

# Wimbledon Care Limited - San Michele Home & Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Wimbledon Care Limited
<b>Premises audited:</b>	San Michele Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 9 September 2021      End date: 10 September 2021
<b>Proposed changes to current services (if any):</b>	Sale of the business is pending
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	21

# Executive summary of the audit

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## 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.

## General overview of the audit

San Michele Home and Hospital provides hospital and rest home level care for up to 29 residents. The service is operated by Stanthom Properties Limited and managed by a nurse manager. Residents and families spoke positively about the care provided.

A provisional audit was required due to a proposed change of ownership, to assess the prospective provider's preparedness to provide a health and disability service. A certification audit was undertaken and the audit result informed the provisional audit report. The audit was conducted against the Health and Disability Services Standards and the service's contract with the Waikato District Health Board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interview with residents, family members, members of the management team, staff and a nurse practitioner (for the general practitioner).

There were no areas identified as requiring improvement for the provisional audits.

## Consumer rights

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents of San Michele Home and Hospital (San Michele) when they are admitted and are on clear display though out the facility in both English and te reo Māori. Opportunities are provided to discuss the Code, consent, and availability of advocacy services at the time of admission and thereafter as required.

Services at San Michele are provided in a manner that respects the choices, personal privacy, independence, individual needs, and dignity of residents. Staff were observed to be interacting with residents in a respectful manner.

Care for any residents who identify as Māori is guided by a comprehensive Māori health plan and related policies.

There was no evidence of abuse, neglect or discrimination and staff understood and implemented related policies. Professional boundaries are maintained.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required.

San Michele has linkages to a range of specialist health care providers, all of which contribute to ensuring services provided to residents are of an appropriate standard.

A complaints register is maintained with complaints resolved promptly and effectively. There have been no complaints investigated by external agencies since the previous audit.

## Organisational management

Business and quality and risk plans are documented, these include scope, direction, goals and values. Monitoring of the organisation's performance occurs and is reported to the governor/owner. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

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

Each resident has an integrated file, including InterRAI assessments. Files are stored to ensure privacy.

The prospective provider intends to employ all existing staff at time of sale. She has developed a business plan for the service which includes quality targets and risk mitigation strategies. She has available an experienced nurse manager to assist with any issues that may arise during transition.

## **Continuum of service delivery**

Access to the facility is appropriate and efficiently managed with liaison evident between Support Links and the clinical team. Relevant information is provided to the potential resident and their family to facilitate admission to the facility.

The residents' needs are assessed on admission and within the required time frames. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. The residents' files reviewed evidenced that the care provided, and the needs of the residents are reviewed and evaluated on a regular and timely basis. Residents are referred to other health providers as required. Shift handovers and communication sheets promote continuity of care between the shifts.

The planned activity programme is delivered by one part time diversional therapist. The programme provides the residents with a variety of individual and group activities and maintains their links with the community. There is a facility vehicle available for outings.

Medicines are managed according to the policies and procedures which are based on current best practice and consistently implemented. Medications are administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with any special requirements catered for. Policies guide the food service delivery supported by kitchen staff. The kitchen was well organised, clean and meets food safety standards. Residents verified satisfaction with the meals provided.

## **Safe and appropriate environment**

The facility meets the needs of the residents and was clean and tidy. There was a current building warrant of fitness. Electrical equipment has been tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible and safe.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken on site and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills.

Fire evacuation procedures are regularly practiced. Residents reported a timely staff response to call bells. Security is maintained.

## **Restraint minimisation and safe practice**

The organisation has implemented policies and procedures that support the minimisation of restraint. Four enablers were in use at the time of audit. Use of enablers is voluntary (at the residents' requests) for the safety of the residents.

Three restraints were in use. A comprehensive assessment, approval and monitoring process with regular reviews occurs. Staff relevant undertake training and demonstrated sound knowledge and understanding of restraint and enabler processes.

