

Aberleigh Rest Home Limited - Aberleigh Rest Home

Introduction

This report records the results of a Surveillance 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: Aberleigh Rest Home Limited

Premises audited: Aberleigh Rest Home

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

Dates of audit: Start date: 25 January 2021 End date: 26 January 2021

Proposed changes to current services (if any): An additional 10 dual-purpose beds were approved for use by HealthCERT (during Covid-19 lockdown). The 10 dual purpose beds were reviewed during this surveillance audit and assessed as suitable for rest home or hospital level of care. The total number of beds available have increased from 52 to 62 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 56

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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

Dementia Care New Zealand Ltd is the parent company of Aberleigh Rest Home. The service provides rest home, hospital, dementia and psychogeriatric level care for up to 62 residents. Ten beds were assessed as suitable for dual-purpose care. On the day of audit, there were 56 residents.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

An operations manager and a clinical manager are responsible for the daily management of the service. The operations manager has been in the role for six years is supported by an experienced registered nurse clinical manager who was appointed 18 months ago. There is a supportive governance team with the quality systems manager and national clinical manager present during the audit.

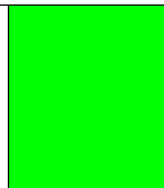
Families interviewed during the audit were very satisfied with the quality of the care provided at Aberleigh rest home and spoke highly of the staff and management team.

The previous finding at certification audit around registered nurse staffing 24 hours for the psychogeriatric home remains.

There were two areas identified for improvement at this surveillance relating to neurological observations and medication charts.

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.

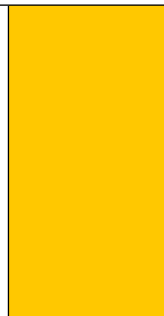


Standards applicable to this service fully attained.

The service promotes and encourages open communication. Residents and families are kept informed on facility matters and clinical concerns/updates through meetings and newsletters. There are resident/family meetings and annual surveys providing an opportunity to be involved in the service. There is specific information available on the secure dementia homes. Complaints processes are implemented, and complaints and concerns are actively managed and well documented. A complaints register is maintained.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.



Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The organisational quality and risk management plan includes goals and objectives that are regularly reviewed and discussed in facility meetings. Progress with the quality and risk management plan is monitored through the quality improvement meeting. The operations manager and clinical manager collate and monitor all quality data and provide feedback to the staff. There is a benchmarking programme in place across the organisation. The internal audit schedule is being completed. Areas of non-

compliance identified at audits have had corrective action plans developed and signed as completed. Resident and relative surveys are undertaken annually. Incidents and accidents are appropriately managed. Appropriate staff are recruited and provided with a comprehensive orientation. An annual education plan has been implemented and staff have received appropriate training including dementia specific training. There are sufficient staff on duty, including a registered nurse at all times in the rest home/hospital and the psychogeriatric home to meet the needs of the residents.

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 medium or high risk and/or unattained and of low risk.
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The registered nurses' complete initial assessments, develop and evaluate care plans in consultation with the multidisciplinary team. Families are involved in the development and review of the care plan. InterRAI assessments and outcomes are linked to the care plan. A 24-hour multidisciplinary care plan identifies a resident's behaviours and activities or diversions that are successful. There is at least a three-monthly resident review by the medical practitioner. A mental health liaison community nurse visits the service regularly.

The activity programme for each home includes meaningful activities that meet the recreational needs and preferences of each resident. Individual activity plans are developed in consultation with resident/family.

Registered nurses and medication competent caregivers are responsible for the administration of medications. Education and medication competencies are completed annually. All medication charts have current identification photos.

All meals and baking are cooked on site. Meals are provided from the main kitchen and are delivered in hot boxes to each of the five small home kitchenettes for serving. Resident's individual food preferences, dislikes and dietary requirements are met. Nutritional snacks are available over a 24-hour period. There is dietitian review of the menus.

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. There is a reactive and planned maintenance schedule in place. Residents were able to move freely inside and within the secure outside environments.

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 policies and procedures are in place. The definitions of restraints and enablers are congruent with the definitions in the restraint minimisation standard. The service had no residents using enablers and one resident with a restraint. A register is maintained by the restraint coordinator/registered nurse. Staff regularly receive education and training on restraint minimisation and managing challenging behaviours.

