meeting minutes. Staff have access to meeting minutes in the staff room.</p> <p>An internal audit programme is being implemented. Internal audit results and corrective actions are discussed with staff in meeting minutes. Where improvements are identified, corrective actions are documented and signed off by the clinical manager when actioned.</p> <p>Resident satisfaction surveys are completed annually each January with the last survey completed in 2019. The overall majority of responses indicated that residents were either satisfied or very satisfied with the service received. This was also confirmed during interviews</p>

		<p>with residents. Results were shared with residents, families and staff. The service responded where any concerns were expressed such as a request for vegetarian meals.</p> <p>The non-clinical owner/director is the health and safety officer with overall responsibility for health and safety. He has completed an on-line health and safety course, manual handlers course through a physiotherapist and is a qualified tester and tagger of electrical equipment. Staff receive health and safety training, which begins during their induction to the service and annually as part of the education plan. Health and safety are a regular topic covered in the quality and staff meetings. Actual and potential risks are documented on the hazard register (last reviewed January 2020), which identifies risk ratings and documents actions to eliminate or minimise the risk. Contractors complete health and safety inductions. Staff complete safe manual handling competencies for the use of the Raizer (lifting device used in resident falls).</p> <p>Falls management strategies include sensor mats and reviewing residents at risk of falling. A falls management plan is developed for each resident who is identified at a high risk of falling.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The incident reporting policy includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident with immediate action documented including any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme.</p> <p>Nine accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurologic observations are documented for any suspected head injury. The clinical manager or part-time RN signs off each event.</p> <p>The owners/directors are aware of their responsibility to notify relevant authorities in relation to essential notifications. There have been no Section 31s reported. The infection control nurse specialist at the DHB was notified for an influenza outbreak May 2019.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources policies are in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (one RN/deputy nurse manager, two caregivers, one diversional therapist and one kitchen assistant) included evidence of the recruitment process, signed employment contracts, reference checking and completed orientation programmes. The orientation programme provides new staff with relevant information for safe work practice. Competencies are completed specific to worker type. Staff interviewed stated that they believed new staff were adequately orientated to the service.</p>