## Infection prevention and control

The infection prevention and control programme is led by an experienced registered nurse and aims to prevent and manage infections. The programme has recently been reviewed. Specialist infection prevention and control advice is accessed if required.

Staff demonstrated good knowledge around the principals and practice of infection control, guided by relevant policies and supported with regular education.

Age care specific infection surveillance is undertaken, with data analysed and results reported through to all levels of the organisation. Follow up action is taken as and when required.

## 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	50	0	0	0	0	0
Criteria	0	101	0	0	0	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>San Michele Home and Hospital (San Michele) has policies, procedures, and processes in place to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is part of the ongoing yearly training programme, as was verified in training records and the training calendar.</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>Nursing and care staff interviewed understood the principals and practice of informed consent. Informed consent policies provided relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form including for photographs and outings. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for</p>

		<p>residents are defined and documented, as relevant, in the residents' records. Staff demonstrated their understanding by being able to explain situations when this may occur.</p> <p>Staff were observed gaining consent for day-to-day care on an ongoing basis.</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>During the admission process, residents, family and whanau are given a copy of the San Michele Home &amp; Hospital Introduction Booklet which provides detailed information on "Your Rights and Responsibilities" which also includes information on the Advocacy Service. Posters and brochures related to the service are on display and available throughout the facility. Family members and residents spoken to were aware of the Advocacy Service, how to access this and their rights to have a support person. Staff are also aware of how to access the Advocacy Service if this is required.</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>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, activities and entertainment.</p> <p>The facility encourages visits from family and friends, family members interviewed stated they felt welcome when they visited and comfortable in their dealings with the staff. There is a lounge available for residents and families in both the rest home and hospital. A quiet sunny corner is available for residents to utilise away from the main lounges for privacy.</p> <p>Family can support their relative should they be receiving palliative care in the side rooms provided.</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>The complaints policy and associated documentation comply with Right 10 of the Code. Information on the complaints process is provided to residents and families on admission and those interviewed knew how to make a complaint and provide feedback.</p>

		<p>The review of the complaints register showed three complaints have been received over the past year and that actions taken through to resolution are documented and completed within the timeframes. There is one open complaint which is awaiting an external medical report to complete closure. The nurse manager is responsible for complaint management and follow-up. Staff interviewed understood the complaints process and actions required.</p> <p>No complaints have been received from external sources since the last audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.</p>	FA	<p>When interviewed, the residents and family/whanau of San Michele Home and Hospital reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and from discussion with staff. The Code is displayed in English and Māori throughout the facility and information on how to make a complaint and provide feedback is available in the hospital and rest home.</p> <p>The provisional audit was conducted to ensure the prospective purchaser is aware of and understands the consumer rights and that they must adhere to these. The prospective provider is familiar with the Code of Rights as they are the proprietors of another aged care facility.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and their families confirmed that services are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff understood the need to maintain privacy and were observed doing so throughout the audit when attending to personal cares, by ensuring resident information is held securely and privately, when exchanging verbal information and during discussions with families and whanau. Privacy and dignity was observed, although residents are sharing rooms. There is a lounge located in the rest home and the hospital which provide an environment for residents to relax in. A sunny quiet area is available to chat away from the main communal</p>

		<p>areas.</p> <p>Residents are encouraged to maintain their independence by participating in community activities and often the community activity comes to them. Each resident's care plan includes documentation related to the resident's abilities and strategies to maintain and maximise their independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs have been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to be occurring annually.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There is one resident at San Michele whom identifies as Māori. Staff support residents to integrate their cultural values and beliefs with their day to day activities. The principals of the Treaty of Waitangi are incorporated into day-to-day practice, as is the importance of whanau. There is a current Māori health plan and residents are encouraged to access the marae and local kaumatua. Guidance on tikanga best practice is available. Staff who identify as Māori in the facility also act as a resource for staff.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Residents and their families verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Family act as interpreters otherwise staff can access an external service. Residents' personal preferences required interventions and special needs are included in all care plans that were reviewed. For example, likes and dislikes and attention to preferences around activities of daily living. A resident satisfaction survey confirmed that the resident's individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p>	FA	<p>Residents and family members interviewed, confirmed that residents</p>