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 coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Dementia Care NZ (DCNZ) facilities. There have been no outbreaks.

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	14	0	0	3	0	0
Criteria	0	39	0	0	3	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The service has a complaints policy that describes the management of the complaints process. There are concerns/complaint forms and information available at the main entrance. Information about the complaints process is provided on admission. The operations manager is responsible for the management of complaints in consultation with the clinical manager and national clinical manager for care complaints. An on-line complaint register includes date of complaint, acknowledgment date, investigation, outcome and complainant response/resolution. There were eight internal complaints in 2020. Verbal complaints had been documented in the register. All concerns/complaints had been acknowledged and investigated within the HDC (Health and Disability Commissioner) required timeframes. Letters of acknowledgement/resolution offer advocacy.</p> <p>There has been one HDC complaint received in September 2019 regarding entry to services. The national clinical manager completed an internal investigation and provided a response to the HDC including a review of the admission policy. The policy (sighted) states the needs assessment level is to be received prior to admission for all residents.</p> <p>The Ministry requested follow up against aspects of a complaint that included admissions policy, entry screening – for appropriate placement. There were no identified issues in respect of this complaint.</p>
Standard 1.1.9:	FA	There is an open disclosure policy in place. Families receive information on the secure dementia and

<p>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>psychogeriatric homes. A newsletter “Our Home” is published and distributed to family (or emailed) and available at the main entrance. There are six monthly multidisciplinary team (MDT) meetings with the resident (as appropriate) and family/whānau/EPOA. Resident meetings are open to families to attend. There was increased communication with families during Covid-19 restrictions including Skype, Zoom and Facetime. Families are informed on service updates including the outcomes of surveys. Aberleigh staff and management support families in fundraising activities such as Cuppa for a Cause (Alzheimer’s) and annual Memory walk (Dementia N.Z.)</p> <p>Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident. Twenty-three incident/accident forms were reviewed for December 2020 and all forms evidenced the enduring power of attorney (EPOA) had been informed. Three relatives interviewed of one hospital, one dementia and one psychogeriatric level care residents, confirmed they are notified of any changes in their family member’s health status.</p> <p>An interpreter service is available is needed.</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>Dementia Care NZ Limited (DCNZ) is the parent company under which Aberleigh Rest Home operates. Aberleigh Rest Home provides rest home, hospital, dementia and psychogeriatric level of care for up to 62 residents. On the day of audit there were 56 residents. There were 15 rest home residents (including one respite resident), 17 hospital residents (including one under long-term chronic health condition LT-CHC and one under ACC short-term rehabilitation contract), 16 dementia care (including one under LT-CHC and one respite care) and 8 psychogeriatric level of care (all underage related hospital specialist services).</p> <p>DCNZ has an overarching business plan (2018-2021) that is developed in consultation with managers and reviewed annually. The overall business plan includes the vision, values and “the work we do”. Core values of the company including creating a homely environment for residents, operating with openness, honesty and integrity, staff education, marketing and upgrade of IT systems. Aberleigh rest home quality goals are reviewed at the monthly quality improvement meetings. There is a resident focus on individualised care in small homes and specialist dementia understanding. There are five smaller home environments for residents at Aberleigh rest home; Kowhai – a 10 bed rest home and hospital, Ngaio – a 15 bed rest home and hospital, Ngaio extension – an additional 10 bed rest home and hospital opened for use in May 2020 and reviewed on the day of audit, Koromiko – an 18-bed dementia home and Matai – a nine bed psychogeriatric home.</p> <p>DCNZ has a corporate structure that includes two managing owner/directors and a governance team of managers including an operations management leader, clinical advisor, national clinical manager, quality systems manager and national educator. The national clinical manager and quality system manager were present during the audit. The site operations manager (non-clinical) has been in the role six years and reports to the operations management leader at head office. The clinical manager was appointed in July 2019. He had been an RN at the facility for three years prior to the clinical manager role. The MOH was notified of the clinical managers appointment.</p>

