

Masonic Care Limited - Woburn Masonic Care

Introduction

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

The audit has been conducted by 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:

Legal entity:	Masonic Care Limited
Premises audited:	Woburn Masonic Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 September 2021 End date: 29 September 2021
Proposed changes to current services (if any):	Woburn Masonic Trust plan on moving into their new building on completion in approximately 2 years.
Total beds occupied across all premises included in the audit on the first day of the audit:	30



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

Woburn Masonic Care provides rest home and hospital level care at Kelvin House for up to 31 residents in temporary premises leased from Manor Park until the new build is completed. The service is governed by Masonic Care Ltd, and the chief executive officer has managerial experience and responsibilities. The service is managed at a local level by the clinical services manager.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, management, staff, contracted allied health providers and a general practitioner.

This audit has resulted in areas for improvement relating to meals and personnel files.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents of Woburn Masonic Care. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

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

Care of 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.

Woburn Masonic Care has linkages with a range of specialist health care providers, which contributes to ensuring services provided to residents are of an appropriate standard.

A complaints register is maintained with complaints resolved promptly and effectively.

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.
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Strategic business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body is regular and effective. 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 in quality improvements 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 are current and reviewed regularly.

The appointment, orientation and management of staff is based on current policies and procedures. 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.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained in using integrated electronic and hard copy files.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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The organisation works closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is appropriate and efficiently managed. When a vacancy occurs, relevant information is provided to the potential resident/family/whanau to facilitate the admission.

Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers and communication sheets guide continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that arise. All residents' files reviewed demonstrated that needs, goals, and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

The planned activity programme is overseen and provided by an activities coordinator. The programme provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses, all of whom have been assessed as competent to do so.

Policies guide food service delivery supported by staff with food safety qualifications. The kitchen meets food safety standards.

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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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and approved fire evacuation scheme. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

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

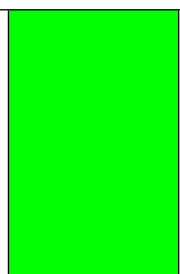
Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported staff respond promptly to call bells. Security is maintained.

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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The organisation has implemented policies and procedures that support the minimisation and voluntary use of restraint. No enablers and no restraints were in use at the time of audit. A comprehensive assessment, approval and monitoring process with regular reviews is in place should a restraint or enabler be needed. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