<p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>		<p>were free from discrimination, harassment or exploitation and felt safe. The nurse practitioner interviewed also expressed satisfaction with the standard of services provided to the residents. The induction process for staff includes education related to professional boundaries and expected behaviour to support good practice. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service provides and encourages good practice through evidence-based policies, input from external specialist services and allied health professionals, for example hospice, wound care specialists, dieticians, a podiatrist, and education for staff. The nurse practitioner (NP) confirmed that the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Ongoing yearly training for registered nurses (RNs) and care staff is provided in house, with a very robust and thorough education programme which showed clear evaluation of sessions.</p>
<p>Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents and family members stated they were kept well informed about any changes to their own or their relative's status, and they are advised in timely manner about any incidents or accidents and the outcomes of regular or urgent medical reviews. This was clearly documented in the residents' records that were reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principals of open disclosure, which is supported by education, policies and procedures that meet the requirements of the Code.</p> <p>Staff knew how to access an interpreter service and there are also members of staff who are bilingual. A resident with English as a second language has family members to assist if required.</p>

<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The direction and goals of the organisation have recently been reviewed and the values, purpose, scope and direction are documented. Service and business targets are in place. These are monitored by the owner and manager. Quarterly performance reports were reviewed which have a focus on volume and financial performance.</p> <p>The service is managed by an experienced nurse manager who holds relevant qualifications and has been in the role for 19 years. Responsibilities and accountabilities are defined in a job description and individual employment contract. The nurse manager confirmed knowledge of the sector, regulatory and reporting requirements and is an active networker in the aged care sector.</p> <p>The service holds contracts with Waikato District Health Board for rest home, hospital level care and with the Ministry of health for YPD services. Twenty-one residents were receiving services during the audit as follows: 12 – Hospital level care; 7 – Rest Home level care; 2 – YPD services.</p> <p>The prospective provider has undertaken negotiations with the District Health Board (DHB). This was confirmed by the DHB and they will award a contract once sale processes are completed. She presently own two aged care facilities and has an established governance system. She is able to be fully operational on completion of the sale of the business.</p>
<p><b>Standard 1.2.2: Service Management</b></p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>When the nurse manager is absent the senior registered nurse carries out all duties required under delegated authority. The nurse manager oversees clinical management when the senior registered nurse is absent. Staff reported the current arrangements work well.</p> <p>The prospective provider indicated no immediate staff changes were planned at time of sale of the business. The new owner is a current aged care service owner and indicated she had an experienced clinical manager who could support the transition if needed.</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 organisation has a quality and risk plan and framework, and these have recently been reviewed and updated. These documents reflect the principles of continuous quality improvement relating to management of incidents and complaints, audit activity, patient satisfaction survey, infections and performance material. Staff meeting minutes (meetings are held monthly) confirmed review and analysis of the above material. The nurse manager reports information to the governor/owner.</p> <p>Staff reported they were involved with audits. A review of the audit programme showed eight audits had been undertaken this calendar year. Each was documented with corrective actions identified in five audits, where this was required. Evidence of the corrective actions occurring was documented.</p> <p>There is an annual resident/family written survey and results showed a high level of satisfaction. The results identified opportunities for improvement with the temperature of meals. A monthly residents' meeting is held (minutes reviewed), and recent opportunities for improvement were identified related to noise at night.</p> <p>Policies have recently been reviewed (July 2021) and they cover all aspects of service and contractual requirements. Policies are based on best practice and were current. The document control system ensures a regular review process, reference of relevant sources, approval, distribution and storage of obsolete documents.</p> <p>The nurse manager described the processes for identification, monitoring, review and reporting of risks and development of mitigation strategies. The nurse manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements.</p> <p>The prospective provider has reviewed the quality and risk plans, and the quality framework. The new provider has reviewed all policies and does not intend to change any of these initially. There is no intention to change or alter this material or activity at time of sale.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p>	<p>FA</p>	<p>Staff document adverse and near miss events on an accident/incident form. Three adverse event forms were reviewed,</p>