		<p>A register of current practising certificates for the RNs and health professionals is maintained.</p> <p>The 2019 annual education schedule has been completed and the 2020 planner has commenced. Staff meetings precede in-services with high numbers of staff attending. Staff who are unable to attend are provided with meeting minutes and education notes from the in-service and there are several presentations for mandatory training. Individual staff training records are maintained. Education is provided by the clinical manager and external speakers such as the DHB dementia care facilitator, HDC advocate, food service provider and chemical safety provider.</p> <p>The clinical manager has completed interRAI training. A senior caregiver is a Careerforce assessor. Five of ten caregivers have level 4 qualifications. Staff who administer medications have completed annual medication competencies.</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>The staffing policy aligns with contractual requirements. The clinical manager and the RN/deputy nurse manager (works 15 hours per week) share the RN cover Monday – Sunday morning duties on site and cover the on-call 24 hours.</p> <p>There are adequate numbers of caregivers available with one working the full morning shift and two on the short shifts from 7 am to 1 pm. On the afternoon shift there is one caregiver for the full shift and one caregiver from 5 pm to 8 pm. There is one caregiver on the night shift with an RN on call.</p> <p>There is a DT four days a week. Caregivers complete the laundry and there are separate cleaning staff. There is a morning and afternoon kitchenhand (meals are not cooked on site).</p> <p>Staffing is flexible to meet the acuity and needs of the residents. Interviews with residents and staff confirmed staffing levels were satisfactory.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Archived records are secure in a separate locked area.</p> <p>Residents' files demonstrated service integration. Entries were legible, dated, timed and signed by the relevant caregiver or RN, including their designation. Electronic systems 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>The service has admission policies and processes in place. There is an information pack that outlines services able to be provided. The admission pack included information on the code of rights, advocacy service complaint process. Residents interviewed confirmed they had the opportunity to discuss the admission agreement with the manager. The admission agreement form in use aligns with the requirements of the ARC contract.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives are notified if transfers occur as sighted in one resident file where the resident was transferred to hospital following a fall.</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>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All medicines are stored securely. Registered nurses and caregiver's complete annual medication competencies and medication education.</p> <p>Medication reconciliation occurs against the blister packs for regular and 'as required' medications. Any discrepancies are fed back to the supplying pharmacy who are available after hours if required. There were no standing orders. The medication fridge temperature and medication room temperature are being monitored daily and both were within acceptable limits. All eyedrops were dated on opening.</p> <p>Ten medication charts on the electronic medication system were reviewed. One paper-based medication script was reviewed for the respite resident. All charts had photo identification and allergy status documented. The effectiveness of 'as required' medications were recorded in the electronic medication system. All long-term medications charts had been reviewed by the GP three monthly.</p> <p>There were five residents self-medicating with current self-medication competencies kept on file. The RN completes a weekly check of their medications to ensure stock is available and the resident has been taking the medication 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 component of service delivery.</p>	<p>FA</p>	<p>Meals and baking are provided by an off-site contracted service. A dietitian approves the four-seasonal menu. Food control documentation was sighted. The kitchen did not have a copy of the food control certificate. The contractor receives resident dietary information including dislikes and food allergies. The manager/RN provides regular written updates on resident dietary needs.</p> <p>Meals are transported to the facility kitchenette in a hot box and is served by the kitchen staff from a bain marie to the residents through a hatch to the adjacent dining room. Any special dietary requirements are delivered in named containers. Serving temperatures are checked on delivery and recorded. Fridge temperatures are monitored and recorded daily. All perishable goods were date labelled. A cleaning schedule is maintained</p> <p>All staff and kitchenhands involved in the preparation of breakfasts and serving of meals have attended food safety training. Residents interviewed were very complimentary about the meals and fruit platters provided.</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>The service has an accepting/declining entry to service policies. The referral agency and potential resident and/or family member would be informed of the reason for declining entry. Reasons for declining entry would be if there are no beds available or the service cannot provide the assessed level of care. The referring agency, relatives and resident would be notified.</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>Files reviewed indicated that all appropriate personal needs information was gathered during admission in consultation with the resident and their relative where appropriate. An initial assessment was completed on admission including a health status and clinical risk assessment. Relevant risk assessment tools were completed including falls, pressure injury risk, pain assessment, nutritional risk and continence assessment. The outcomes of risk assessments were included in the initial assessment and long-term care plans. InterRAI assessments were reviewed. These had informed the care plan. Risk assessment tools were reviewed at least six monthly or when there was a change to a resident's health condition. The respite resident had all initial assessments completed.</p>
<p>Standard 1.3.5: Planning</p>	<p>FA</p>	<p>The long-term care plans are generated within the resident management system and printed off</p>

<p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>		<p>and placed within the resident file which is readily available for care staff. The long-term care plans reviewed described the support required to meet the resident's goals and needs and identified allied health involvement in the care of the resident (link 1.3.6.1). The interRAI assessment process informs the development of the resident's care plan. Residents interviewed reported that they are involved in the care planning and review process. Short-term care plans are in use for changes in health status and either resolved or transferred to the long-term care plan as an ongoing problem.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>Care plans reviewed were goal orientated and met the resident needs. Residents interviewed stated their needs are being met. If a resident's condition changes the RN initiates a GP consultation, and completes a short-term care plan.</p> <p>There were eight wounds (four of these were on one resident) including skin tears, surgical wound, and lesions at the time of the audit. Wound assessments and plans had been completed for all wounds. Evaluations and change of dressings had occurred at the documented frequency. Chronic wounds had been linked to the long-term care plan. There were no residents with a pressure injury on the day of the audit. Wound specialists are available on referral.</p> <p>There is specialist continence advice as required.</p> <p>Monitoring records sighted included weights, vital signs, neurological observations, bowel records, food and fluids, blood sugar levels, and pain, however, these were not always completed when a resident's status changed. Resident weights were noted to be monitored monthly or more frequently if necessary.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The diversional therapist (DT) is employed for 3.5 days per week and has been in the role since 2012. She has a current first aid certificate and attends on site in-services.</p> <p>The activities are provided from 10.30 am to 5.30 pm and involve a variety of recreational activities such as news reading, word games, crafts, quizzes, exercises, manicures and garden walks. A current initiative is developing life journals with residents, reflecting on their lives; the residents cut out pictures, and there is a story written about their memory of that activity.</p> <p>There are weekly entertainers and community visitors including pastoral visitors and students. There are monthly church services, and weekly library services. Residents are encouraged to maintain links in the community including outings for lunch, cafés, shopping attending concerts and garden visits. There are twice weekly outings and/or mystery drives. Activities offered are</p>

