

Cunliffe House Retirement Home 2006 Limited - Cunliffe House Rest Home

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, 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:	Cunliffe House Retirement Home 2006 Limited
Premises audited:	Cunliffe House Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 4 December 2020 End date: 4 December 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:	20



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

Cunliffe House Rest Home has been owner-operated for 14 years. The service provides rest home level care for up to 23 residents. On the day of the audit there were 20 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, relatives, management, staff and the general practitioner.

The owner-operators have maintained a minimum of eight hours of professional development relating to the management of an aged care facility. They are supported in their role by a registered nurse who works four to five mornings a week.

The service has an established quality and risk management system. Residents, family and the general practitioner interviewed, commented positively on the standard of care and services provided.

This audit identified improvement is required around care planning and wound management.

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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Cunliffe House Rest Home provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review process. Information about services provided is readily available to residents and families/whānau. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. There is a policy to support individual rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The quality and risk management plan and quality and risk policies describe quality improvement processes. Policies and procedures are maintained by an external aged care consultant who ensures they align with current good practice. Quality data is collated for infections, accident/incidents, concerns and complaints, internal audits and surveys. Quality data is discussed at meetings and is documented in minutes. Adverse, unplanned and untoward events are documented by staff. There is an implemented health and safety programme. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The orientation programme provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurse is responsible for each stage of service provision. A registered nurse completes initial assessments, risk assessments, interRAI assessments and long-term care plans within the required timeframes. Care plans are evaluated at least six-monthly.

Medication policies reflect legislative requirements and guidelines. Registered nurses are responsible for administration of medicines and complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly.

An activity officer coordinates the activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual and group preferences and abilities for each resident. Residents and families reported satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission and all meals 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.

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.
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There is a current building warrant of fitness. Planned and reactive maintenance issues are addressed. Electrical testing has been completed as required. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Bedrooms are a mix of single occupancy and three double occupancy bedrooms. Chemicals are stored safely throughout the facility.

There is sufficient space to allow the movement of residents around the facility using mobility aids and there is sufficient space for recreation and dining.

Residents are being provided with safe and hygienic cleaning and laundry services, which are appropriate to the setting. Staff have planned and implemented strategies for emergency management. Emergency systems are in place in the event of a fire or external disaster. Fire evacuations have been undertaken six-monthly.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of approved restraints and enablers. Staff receive regular education and training on restraint minimisation. There were no residents who required the use of a restraint or an enabler.

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.

Cunliffe House Rest Home has an infection control programme, which is reviewed annually. The registered nurse is the infection control coordinator who is responsible with management support for implementation of the programme. The facility is supported by external provider infection control policies and procedures. The infection control programme, its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. This is linked into the quality/risk management system through the performance monitoring programme.

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	43	0	0	2	0	0
Criteria	0	91	0	0	2	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) is being implemented at Cunliffe House Rest Home. The staff interviewed (one RN, three caregivers, one activities coordinator, one cook, one cleaner) could provide examples of how the Code is incorporated into their job role and responsibilities. Staff receive training about the Code during their induction to the service. This training continues through the staff education and training programme (last provided in February 2020).</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>The service has a policy in place for informed consent and resuscitation. Completed resuscitation treatment plan forms were evident on all resident files reviewed. There was evidence the general practitioner (GP) completed and signed the document.</p> <p>Family discussions were evident in the whānau contact form and progress notes. General consent forms were evident on files reviewed and include consent forms for those sharing a room. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent. Signed admission agreements and enduring power of attorney was evident in the resident files sampled.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Health and Disability advocacy brochures are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff receive regular education and training on 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>	FA	<p>The service encourages their residents to maintain their relationships with friends and community groups. Residents may have visitors of their choice at any time. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do. Examples were provided to indicate that residents attend a variety of community activities.</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>There is a complaints policy that aligns with Right 10 of the Code. A complaints register is maintained. Concerns/complaints are discussed during the monthly staff and three-monthly management quality meetings. Complaints forms are available at the entrance to the facility.</p> <p>There have been no complaints lodged in 2020 or 2019. Staff interviewed were familiar with the complaints process and stated complaints were a standard agenda item at all staff meetings.</p> <p>Residents and families interviewed are aware of the complaints process.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<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 during their entry to the service. The manager discusses aspects of the Code with residents and their family on admission. Advocacy and Code of Rights information is included in the information pack and are clearly displayed on the noticeboard and the hallway. Four residents and two family members 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</p>	FA	<p>The residents' personal belongings are used to decorate their rooms. Caregivers interviewed reported that they knock on bedroom doors prior to entering rooms. Care staff confirmed they promote the residents' independence by encouraging them to be as active as possible. Residents and families 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</p>