<p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>and these were fully completed, investigated, action plans developed and implemented in a timely manner. Adverse event data is collated, analysed and reported to the governor/owner.</p> <p>The nurse manger described essential notification reporting requirements, including for pressure areas. There have been no notifications of significant events made to the Ministry of Health since the last survey.</p> <p>There are no legislative compliance issues that could affect the service.</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 resource policies and processes comply with legislation. The recruitment process includes referee checks, police vetting (recently implemented) and validation of qualifications and practising certificates were applicable.</p> <p>Staff orientation includes all necessary components relative to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed completed orientation documentation and a performance review after three months then annually.</p> <p>Continuing education is planned annually and includes mandatory training requirements. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments (two of six). Records demonstrated completion of training and annual performance appraisals.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mix to provide safe service delivery 24 hours a day, seven days a week. The facility adjusts staffing levels to meet any changing needs of residents. An afterhours call roster is in place with staff reporting that access to advice is available when needed.</p> <p>Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed</p>

		<p>supported this observation. Review of a six-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence.</p> <p>At least one staff member on duty has a current first aid certificate and there is a registered nurse on duty every shift (24/7).</p> <p>The prospective provider is retaining all staff on purchase of the operation. No immediate changes are planned to the current safe rostering now in place.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP/NP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Records are legible with the name and designation of the person stamped beside the entry.</p> <p>Archived records are held securely in the administration block on site and are readily retrievable. Resident's records are held for the required period of time before being destroyed. No personal or private resident information was on display during the audit.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents are admitted to San Michele Home and Hospital following assessment from the local Support Links Service, as requiring the levels of care that San Michele provides. Prospective residents and their families are encouraged to visit the facility prior to admission and room configuration is explained at the initial inquiry stage. They are provided with written information about the service and the admission process.</p> <p>All residents prior to admission are screened in accordance with current COVID-19, Ministry guidelines.</p> <p>Family members interviewed stated that they were happy with the admission process and the information that had been provided to them. Files reviewed contained the completed demographic</p>

		information, assessments, and signed admission agreements in accordance with the contractual requirements.
<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>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the Waikato District Health Boards 'Yellow' envelope system to facilitate the transfer of residents to and from acute care settings. There is open communication between all services, the residents, and the family. At the time of transition between services, appropriate information, including medication records and the care plan, is provided for ongoing management of the resident. All referrals are documented in the progress notes.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The Medication Management Policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN signs in the medications against the prescription, then signs and dates each blister pack. All medications sighted were within current use by dates. Clinical pharmacist input is provided as required. Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. Controlled drugs are signed in and a pharmacy check is carried out every six months and this was evidenced in the controlled drugs register.</p> <p>The records of temperatures for the medicine fridge were reviewed</p>

		<p>and were within the recommended range. The medication room did not have temperature records taken at the time of the audit.</p> <p>Good prescribing practices were noted. These included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was consistently recorded on the medicine chart. There are no standing orders or verbal orders. The facility GPs and NP have remote access to the electronic medicines system. Vaccines are not stored on site. Covid-19 vaccination rates (as of 10th September) showed 100% of staff are fully vaccinated and 100% of residents with the exception of one person who requires their second vaccine.</p> <p>There were two residents self-administering medications at the time of audit. Suitability had been assessed by the GP and clinical nurse manager.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b> A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site with a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was reviewed by a qualified dietician on the 17th May 2021.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the Ministry of Primary Industries (valid until 2nd July 2022). At the time of the audit, the kitchen was observed to be clean. The cleaning schedule was maintained. Food temperatures, including for high-risk items, are monitored and recorded as part of the plan using a paper base recording system.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. Any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. The kitchen</p>