		<p>meaningful and meet the residents' recreational preferences. Entertainment is organised over the weekend and the hairdresser attends weekly. The service utilises social media to keep relatives informed of outings and what the residents have been doing. Special events are celebrated, where residents dress up for the Melbourne cup, cultural events and Easter. There are family evenings organised where entertainment is provided.</p> <p>A resident profile is completed soon after admission. Each resident has an individual activity plan developed within three weeks, which is reviewed at least six monthly. The service receives feedback on activities through one-on-one feedback, residents' meetings and surveys. Residents interviewed were happy with the activities offered.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The initial care plan is evaluated in consultation with the resident/relative and long-term care plans developed. Long-term care plans reviewed had been evaluated six monthly or earlier for any changes to health. The resident/relative are invited to attend the multidisciplinary review (MDT) with the manager, RN, caregiver and DT. There is a written evaluation against the resident goals that identifies if the goals have been met or unmet. Long-term care plans are updated with any changes to meet the resident goals. Short-term care plans were evident for the care and treatment of short-term problems for residents and these had been evaluated, closed or transferred to the long-term care plan if the problem was ongoing.</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>Fitzroy of Merivale facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. There was evidence of referrals to skin specialists.</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</p>	FA	<p>There are implemented policies in place to guide staff in waste management. Housekeeping staff interviewed were aware of practices outlined in relevant policy. Chemicals are stored safely in locked areas. Chemicals sighted were labelled correctly and safety data sheets and product information is readily available to staff. Gloves, aprons and visors are available, and staff were observed wearing personal protective clothing while carrying out their duties. Staff have completed chemical safety training.</p>

service delivery.		
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The facility has a current building warrant of fitness that expires 1 August 2020. There is a maintenance person (director/health and safety officer) available 40 hours a week and has overall responsibility for building compliance. The planned maintenance programme has been completed to date, including electrical testing and tagging of electrical equipment, calibration and testing of clinical equipment, monthly call bell audits and monthly hot water temperatures. Hot water temperatures in resident areas are maintained below 45 degrees. Essential contractors are available 24-hours.</p> <p>The physical environment allows easy access/movement for the residents and promotes independence for residents with mobility aids. There is ramp access to different levels. Outdoor areas have landscaped gardens. There is outdoor seating and shade provided by the trees.</p> <p>The RNs and caregivers interviewed stated they have all the equipment required to deliver safe resident cares.</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>All resident rooms have ensuite facilities. There are communal toilets located close to communal lounges and dining areas with privacy locks. All residents interviewed confirmed their privacy was maintained while attending to personal 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 resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms 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</p>	FA	<p>There are seating alcoves near the main entrance. Communal areas within the facility include an open plan dining area and main lounge with a piano and computer station with internet access. The second lounge has a library and TV including Netflix available, with doors which open out onto a patio area. Communal areas are easily accessible to residents. The gardens</p>