		<p>The organisation holds an annual training day for all operations and clinical managers. The two-day conference for operations managers was held by Zoom this year with managers at head office and covered topics such as privacy and human resource management and problem solving. The clinical manager completed a self-directed learning package specific to the role and has attended the two-day DCNZ clinical managers conference in September 2020. The operations manager and clinical manager have both attended Zoom DHB meetings including Covid-19 education through the DHB and DCNZ. Both managers are supported by the organisational team who visit the site regularly.</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>Aberleigh Rest Home has a current quality risk management plan, health and safety plan and infection control plan which are all reviewed by the quality improvement team at the site monthly meetings. Goals include increasing resident satisfaction in activities and reduction of falls. Progress with the quality and risk management programme is also monitored by the head office clinical and quality team.</p> <p>The service has policies and procedures to support service delivery for all levels of care and includes policies related to medical services. The policy document development and review group at head office review policies in consultation with relevant staff and distribute to the facilities. Staff are informed of any new/reviewed policies.</p> <p>The operations manager and clinical manager log and monitor all quality data and report any corrective actions required to achieve compliance where relevant. Quality data reported includes falls, behaviour incidents, bruises, pressure injuries, skin tears, infections, medication errors and restraint use. Data is collated for benchmarking and results reported back to the facility for quality improvement plans if required. The operations manager produces a monthly bulletin which includes current risks, audit outcomes, family feedback and general overview from facility meetings. The clinical manager produces a monthly clinical bulletin which includes resident related concerns, clinical data, analysing and trending data, corrective actions, clinical audit outcomes and clinical benchmarking results. In addition, there is a monthly resident event analysis management meeting. There are monthly quality improvement/health and safety meetings, monthly infection committee meeting, medication giver meetings, cooks' meetings, DT meetings and RN meetings. Meeting minutes and monthly bulletins are available for all staff in the staffroom. Discussions with staff confirmed their involvement in the quality programme.</p> <p>The internal audit schedule for 2020 has been completed and 2021 is being completed as scheduled. Internal audits cover all clinical, non-clinical and environmental areas. The audits are delegated to the relevant person or coordinator. Areas of non-compliance identified at audits (less than 100%) have corrective action plans developed and signed off as sighted as completed. Re-audits are completed as required. Audit results are discussed at meetings and documented in minutes and the monthly bulletins.</p> <p>The service receives feedback from a number of surveys including six-week post-admission and respite care follow-up. Resident surveys and enduring power of attorney (EPOA) surveys for 2019 demonstrated satisfaction with the care and food with an identified improvement around activities (68%). The activity times were reviewed and changed to meet the residents' needs. One-on-one time for hospital level residents increased and more music</p>