		<p>provides a varied menu which supports residents with specific cultural food requirements. Special equipment to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and families/whānau interviews, satisfaction surveys and in residents' meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>If a referral is received, but the resident does not meet the entry criteria, there are no vacancies, or the referral has been declined from the service due to inappropriate referral from Support Links, there is a process in place to ensure that the prospective resident and family are supported to find an appropriate alternative level of care.</p> <p>If the needs of the resident change and they are no longer suitable for the services offered, a referral for reassessment is made to Support Links and a new placement is found in consultation with the resident and the whanau/family.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>On admission, residents of San Michele are assessed using a range of nursing assessment tools, such as a pain scale, falls risk, skin integrity, cognition and behaviour, nutrition, activities, and mobility, to identify any deficits and to inform initial care planning. Within three weeks of admission, residents (except for respite, ACC and YPD residents) are assessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI tool, in conjunction with additional assessment data, occurs every six months or more frequently as a resident's changing conditions require.</p> <p>Interviews, documentation, and observation verified the RNs are familiar with requirements for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing needs. All residents have current interRAI assessments</p>

		completed by one of the trained interRAI assessors on site. InterRAI assessments are used to inform the care plan.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans at San Michele are paper based. When reviewed they reflected the support needs of the residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular, the needs identified by the interRAI assessments were reflected in the care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and family/whanau reported participation in the development and ongoing evaluation of care plans.</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>	FA	<p>Documentation, observations and interviews with residents and families verified that the care provided to the residents was consistent with their needs, goals and plan of care. The attention to meeting a diverse range of residents' needs was evident in all areas of service provision.</p> <p>The NP interviewed confirmed that medical orders are carried out in a timely manner and staff are very proactive at contacting the NP should a resident's condition change. Care staff confirmed that care was provided as outlined in the documentation.</p> <p>A range of equipment and resources were available and suited to the levels of care provided and in accordance with the residents' needs.</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,</p>	FA	<p>The activities programme is provided by one part time qualified diversional therapist who supports the residents in the rest home and hospital, Monday to Friday, five hours per day.</p> <p>An activities assessment is completed on admission to ascertain the</p>

<p>and the setting of the service.</p>		<p>resident's needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate a plan that is meaningful to the resident. The activities are evaluated daily and documented once a month and as part of a six monthly multidisciplinary care plan review. Residents with specific cultural needs have these incorporated into their activities programme.</p> <p>Activities reflected the residents' goals, ordinary patterns of life and included normal community activities, regular church services, 'Housie', knitting and visiting entertainers. There are individual and group activities offered and a regular fortnightly van outing.</p> <p>There are gender specific activities for female and male residents. There is a lounge for the rest home residents and an additional lounge for the hospital residents. Residents also have their bedrooms, most of which are a shared space where they have the opportunity to watch their own television or listen to the radio. The Activities Calendar is on display and each resident is given a copy of the activities available for them to participate in. The Calendar emphasises and celebrates cultural beliefs on a regular basis.</p> <p>Residents and families have the opportunity to evaluate the programme through day-to-day discussions with the activities co-ordinator and by completing the annual resident satisfaction survey. Residents interviewed confirmed the programme was interesting and varied.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care is evaluated each shift and reported on in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six monthly interRAI/clinical reassessment or as the residents' needs change. Evaluations are documented by the RN. Where progress is different from that expected, the service responds by initiating changes to the plan of care.</p> <p>Short term care plans are consistently reviewed for infections, pain, weight loss, and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment</p>