and receive services in a manner that has regard for their dignity, privacy, and independence.		training on abuse and neglect, which begins during their orientation to the service.
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered. There are policies and guidelines to assist staff in the delivery of culturally safe care for Māori. A cultural in-service was last provided for staff on 20 May 2020. There were no residents who identified as Māori.
<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	The service identifies the residents' personal needs, culture, values and beliefs at the time of admission. This is achieved in consultation with the resident, whānau/family and/or their representative. Beliefs and values are incorporated into the residents' care plans in resident files reviewed. Residents and family interviewed confirmed they were involved in developing the resident's plan of care, which includes the identification of individual values and beliefs.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are also 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 sessions, staff meetings and performance management if there is infringement with the person concerned.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	The service meets the individualised needs of residents with needs relating to rest home level care. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Comprehensive policy/procedures are documented by an external consultant and the reviews are completed by the co-owners/managers and the registered nurse with oversight from the consultant. Staffing policies include pre-employment, the requirement to attend orientation and ongoing in-service training. The owner/manager is responsible for coordinating the internal audit programme. Monthly staff, monthly management/quality meetings, weekly management meeting and monthly residents' meetings are conducted. Staff interviewed stated that

		<p>they feel supported by the owner/managers, trainee manager and RN.</p> <p>Evidence-based practice is evident, promoting and encouraging good practice. An RN is on-call when not on site. A house general practitioner (GP) visits the facility once a week. The service receives support from the local district health board (DHB). Physiotherapy services are provided on site, as required. A podiatrist visits the service every six-weeks. The service has links with the local community and encourages residents to remain independent. Residents and relatives interviewed spoke positively about the care and support provided.</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>There is a policy to guide staff on the process of open disclosure. Residents and families interviewed confirmed the admission process and agreement was discussed with them and that they were provided with adequate information on entry. Twelve incident forms reviewed identified family were notified following a resident incident. Interviews with families and staff confirmed family are kept informed (eg, incident/accident, doctor visit, change in resident's state of health). Family members commented positively on the communication from the managers during the Covid lockdown period.</p> <p>Interpreter services are available through the DHB if required. Families are used in the first instance. At the time of the audit, there were no residents who were unable to converse in English.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Cunliffe House Rest Home provides residential care for up to 23 residents with 20 occupied beds on the day of the audit including one resident on a respite contract.</p> <p>There is a documented service philosophy, mission and vision and a strategic plan for 2020. Cunliffe House Rest Home is managed by co-owners with many years' experience in aged care. Clinical oversight is provided by a registered nurse also available 24/7 on call. Registered nurse cover is provided between 30 to 35 hours on site Monday to Friday. The co-owners/managers have maintained at least eight hours annually of professional development activities related to managing a rest home including pandemic planning with the DHB. The owners attend provider (DHB) forums quarterly and are involved on the executive committee.</p> <p>There are four directors in total. The owner managers also own another rest home facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-</p>	FA	<p>The trainee manager, on call RN and directors provide cover for the owner managers if they are on leave.</p>

<p>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>FA</p>	<p>The quality and risk management plan and quality and risk policies describe quality improvement processes. Policies and procedures are developed and maintained by an external contractor and align with current good practice. They are reviewed annually, as per the document review schedule. An amendments log is being implemented. Staff are required to sign that they have read and understand the policies and procedures.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data (eg, skin tears, medication errors, behaviours, falls, and infections) and is collated and analysed. An internal audit programme is being implemented. Quality data and outcomes are discussed with staff in the staff meetings. Where improvements are identified, corrective actions are documented, implemented and signed off by the manager. Discussions with the registered nurse, caregivers, the cook, owner/managers, activities coordinator and review of staff meeting minutes demonstrated staff involvement in quality and risk activities. The quality programme is linked to the annual training plan with extra and impromptu training offered as issues are identified. A quality and risk management plan is documented and implemented.</p> <p>A health and safety programme is in place, which includes managing identified hazards. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise the risk. Staff health and safety training begins during their induction to the service. Health and safety is a regular topic covered in monthly staff and three-monthly quality/management meetings. Contractors are formally inducted into the facility's health and safety programme.</p> <p>Falls management strategies include the development of specific falls management plans to meet the needs of each resident who is at risk of falling. This includes (but is not limited to) decluttering residents' rooms, post fall reviews and intentional rounding. Physiotherapy input is available as needed.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or</p>	<p>FA</p>	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident with immediate action noted including any follow up action(s) required. Incident/accident data is linked to the organisation's quality and risk management</p>