<p>accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>are well landscaped and continue to win awards.</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>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The facility has a laundry with a defined clean/dirty area. The laundry has a commercial washing machine. Laundry processes are monitored by the chemical provider, through internal audits and resident meetings and surveys. All linen is laundered off site and collected daily. Personal clothing is laundered on site. There were adequate linen supplies sighted on the day of audit.</p> <p>There is a dedicated cleaner seven days a week. A cleaning schedule is maintained. The cleaner's trolley is kept in a locked area when not in use.</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>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. The service has an evacuation scheme approved by the fire service dated 23 May 2013. Fire drills occur every six months. The health and safety officer orientates new staff to the emergency procedures and location of civil defence and outbreak management supplies. There is ongoing training as part of the education plan. Staff interviewed confirmed their understanding of emergency procedures. There are adequate supplies available in the event of a civil defence emergency including dry foods, stored water, torches, batteries and radio, and blankets. A gas barbeque is available. The service has access to a hire diesel generator and a connection has been completed for the installation of the generator when required.</p> <p>All staff have completed first aid training.</p> <p>A call bell system is in place in all communal areas, resident rooms and ensuites. Call bells are connected to pagers carried by staff. Call bell audits are completed.</p> <p>The facility is secure after hours. There is a security camera at the front entrance.</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>General living areas and all resident rooms are appropriately heated by radiators and ventilated. All resident rooms and communal areas have external windows that open, allowing plenty of natural sunlight.</p>

<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control (IC) programme is appropriate for the size and complexity of the service. The clinical manager/registered nurse is the infection control officer with a job description that outlines the responsibility of the role. The infection control programmes is reviewed annually (last April 2019) with representatives from each service including the carers, cook, cleaner, DT and RN. The monthly infection control report is discussed at the quality and staff meetings.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers appropriately placed throughout the facility. There are adequate supplies of personal protective clothing and outbreak management supplies. Residents and staff are offered the influenza vaccine. There has been one confirmed influenza A outbreak (five residents) in May 2019. There is a documented discussion of a phone call to the infection control nurse specialist at the DHB.</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 infection control officer oversees infection control across the service. The infection control officer completed an infection control skills-based study day with the DHB then presented the staff education session as part of the assessment. The infection control officer has access to an infection control nurse specialist at the DHB, public health, GPs, laboratory service and aged care consultant and microbiologist.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are infection control policies that are current and reflect the infection control standard SNZ HB 8134:2008, legislation and good practice. The service contract an aged care consultant to review and update policies. The infection control policies link to other documentation and cross reference where appropriate.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Infection control is included in all staff orientation. Hand hygiene competencies are completed. Annual infection control education is provided by the infection control officer last in May 2019.</p> <p>Resident education occurs as part of providing daily cares. Care plans include ways to assist</p>

		staff in ensuring this occurs.
<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>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources, and education needs. Internal infection control audits on all areas of service assist the service in evaluating infection control needs. There is liaison with the GP and laboratory staff that advise and provide feedback/information to the service. The GP and the service monitor the use of antibiotics. Infection control data is collated monthly and reported at the monthly staff meeting as sighted in meetings minutes. The surveillance of infection data assists in evaluating compliance with infection control practices. Infection rates are generally low.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies around restraint minimisation. Fitzroy of Merivale is a restraint free facility. No residents were using restraints or enablers. The clinical manager is the designated restraint coordinator. Restraint education is completed and orientation and ongoing. Restraint minimisation and safe practice is discussed at staff meetings. Staff have received training around restraint minimisation and managing challenging behaviours.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	There were short-term care plans in place for acute changes in health. Assessments were completed on a six-monthly basis, but not always reviewed following change in condition. The residents and staff stated the RN follows up following incidents or acute changes in health as sighted on incident reports and progress notes, however ongoing follow-up by the registered nurse was not always documented in progress notes.	<p>i) There was no pain assessment completed for a resident who had two falls resulting in pain.</p> <p>ii) There was no nursing (non-pharmaceutical) interventions documented for pain management in the long or short-term care plans.</p> <p>iii) There were gaps in the RN progress</p>	<p>i) Ensure assessments are reviewed when a resident's condition changes.</p> <p>ii) Consider all aspects of interventions including non-pharmaceutical interventions.</p> <p>iii) Ensure there are at least weekly</p>

			notes in three of five long-term resident files reviewed.	progress notes documented by the RN. 90 days
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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.