		process. Other plans, such as wound management plans, were evaluated each time the dressings were changed. Residents and families/whanau interviewed provided examples of involvement in evaluation of progress and any resulting changes.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	Residents are supported to access or seek referral to other health and/or disability service providers. Residents may choose to use their own medical practitioner or transfer to one of the practices that visit the facility. If the need for other non-urgent services are indicated or requested, the GP or NP sends a referral to seek specialist input. Copies of referrals were sighted in the residents' files, including to the wound care nurse. The resident and the family/whanau are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as ringing an ambulance if the situation dictates.
<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	Staff follow policy for the management of waste, infectious and hazardous substances. Signage is in place where necessary. Domestic only chemicals are held and these are stored in locked cupboards. Material safety data sheets are available where chemicals are stored and staff interviewed knew how to manage any chemical spill. Personal protective clothing and equipment is provided and staff were observed using this.
<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 current building warrant of fitness (expiry date 17/6/2022) was publicly displayed. Appropriate systems are in place to ensure the residents physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of biomedical equipment was current as confirmed on observation and document reviews. The environment was hazard free and resident safety was promoted.</p> <p>External areas are safely maintained and were appropriate to the</p>

		<p>residents and the setting. Staff confirmed the process to follow if repairs or maintenance are required (maintenance log) and that requests are actioned in a timely manner. Residents and family members were happy with the environment.</p> <p>The prospective provider has inspected the site and has no immediate environmental changes planned.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of bathrooms and toilet facilities throughout the facility. The hospital area and the rest homes each have three toilets and two bathrooms.</p> <p>Appropriately secured approved handrails are provided in toilet/shower areas. Equipment and accessories are available to promote residents' independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Adequate personal space is provided to allow staff and residents to move around within the bedrooms safely. Bedrooms are a mix of single, double and triple. Approval for those sharing a bedroom has been sought. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids and wheelchairs. Staff and residents reported the adequacy of bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas are available for residents to engage in activities. The two lounges and a dining area (hospital patients dine in their rooms) are spacious and enable easy access for residents and staff. Residents can access an area for privacy, if required. Furniture is appropriate for setting and residents' needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and</p>	FA	<p>Laundry is undertaken on site in a dedicated laundry. Laundry staff demonstrated a sound knowledge of laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported</p>

<p>laundry services appropriate to the setting in which the service is being provided.</p>		<p>laundry is returned in a timely manner.</p> <p>There is a small designated cleaning team. They have a cleaning schedule and were well informed on chemical storage and cleaning of equipment. Chemicals were stored in a locked cupboard and were in labelled containers.</p> <p>Cleaning and laundry process were monitored by the nurse manager.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning and response were located in the office and are known to staff. Disaster and civil defence plans guide procedures to be followed in the event of a fire or other emergency. There is a current approved evacuation plan (2005). Trial evacuations/drills take place six monthly with a copy sent to the NZ Fire Service. The most recent being 23/6/2021.</p> <p>The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures. Supplies for use in emergency including water, food, mobile phone, and gas barbecue were sighted. A water storage tank is located on site and a battery system provides 30 minutes of electricity in case of utilities failure.</p> <p>Call bells are available in patient areas and residents and families reported staff responded promptly to call bells. The call bells are tested regularly.</p> <p>Appropriate security arrangements are in place with staff locking doors and windows at a predetermined time. There is a panic alarm located in the office. There were no reported security issues in the last five years.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows and some have doors that open onto small veranda areas.</p> <p>Heating is provided by a combination of electric heaters and heat</p>

		pumps in residents' rooms and in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained a comfortable temperature.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>San Michele Home &amp; Hospital provides a managed environment that minimises the risk of infection to residents, staff and visitors through the implementation of an appropriate infection prevention and control (IPC) programme. This has recently been reviewed and the service is in the process of "embedding" a new infection control and quality system overseen by the infection control nurse (ICN) with the support of the clinical manager. The programme is guided by a comprehensive and current infection control manual with input from the recent overview incorporated.</p> <p>The registered nurse is the designated IPC co-ordinator, infection control matters including surveillance results are reported monthly to the Clinical Manager and at staff meetings. They are also available for staff to read in the meeting minutes. Signage at the main entrance to the facility requests anyone who has been unwell in the past 48 hours not to enter the facility along with up to date Ministry of Health (MOH) information on COVID 19 and the accepted practices when entering the facility. The infection control manual also provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood their responsibilities.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The ICN has the appropriate skills and knowledge for the role. Additional support and information can be accessed from the infection control team at the DHB, the community laboratory, the GP and the public health unit, as required. The co-ordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The service follows the MoH and DHB guidelines regarding COVID-19 during alert levels. At Alert level 4, all admissions that come from</p>