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.
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The infection prevention and control programme, led by an appropriately trained infection control nurse, aims to prevent, and manage infections. Specialist infection prevention and control advice is accessed from the Hutt Valley District Health Board. The programme is reviewed annually.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, analysed and trended. Results are reported through 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	43	0	1	1	0	0
Criteria	0	91	0	1	1	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>Woburn Masonic Care (Woburn) 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 included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</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 understand the principles and practice of informed consent. Informed consent policies provide 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, outings, invasive procedures, and collection of health information.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented where relevant in the resident's file. Staff demonstrated their understanding by being able to explain situations when this may occur.</p> <p>Staff were observed to gain 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 and their family/whanau are given a copy of the Code, which also includes information on the Advocacy Service. Posters related to the Advocacy Service were also displayed in the facility, and additional brochures were available at the reception area. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>Staff were aware of how to access the Advocacy Service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>With the exception of Covid-19 alert level restrictions, 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, shopping trips, activities, and entertainment.</p> <p>The facility normally has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff. However, at the time of this audit in Covid-19 Alert Level Two, visiting is restricted, with limited visiting hours, limited time on site, temperature checks and health questionnaires to be filled in.</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 flowchart meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission Complaints forms are at reception. Any concerns taken to management were responded to promptly and effectively. Complaints can be made anonymously.</p> <p>The complaints register reviewed showed that five complaints have been received over the past six months and that actions taken, through to an agreed resolution, are documented and completed within the timeframes required. Action plans showed any required follow-up and improvements have been made where possible. The clinical nurse manager is responsible for complaints management and follow-up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p> <p>One complaint was lodged with the Health and Disability Commissioner since the last audit. Evidence was sighted of the complaint being closed by the HDC. Following the Hutt Valley DBH review late 2019 issues raised were closed off and a change management framework was forwarded to the HVDHB. The HVDHB associate director of nursing reported no concerns.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents and residents' family members whanau when interviewed 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 discussions with staff. The Code is displayed in the reception area, together with information on advocacy services, how to make a complaint and feedback forms.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and family members/whanau confirmed that they receive services 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 the general practitioner (GP). All residents have a private room.</p> <p>Residents are encouraged to maintain their independence by participating in community activities. During the time of Covid-19 alert levels 2-4, regular outings to the local shops or areas of interest and participation in clubs of their choosing, could not occur, however usually this is enabled by the activities staff at Woburn. Each care plan included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious, and social needs, values and beliefs had 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 is part of the orientation programme for staff, and is then provided on an annual basis, as confirmed by staff and review of training records.</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 are three residents in Woburn at the time of audit who identify as Māori. Interviews verified staff can support residents who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day-to-day practice, as is the importance of whānau to Māori residents. There is a current Māori health plan developed with input from cultural advisers. A relative of a resident has just taken on the role of cultural advisor. Interview verified this person is willing and able to advise on assisting Woburn to meet the cultural needs of Māori residents. Interviews with the residents, confirmed cultural needs are being met by Woburn.</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 family members/whanau verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences required interventions and special needs were included in all care plans reviewed, for example, food likes and dislikes and attention to preferences around activities of daily living. Residents interviewed verified cultural needs are met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and their family members/whanau interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A GP and nurse practitioner (NP) also expressed satisfaction with the standard of services provided to residents.</p> <p>The induction process for staff includes education related to professional boundaries and expected behaviours. All registered nurses (RN's) have records of completion of the required training on professional boundaries. Staff are provided with a Code of Conduct as part of their individual employment contract. Ongoing education is also provided on an annual basis, which was confirmed in staff training records. Staff are guided by policies and procedures and demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, mental health services for older people, physiotherapist, older persons rehabilitation services and education of staff. Two NPs, one an older person's mental health specialist and one a gerontology specialist, provide a monthly mentorship programme for the staff at Woburn. Interview with the NP identifies enthusiasm from staff to attend these sessions. Clinical oversight has been noted to have improved as has the standard of nursing practice at Woburn. Woburn staff have access to online learning hubs and Hutt Valley District Health Board (HVDHB) training sessions.</p> <p>The GP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests. The palliative care nurse was complimentary of the care provided by staff at Woburn. An interview with the associate director of nursing from the HVDHB who had been involved with Woburn during the process of change and moving from one site to the present temporary site, noted an improvement in the nursing processes being provided by Woburn staff.</p>

		<p>Staff reported they receive management support for external education and access their own professional networks, such as on-line forums, to support contemporary good practice. Other examples of good practice observed during the audit included a commitment to reducing the number of falls a complex resident was having and a reduction in the number of residents exposed to polypharmacy (greater than nine medications prescribed).</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and their family members/whanau stated they were kept well informed about any changes to their own or their relative's status, were advised in a timely manner about any incidents or accidents, and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services can be accessed via HVDHB when required. Staff knew how to access this service. Two residents with English as a second language reside at Woburn, and family members assist with interpreting when occasionally 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>	FA	<p>The Trust's strategic business plan outlines the purpose, values, scope, direction and goals of the organisation. The strategic business plan is reviewed every two years. The current plan covers the period 2016 to 2021 and was issued 2019. The document describes annual and longer term objectives, the associated operational plans and projected financial performance. It includes meeting the needs of the local communities the Trust serves, including people with disabilities. A sample of monthly reports to the board of directors, in the format of recently developed dashboard reports, showed adequate information to monitor performance is reported including quality, clinical indicators, emerging risks and issues.</p> <p>The service is managed by a chief executive officer (CEO) who has been in the role for 16 years. The CEO confirms knowledge of the sector, regulatory and reporting requirements. He is supported by five board members chosen for their skills, qualifications and knowledge in the sector. The board of directors meets 11 times a year and minutes were sighted.</p> <p>The service holds contracts with the DHB and ACC. On the first day of the audit there were 30 residents: 13 residents are receiving hospital level care including 1 resident under an ACC contract and a resident under 65 years, and there were 17 rest home level care residents including a resident under 65 years.</p> <p>The Woburn director of nursing has been in the position for 11 months, has a background in</p>