		<p>playing in the homes. Inter-home visits have commenced including darts tournaments and the number of van outings have increased. The 2020 resident and EPOA satisfaction with activities increased to 80%. Survey participants are informed of results in newsletters or at resident meetings.</p> <p>The service has implemented a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. A home manager (interviewed) has been the health and safety representative for six years. The health and safety committee meet monthly and review accidents/incidents, hazards and occupational health. The three home managers on the committee have all attended health and safety training. All staff and contractor's complete health and safety induction. Health and safety training is included in the annual education plan. The hazard register is reviewed three- monthly.</p> <p>Falls prevention strategies are in place that includes assessment of risk, medication review, crash mats, sensor mats, physiotherapist assessments, exercises/physical activities, training for staff on prevention of falls and environmental hazard awareness. The physiotherapist provides frequent safe manual handling/hoist training competencies. There is monthly analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The service documents and analyses incidents, accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Individual incident/accident reports are completed for each incident/accident with immediate action noted, RN assessment and any follow-up action commenced.</p> <p>Twenty-three incident/accident forms reviewed were fully completed and followed-up appropriately by the RN. Minutes of the monthly quality meeting, staff bulletins and RN/clinical meetings reflected a discussion of incidents/accidents and actions taken. Neurological observations had not been completed as per protocol (link 1.3.6.1) for unwitnessed falls or obvious knock to the head.</p> <p>Discussions with the operations manager and clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notification completed since the last audit in October 2019 for one dementia care resident who absconded and was found by staff.</p>
<p>Standard 1.2.7: Human Resource Management</p>	FA	<p>Six staff files were reviewed (one clinical manager, one registered nurse, one home manager/caregiver, one caregiver, one diversional therapist and one cook). Job descriptions, reference checks and employment contracts were evident in all files reviewed. Performance appraisals were up-to-date. A copy of practising certificates was</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>sighted for all registered nurses and allied/medical staff. The organisation has an RN recruitment and retention plan in place.</p> <p>All newly employed staff complete a workplace induction prior to commencing a role-specific orientation programme. There are self-directed learning packages for infection control, health and safety and restraint. Care staff interviewed could describe the orientation process and stated that they believed new staff were adequately orientated to the service. All five staff files reviewed showed evidence of orientation to roles with competency packages completed. Competency packages are completed relevant to the role including medication administration, safe manual handling, restraint minimisation and safe practice, safe food handling, infection control, advocacy and abuse and neglect, cultural awareness and chemical safety.</p> <p>The annual training programme for 2020 education schedule covers all required topics and includes clinical in-service. Staff can access on-site education sessions by Zoom. External speakers/presenters are included in the training schedule such as pharmacist, physiotherapist, hospice nurses, fire safety and HDC advocate, however some training has not been able to occur due to Covid-19 restrictions. Registered nurses have the opportunity to attend DHB study days.</p> <p>The national educator is a registered psychiatric nurse and Careerforce assessor. He provides regular staff training on the 'best friends' model of care, challenging behaviours, de-escalation and disengagement and has recently introduced 'Changing Minds' (a changing approach to dementia care). All staff are required to complete Best Friends sessions 1 and 2.</p> <p>The educator/Careerforce assessor supports caregivers to complete the required aged care education and dementia unit standards for those staff working in the dementia and psychogeriatric homes. There are ten caregivers who work in the dementia home and nine have completed the required dementia care units with one staff member in process of completing the unit standards. There are nine caregivers working in the psychogeriatric home with six who have completed the required standards and three progressing through the unit standards. All caregivers in the process of completing the required unit standards have been employed less than 18 months. There is a total of 22 caregivers who have completed the dementia unit standards allowing for staff to be able to cover for leave and sickness.</p> <p>There are eight registered nurses, including the clinical manager. Three registered nurses and the clinical manager have completed interRAI training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate,</p>	<p>PA Moderate</p>	<p>The staffing levels policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. The operations manager and the clinical manager work fulltime Monday to Friday. The operations manager is on-call for non-clinical concerns and the clinical manager provides 24 hours call for clinical matters.</p> <p>There is a RN on duty in the rest home/hospital home on the morning and afternoons shifts and one RN in the psychogeriatric unit on the morning and afternoons shifts. There is one RN on night duty based in the</p>