<p>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>programme.</p> <p>Twelve accident/incident forms were reviewed (witnessed and unwitnessed falls and behaviours). There was timely RN assessment and follow-up including relative notifications, corrective action and GP review as required. Neurologic observations were conducted for suspected head injuries and unwitnessed falls.</p> <p>The manager reported that she is aware of her responsibility to notify relevant authorities in relation to essential notifications. A section 31 notification form was completed on the day of audit for four stage three pressure injuries (same resident). No other official notifications were documented.</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 registered nurse, two caregivers, one cleaner and one cook) included evidence of reference checking, signed employment contracts and job descriptions, and completed orientation programmes. The orientation programme provides new staff with relevant information for safe work practice. Staff interviewed stated that they believed new staff were adequately orientated to the service.</p> <p>An education and training programme is provided for staff that meets contractual obligations. Competencies are completed specific to worker type. The RN has a current practising certificate and has completed her interRAI training. Staff are supported to achieve Careerforce qualifications.</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 service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>At the time of the audit, there were 20 residents living in the care facility. The manager is on site during the AM shift, five days a week (Monday – Friday). The registered nurse works six hours a day Monday to Friday and is on call after hours. A part-time RN covers on call every second weekend. The owner/managers provide on call for non-clinical matters.</p> <p>Two caregivers, one long shift and one short shift) cover the AM shift and PM shift, seven days a week. One caregiver covers the night shift.</p> <p>There are separate cleaning staff rostered five days a week. Caregivers assist with laundry duties. An activities coordinator is available Monday - Friday for four hours a day</p> <p>The caregivers, residents and relatives interviewed confirmed that there are sufficient staff on duty at</p>

		all times. Caregivers interviewed stated that they can access on call staff when needed.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into each resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access. Archived records are kept secure. Residents' files demonstrate service integration. Entries are legible, dated, timed, and signed by the relevant caregiver or RN, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service.</p> <p>Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. The facility seeks updated information from family and the resident's GP for residents accessing respite care.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The transfer/discharge/exit procedures include a transfer/discharge form, and the completed form is placed on file. The service stated that a staff member escorts the resident if no family were available to assist with transfer, and copies of documentation are forwarded with the resident.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs and senior caregivers who administer medications complete annual medication competencies. Medications (blister packs) are checked on delivery against the medication chart and any discrepancies fed back to the pharmacy. The blister pack is signed by the RN to verify</p>

<p>safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>reconciliation of medications. All medications are stored safely. Five self-medicating residents (for inhalers) had a self-medication competency completed and authorised by the GP.</p> <p>Ten medication charts (eight long-term and two respite care) were reviewed. The GP generates handwritten medication charts. Medication charts had photo identification for long-term residents and all medication charts had an allergy status recorded. The GP reviews the medication charts at least three-monthly. The administration signing sheets reviewed identified medications had been administered as prescribed. There was one resident on controlled medication and the related documentation was completed as required. Prescribing of regular medications met legislative requirements. Indications for use of 'as required' medications are evident in all charts reviewed.</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>All meals at the facility are prepared and cooked on site. There is a seasonal menu, which had been reviewed by a dietitian. Kitchen staff are trained in safe food handling and food safety procedures were adhered to. Staff were observed assisting residents with their lunchtime meals and drinks. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen.</p> <p>Weights are monitored monthly or more frequently if required and as directed by a dietitian. Resident surveys allow for the opportunity for resident feedback on the meals and food services. Residents and family members interviewed indicated satisfaction with the food service. There is evidence of a food control plan dated August 2020.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>If a referral is received but the prospective resident does not meet the entry criteria or there is no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed. There is a clause in the admission agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are</p>	<p>FA</p>	<p>The RN 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</p>