		<p>hospital are self-isolated for two weeks and there are no admissions from home.</p> <p>The ICN confirmed the availability of resources to support the programme and any outbreak of an infection.</p>
<p><b>Standard 3.3: Policies and procedures</b></p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The IPC policies reflected the requirements of the IPC standard and current accepted good practice. There has been a recent IPC review and the updated processes are being “embedded”. Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand-washing technique and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers are distributed around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p><b>Standard 3.4: Education</b></p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Interviews, observation and documentation verified staff have received education on infection prevention and control at orientation and in ongoing education sessions. Education is provided by a suitably qualified RN who is the IPC coordinator. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of attendance is maintained.</p>
<p><b>Standard 3.5: Surveillance</b></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>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, respiratory tract and skin infections. When an infection is identified, a record of this is documented in the resident’s clinical record. The IPC coordinator reviews all reported infections and these are documented. New infections and any required management plans are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of</p>

		the surveillance programme are shared with staff at staff meetings and during shift handovers. A good supply of personal protective equipment was available and San Michele Home & Hospital has processes in place to manage the risks imposed by COVID-19.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standard. The restraint coordinator provides support and oversight for enabler and restraint management and demonstrated a sound understanding of policy, procedure and practice and her role and responsibilities. Restraint is used as a last resort when all alternatives have been explored, as evidenced on review of the restraint approval file, meeting minutes and from interviews with staff.</p> <p>At the time of audit four residents were using enablers and three residents were using restraints.</p>
Standard 2.2.1: Restraint approval and processes Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.	FA	<p>The use of restraint is authorised by either the nurse manager, registered nurse or general practitioner/nurse practitioner. It was evident from review of the staff group meeting minutes, residents' files and interview with the coordinator that there are clear lines of accountability, that all restraints have been approved and the overall use of restraints, is being monitored and analysed.</p> <p>Evidence of family involvement in the decision making was on the file in each case. Use of a restraint or enabler is part of the care plan.</p> <p>The prospective provider is a current aged care provider and understands the standard and its requirements.</p>
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	Assessment for the use of restraint were documented. A registered nurse undertakes the assessment with input from the restraint coordinator, resident and/or family. In the case of restraint, the general practitioner is involved in the decision making. Families

		<p>confirmed their involvement.</p> <p>The assessment processes included identification of underlying cause, history of restraint use, cultural consideration, alternatives and associated risks. Each resident using restraint had a completed assessment on file.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The use of restraints is actively minimised and the restraint coordinator discusses with staff and family members alternatives (eg, low bed, sensor mats). When restraints are in use, frequent monitoring occurs to ensure the resident's safety. Records reviewed showed necessary details.</p> <p>There is access to advocates if requested and processes ensure dignity and privacy.</p> <p>A restraint register is maintained, updated monthly and reviewed at the monthly staff meeting. The register was reviewed and contained the names of the seven residents currently using restraints or enablers.</p> <p>Staff have received training in policy and procedures and in de-escalation and positively supporting people with challenging behaviour. Staff spoken to understood the use of restraint is to be minimised and how to maintain safety when in use.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>Review of residents' files showed that the use of restraint is reviewed and evaluated during care planning and interRAI reviews, three monthly restraint evaluation and at the staff meetings. Families interviewed confirmed their involvement in evaluation and satisfaction with the process.</p> <p>The evaluation covers all requirements of the standard.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use</p>	FA	<p>The restraint co-ordinator undertakes three monthly reviews of all restraint use. Results are reported to the staff meeting as confirmed</p>

of restraint.		on review of minutes. Audits are performed six monthly, the last undertaken in July 2021. There were no corrective actions identified.
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.