<p>and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>psychogeriatric home who also oversees the dementia home and rest home/hospital homes; however, this does not meet the staffing requirement around a shared RN on night shift as there are currently more than 50 residents across the facility. The service is actively recruiting two more RNs and aim to have two RNs on night duty (one in the rest home/hospital and one in the psychogeriatric unit).</p> <p>Sufficient staff are rostered on to manage the care requirements of the residents. Staff are allocated to homes and know the residents well. Agency staff are not used. Care staff interviewed stated there are enough staff on duty to meet the needs of the residents. Relatives interviewed stated there were sufficient staff on duty when they visited.</p> <p>Staffing is as follows:</p> <p>Kowhai home: (10 dual purpose beds) currently with 10 hospital level of care residents</p> <p>Morning shift: two caregivers 7 am-3 pm</p> <p>Afternoon shift: two caregivers - one from 3 pm-12 midnight and one from 3 pm-8 pm.</p> <p>Night shift: one caregiver (11 pm to 7 am).</p> <p>Ngaio home (15 dual purpose beds) currently with 4 hospital level and 11 rest home residents</p> <p>Morning shift: two caregivers - one caregiver from 7 am-3 pm and one from 7 am-12.30 pm</p> <p>Afternoon shift: two caregivers - one from 3 pm-11 pm and one from 4.30-9 pm</p> <p>There is a home assistant on duty from 8 am-1 pm and from 4.45 pm-7.45 pm.</p> <p>Ngaio extension (10 dual purpose beds opened May 2020) currently with three hospital residents and four rest home residents.</p> <p>Morning shift: two caregivers – one from 7 am - 3 pm and one from 7 am - 12.30 pm</p> <p>Afternoon shift: two caregivers - one from 3 pm-11 pm and one from 4.30 pm - 8 pm</p> <p>Night shift: one caregiver from 11 pm - 7 am.</p> <p>Matai (9 psychogeriatric beds) currently with 8 residents</p> <p>Morning shift: two caregivers from 7 am - 3 pm</p> <p>Afternoon shift: two caregivers - one from 3 pm -11 pm and one RN from 3 pm - 11 pm</p>
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<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 are assessed prior to entry by the needs assessment coordinators and where required by the psychogeriatric team. The clinical manager liaises closely with the assessing teams to ensure Aberleigh can meet the prospective resident's needs. The admission policy has been reviewed to ensure the needs level is received prior to admission or transfer between levels of care (link 1.1.13).</p> <p>Relatives interviewed stated that they received sufficient information on the services provided and are appreciative of the staff support during the admission process.</p> <p>Admission agreements reviewed in files of new admission align with the ARRC and aged residential hospital specialised services (ARHSS) contracts. Admission agreements had been signed in a timely manner.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative</p>	PA Moderate	<p>The medication management system includes policy and procedures that follow recognised standards and guidelines for safe medicine management practice. Registered nurses and caregivers with medication competency administer medications. Registered nurses have syringe driver competency and are supported by hospice for end-of-life care. Annual medication competencies and education are completed annually. The facility uses robotic rolls delivered by the supplying pharmacy. The RN on duty reconciles the robotic packed medication against the electronic medication chart and records this. An electronic medication system is used. A medication round observed demonstrated compliance of medication administration. There were no residents self-medicating. Medications are stored safely in the dementia care home and in the main medication room for rest home, hospital and psychogeriatric homes. There is a checklist for impress items and emergency equipment. The medication</p>

requirements and safe practice guidelines.		<p>fridge temperatures are checked daily and are within the acceptable range. The medication room temperature is monitored daily. All eyedrops opened had been dated.</p> <p>Fourteen medication charts (13 the electronic system and one paper-based) were reviewed. All medication charts had photo identification however not all medication charts identified an allergy status. 'As required' medications had prescribed indications for use. Not all charts had been reviewed by the GP three monthly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals and baking are done on site by a full-time qualified cook five days per week from 6.45 am to 5.15 pm and a second cook covers the cook's days off. The cook is supported by a meal assistant from 4.45 pm to 7.45 pm. All staff including the home assistants who serve the meals have completed food safety training. There is a four weekly rotating summer and winter menu that has been reviewed by a dietitian June 2019. The main meal is in the evening. The cook receives a resident profile which is updated with dietary changes as required. Pureed meals are provided. Resident dislikes are known and accommodated. The meals are delivered to each home kitchenette in hot boxes where they are served. There are snacks and fluids available in each unit with additional nutritious snacks available in the dementia and psychogeriatric homes. Staff have access to the kitchen after-hours.</p> <p>The food control plan expires 16 March 2021. End cooking temperatures, chiller, fridge and freezer temperatures (including fridges in small home kitchenettes) are taken and recorded daily. Chilled/frozen inwards goods have temperatures taken on delivery and recorded. All dry goods and perishable food items were dated. All food was stored correctly. Chemicals are stored safely, and the dishwasher is checked and serviced monthly. There are safety data sheets. The cook was observed wearing appropriate personal protective clothing. A cleaning checklist is maintained.</p> <p>Residents and relatives interviewed were happy with the meals and snacks provided.</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>	PA Moderate	<p>The care being provided is consistent with the needs of residents as demonstrated in the review of the care plans and discussion with caregivers, registered nurses, activity coordinators, staff and management. The three rest home residents interviewed, and relatives interviewed confirmed their expectations were being met and they are well informed and involved in decisions. When a resident's condition changes, the RN initiates a GP or nurse specialist consultation.</p> <p>There were three hospital residents with wounds and one dementia care resident with a skin tear. Wound assessments, wound management plans and evaluations are documented. Wound size is monitored, and the presence of pain assessed. The GP and district nurse are involved in non-healing wounds. There are two dementia care residents with stage 2 pressure injuries. One resident has two stage 2 pressure injury of the buttocks and has been re-assessed for higher level of care. The resident has an air mattress, roho cushion and two hourly re-positioning is completed. The other dementia resident has a stage two pressure injury of the finger.</p>