gathered and recorded in a timely manner.		<p>through the ongoing assessment process and form the basis of the long-term care plan. The respite care resident had an initial assessment and applicable risk assessments completed.</p> <p>Residents interviewed confirmed their preferences and choice are accommodated during their care journey.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Moderate</p>	<p>Four residents' long-term care plans were reviewed. Resident files reviewed identified that family were involved in the care plan development and ongoing care needs of the resident. Family members interviewed stated they were kept informed and were happy with the care provided. Care plans evidenced service integration with progress notes, wellbeing and lifestyle (activities) notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff. Shortfalls were identified around interventions required to support individual needs of the resident. The respite care resident had an initial care plan in place that reflected the required supports/needs.</p> <p>Short-term care plans were sighted for short term needs and these were either resolved or transferred to the long-term care plan.</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 Moderate</p>	<p>Residents' files reviewed evidenced the long-term care plans were completed, however interventions were not always detailed to support assessed needs (link 1.3.5.2). Discussions with families and notifications are documented on the family contact sheet in the residents' files reviewed. In interviews, staff and relatives confirmed involvement of families in the care planning and delivery process. The GP interviewed, verified that medical input is sought in a timely manner and that medical orders are followed.</p> <p>Care staff confirmed that they are familiar with the resident's care needs and support required.</p> <p>Monitoring charts were in use; examples sighted included (but were not limited to), weight and vital signs including neuro observations, blood glucose, pain, food and fluid, turning charts, behaviour monitoring as required. Monitoring forms evidenced that the required observations were being completed in the prescribed timeframes.</p> <p>Continence products are available and resident files included continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RN interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p>

		<p>Wound management policies and procedures are in place. There is access to a wound nurse specialist for advice for wound management as evidenced in allied health notes for the resident with pressure injuries. A range of equipment and resources was available, suited to the levels of care and size of the facility. Wound assessment and wound management plans were in place for four pressure areas (one resident) and two skin tears. Shortfalls were identified in the completion of the wound care documentation as required.</p> <p>Short-term care plans were in place for short-term/acute needs, these were reviewed regularly and either ongoing or added to the long-term care plan interventions.</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 activities coordinator plans and implements an activities programme over five days. The programme is planned monthly and residents receive a personal copy of the planned monthly activities. Activities planned for the days of audit were displayed on noticeboards around the facility. A recreational plan is developed for each individual resident based on assessed recreational needs. Progress notes related to the individual participation in activities are maintained. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities. The service has a van that is used for resident outings. Residents were observed participating in activities on the days of audit. Resident meetings are held monthly. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents. There was evidence of a plan of de-escalating activities for a resident with challenging behaviour.</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 files reviewed demonstrated that all interRAI assessments and care plans reviewed were evaluated at least six-monthly or when changes to resident care occurs (link 1.3.5.2). Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan. All changes in health status were documented and followed up. The multidisciplinary review involves the RN, GP (when available), activities coordinator, resident and relatives. The files reviewed reflected evidence of relatives being involved in the planning of care and reviews. There is at least a three-monthly review by the GP with the majority of residents being seen three-monthly.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or</p>	FA	<p>The service facilitates access to other services (medical and non-medical) and where access occurred, referral documentation is maintained. Residents' and/or their family/whānau are involved as appropriate when referral to another service occurs.</p>

referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.		
<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 data sheets and products charts are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored in a locked cupboard. Personal protective clothing is available for staff and stock was observed being available and accessible.</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 July 2021. There is lift and stairs access to the upstairs. There have been environmental improvements made including an open plan lounge area and landscaping.</p> <p>There is a record of maintenance and repairs. A planned maintenance plan is in place for 2020 which includes checks on resident and facility equipment, call bells and monthly hot water and air temperatures.</p> <p>Essential contractors are available 24 hours. Electrical testing is completed annually. Annual calibration, functional checks and electrical testing and tagging of equipment was completed by external contractors in September 2020.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. There is safe access to the well maintained and landscaped outdoor areas. Seating and shade is provided. There is a designated smoking area for residents who smoke.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids and wheelchairs (if required) to safely deliver the cares as outlined in the residents' 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</p>	FA	<p>There are five residents' rooms upstairs that have ensuite toilets and a communal shower. Bedrooms downstairs are a mix of ensuite hand basin/toilets and communal access to toilet/showers. There are privacy curtains and privacy locks on the doors. Residents confirmed staff respect their privacy while attending to their hygiene cares.</p>