		<p>Continence assessments including a urinary and bowel continence assessment are completed on admission and reviewed three-monthly.</p> <p>Pain assessments are completed for all residents with identified pain and on pain relief. Abbey pain assessments are completed for all residents unable to express pain.</p> <p>Behaviours that challenge were well identified through the assessment process in the residents' files reviewed. Twenty-four-hour multidisciplinary care plans describe the resident's usual signs of wellness, changes and triggers, interventions and de-escalation techniques (including activities), for the management of challenging behaviours. Behaviour monitoring was sighted in use for exacerbation of resident behaviours or new behaviours.</p> <p>Monitoring charts include blood pressure, pulse, temperature, food and fluid intake, weight, blood sugar levels and neurological observations. Neurological observations had not been completed as per protocol.</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>There is a lead diversional therapist (DT) who oversees the activity team. The lead DT is based in the rest home/hospital and is supported by an activity coordinator. There is a DT based in the dementia home and one DT based in the psychogeriatric home. Each home has a programme that covers seven days a week. The rest home/hospital programme is from 10 am-4.30 pm. The dementia home programme hours have been reviewed to best meet the needs of the residents and are 11 am-5.30 pm. The psychogeriatric home programme is from 1.30 pm-4.30 pm. Programmes are flexible. Care staff on duty are involved in individual activities with the residents as observed on audit. There are resources available to staff for activities.</p> <p>The programme for the dementia and psychogeriatric residents is focused on individual and small group activities that are meaningful including household tasks, gardening, reminiscing and sensory activities such as aromatherapy, foot spas, reminiscing, exercises, newspaper reading, baking, garden walks, games, bowls, flower arranging, music and singalongs. The rest home/hospital programme reflects resident interests, abilities and skills and includes exercises, craft activities, happy hour, news reading, board games, movies colouring, gardening and painting. There is allocated one-on-one time for residents who choose not to or are unable to participate in group activities. There are regular entertainers and residents from the dementia homes are invited to attend entertainment held in the rest home/hospital 'home' as appropriate and with adequate supervision. There are weekly pet therapy visits to each home. Mrs Whippy visits weekly. Students visit residents in the rest home/hospital homes. Church services are held weekly. There are weekly van outings for all residents. The service has a van, and a mobility taxi is hired for hospital level residents. Residents enjoy outings into the community, picnics and scenic drives. Festive occasions and birthdays are celebrated.</p> <p>A resident profile is completed soon after admission and information gathered from the relative (and resident as able) is included in the activity care plan. Activity assessments, activity plan, 24-hour MDT care plan and activity attendance charts are maintained. Family is invited to resident meetings. Resident files reviewed identified that the individual activity plan is reviewed at the same time as the care plan review.</p>