hygiene requirements or receiving assistance with personal hygiene requirements.		
<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	There are five double rooms and 13 single rooms. All double rooms have privacy curtains and call bells by the bed and residents sign a form agreeing to share the space. On the day of audit, four residents were sharing two rooms. Each resident room has individual furnishings and décor. 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>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	Communal areas within the facility includes a spacious separate dining area and two lounges. The lounges have recently had double glass doors installed between them, so the rooms can be made larger for entertainment and large group activities. All furniture is safe and suitable for the residents. Communal areas are easily accessible to residents.
<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	There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing is done on site. Caregivers complete laundry duties. There is a designated laundry with a defined clean/dirty area and commercial washing machine and dryer. A cleaner is employed three and a half hours Monday to Friday. All staff have completed chemical safety training. The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings and surveys. Residents and relatives interviewed were satisfied with the laundry service and cleanliness of the communal areas and their bedrooms.
<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	The service has a current emergency/disaster management plan in place to guide staff in managing emergencies and disasters. There was an emergency/disaster management procedure available for staff, residents and visitors in the event of specific emergencies/disasters (including fire, earthquakes, floods, storms, tsunami and gas leaks). A Covid management plan was documented. Staff interviewed were aware of the emergency procedures in place. There are adequate supplies of water, food and equipment in the event of an emergency. The building has a current fire evacuation scheme and conduct six monthly fire drills. There is at least one staff member on duty at all times

		with a current first aid certificate. Calls bells are appropriately placed in all resident rooms and communal areas including showers and toilets. The building is secure after hours.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. All bedrooms have adequate natural light and individual electric wall heaters that are individually thermostat controlled. Communal areas are heated with heat pumps.
<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	Cunliffe House Rest Home has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The RN is the designated infection control nurse. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The service can access support from the nurse specialist at the DHB. The infection control team report to the monthly staff meeting. Infection prevention and control is included as part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p> <p>Additional training has been provided to staff around infections control, Covid-19 and the use of PPE. Staff stated that they have been kept up to date with infection control practices and there is always plenty of PPE available. The service was able to discuss the additional cleaning and isolation processes that were implemented during the Covid lockdown.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and</p>	FA	There are policies and procedures developed by an external contractor that are appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The infection control policies include an

<p>procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>outbreak management plan. The infection policies have also been updated to include Covid-19. The service explained how it would isolate residents if needed.</p>
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>There is a policy describing surveillance methodology for monitoring of infections. The registered nurse collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at the monthly staff meeting and includes discussion around trends and analysis of infections and corrective actions as required. The service completes monthly comparisons of infection rates for types of infections.</p> <p>Systems in place are appropriate to the size and complexity of the facility. There have been no outbreaks since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a restraint policy in place that states the organisations philosophy to restraint minimisation. The policy identifies that restraint is used as a last resort. The restraint coordinator is the RN. Staff receive regular education on maintaining a restraint free environment.</p> <p>During the audit, there were no residents using a restraint or an enabler.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Moderate	Four long-term care plans were reviewed. A variety of assessment tools formed the basis of the long-term care plan, individual goals and expected outcomes. Care plans did not always reflect the detailed interventions required to support identified issues and to guide staff. Short term care plans were in use for short term needs. The family members and residents interviewed reported that they were happy with the care provided and the communication they received.	The following shortfalls were identified in the files reviewed: (i) The care plan interventions were not reflective of current evaluations for one rest home resident on a fluid restriction plan; (ii) The care plan interventions for four rest home residents were not individualised around management of a) two residents with recurrent urinary tract infections; b) a resident with a suprapubic catheter; and c) two residents with individual blood glucose parameters.	(i) Ensure care plans are reflective of current evaluations. (ii) Ensure interventions are individualised and reflective of the needs of the resident. 60 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>	<p>PA</p> <p>Moderate</p>	<p>Wound management plans were reviewed in two resident files and shortfalls were identified in the completion of the documents (link to tracer). A range of monitoring charts were reviewed including turn charts, blood glucose monitoring, challenging behaviour, food and fluid charts, weight, blood pressure, pain and glucose.</p>	<p>Wound documentation was not fully completed for two rest home residents and include: a) unclear staging of pressure injuries; b) type of wounds not documented; and c) frequency of dressings unclear.</p>	<p>Ensure wound management documentation are fully completed.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.