		Resident and relative surveys identified satisfaction with the activities offered.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Initial care plans were evaluated by the RN within three weeks of admission in the long-term resident files reviewed. Care plans are reviewed three-monthly by the multidisciplinary team (MDT) and evaluated at least six monthly or earlier due to health changes. The family are invited to the three-monthly MDT reviews. Multidisciplinary team meeting minutes are maintained and record if the resident goals have been met or not. The long-term care plan is updated with any changes. Other health professionals are involved as appropriate including the GP, physiotherapist and dietitian. Short-term care plans are reviewed as required and resolved or if an ongoing problem added to the long-term care plan. Ongoing nursing evaluations occur daily/as indicated and are included within the progress notes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The facility displays a current building warrant of fitness, which expires on 1 July 2021. Maintenance is a shared responsibility and is overseen by the operations manager. There is a maintenance request book for repairs and a monthly compliance schedule is maintained. DCNZ employs a painter for the refurbishment of resident rooms. Random resident area hot water temperatures are checked weekly and are maintained below 45 degrees Celsius. Essential contractors are available 24 hours. Medical equipment has been checked and calibrated and testing and tagging of electrical equipment has been conducted.</p> <p>Aberleigh Rest Home is divided into five units, known as homes. In May 2020 the service relocated the psychogeriatric level of care residents from a 10-bed unit (Rata) to a previously unoccupied 9 bed home (Matai). The service is not going to increase beds in the Matai home. The Rata home is now known as Ngaio extension which was approved by HealthCERT for rest home/hospital level of care. The additional 10 dual-purpose resident rooms were viewed on the day of audit and have sufficient space to safely care for hospital level residents using a hoist as required. Eight of the 10 rooms have double door opening and two have single door opening. A hoist or ambulance chair can be safely manoeuvred into the room. Six of the rooms have an ensuite which can be accessed using a hoist. The four other rooms are closely located to a large shower/toilet room and there is another communal toilet located near the open plan dining/lounge area. A new full and standing hoist was purchased for the new dual-purpose home. Interviews with the registered nurses and the caregivers confirmed that there was adequate equipment to carry out the cares according to the residents' care plans. There is safe ramp access to the outdoor garden and grounds.</p> <p>Residents were observed safely mobilising throughout the facility. There is easy access to the outdoors from each home. The dementia home and psychogeriatric home have safe access to secure gardens. Both homes have secure entry and exit.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (RN) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility.</p> <p>Infections are collated in a monthly register and a monthly report is completed by the infection control coordinator. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is reported at the quality, infection control committee, RN and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. The infection control programme is linked with the quality management programme. The clinical manager provides a monthly clinical bulletin which includes infection control data, trends and analysis of infections. There were weekly meetings and daily handovers keeping staff updated on Covid-19 procedures. Screening for staff including temperatures continue. There is plentiful personal protective equipment available.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GPs that advise and provide feedback/information to the service and monitor the use of antibiotics. Benchmarking occurs against other Dementia Care New Zealand facilities. There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.2:2008: The policy includes restraint procedures. The restraint coordinator is a registered nurse. Interviews with caregivers and nursing staff confirmed their understanding of restraints and enablers. Restraint is used as a last resort where psychotherapies/activities have not been successful, and the resident safety is compromised. There was one dementia level of care resident with an H-belt restraint and no residents using enablers on the day of audit. All restraint documentation was completed as per policy. Emergency restraint has been approved by the approval group and accident/incidents forms are completed when this is used. Staff complete restraint competencies and attend education and training in restraint minimisation and safe practice.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.	PA Moderate	There is an RN based in the psychogeriatric unit on morning and afternoon shifts and one RN on night shift based in the psychogeriatric unit who provides cover for the hospital, rest home and dementia unit, however this does not meet the staffing requirement for the facility on night shift as there over 50 residents. The service has been recruiting for a second RN on night shift, however the vacancy had not been filled at the time of audit. The service has been liaising with the DHB and has an action plan in place.	There is an RN based in the psychogeriatric unit on morning and afternoon shifts and one RN on night shift based in the psychogeriatric unit who provides cover for the hospital, rest home and dementia unit, however this does not meet the staffing requirement for the facility on night shift as there over 50 residents. The service has been recruiting for a second RN on night shift, however the vacancy had not been filled at the time of audit.	Ensure the RN staffing meets the ARHSS contract between the hours of 10pm and 7am where there are over 50 residents in the facility.

				90 days
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA</p> <p>Moderate</p>	<p>The service uses an electronic medication system. Fourteen medication charts were reviewed and met prescribing requirements however not all allergy status were documented and not all medication charts had been reviewed three-monthly by the GP.</p>	<p>(i) Four medication charts including the paper-based respite medication chart did not identify the resident's allergy status.</p> <p>(ii) Two medications charts had not been reviewed by the GP three monthly (overdue by two months).</p>	<p>(i) Ensure the allergy status is documented on medication charts.</p> <p>(ii) Ensure medication charts are reviewed by the GP three monthly.</p> <p>60 days</p>
<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>The RN assesses all residents who fall, witnessed and unwitnessed. Neurological observations are commenced for residents who are unable to state if they hit their head or not and for residents with an obvious injury to the head. Neurological observations reviewed had not been completed as per protocol. At times where the resident had refused observations this had been recorded.</p>	<p>Six of six neurological observations reviewed (four psychogeriatric and two dementia level of care) had not been completed as per protocol. There were periods overnight where the resident was recorded as 'sleeping'.</p>	<p>Ensure neurological observations are completed as per protocol.</p> <p>90 days</p>

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.