		<p>palliative care and aged care. She has developed the clinical governance group with terms of reference, goals, and a dashboard reporting template.</p> <p>The facility is managed by a clinical nurse manager who has been in the role for six months. She has experience in management, quality, mental health and aged care. She is supported by the senior nurse who has been in the role for four months. She has experience in aged care. Both are registered nurses and interRAI trained. The senior registered nurse also acts as quality manager and supports the restraint co-ordinator.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>When the CEO is absent, the Masonic Care finance manager and operations manager carry out all the required duties under delegated authority. The finance manager has been in the role for two years. The operations manager has been in the role for five years. The CEO reports they have the appropriate skill set. During absences of key clinical staff, clinical management is overseen by the Masonic Care director of nursing who is experienced in the sector and able to take responsibility for any clinical issues that may arise.</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>The organisation has a planned quality and risk system, that includes a clinical governance dashboard. The dashboard includes management of non-clinical incidents, complaints, audit activities, monitoring of outcomes, clinical incidents including infections, health and safety, restraint and enablers and continuous quality improvements. Qualitative and quantitative data is included. An external agency provides results of benchmarking with other similar organisations. Benchmarking results for health and safety, infection control and fire and emergency were sighted. Staff report that resident and family surveys are being completed using 'Survey Monkey' during September. The clinical nurse manager and resident meeting minutes confirmed attendance and participation of the younger residents. Examples of quality improvement projects evidenced include internal audits of personnel files, archiving, environmental risks, polypharmacy, and security.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the board meetings, registered nurses' meetings, quality meetings, clinical governance meetings, and staff meetings. Minutes of monthly resident and six weekly family meetings confirmed relevant information is reported and discussed. Staff reported their involvement in quality and risk management activities includes internal audits, staff meetings, and reviewing policies.</p> <p>The quality manager/senior RN is new to the role and is supported by the clinical nurse manager. Internal audits are scheduled throughout the year and the schedule was sighted. Staff confirmed and evidence was sighted that corrective actions are developed and implemented to address any</p>

		<p>shortfalls. Quality improvement initiatives were confirmed by the clinical nurse manager and director of nursing and include developing a cleaning log to support residents' room tidiness, reviewing and implementing changes to the activities programme, and making changes to the archiving system.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. Staff reported belonging to relevant organisations such as New Zealand Aged Care Association leadership group. The director of nursing reported that a board member with a health background and law degree reviews policies where relevant. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>A risk management plan is in place. The clinical nurse manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. She was familiar with the Health and Safety at Work Act (2015) and has implemented requirements. Hazards identified are recorded and minutes of meetings confirmed staff are informed.</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>Staff document adverse and near miss events on an accident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Evidence was sighted that families are informed of incidents. Adverse event data is collated, analysed and reported monthly to clinical governance meetings. Meeting minutes and staff confirmed incidents and outcomes are discussed. Trends are reported three-monthly.</p> <p>The quality manager described essential notification reporting requirements, including for pressure injuries. She advised there have been no notifications of significant events made to the Ministry of Health since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Moderate	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. GP, physiotherapists, pharmacist and podiatrist practising certificates were sighted and within the expiry date. The clinical nurse manager confirmed all registered nurses hold first aid certificates, current practising certificates and evidence of this was sighted.</p> <p>The audit confirmed shortfalls that the human resources policy has not been followed.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the</p>

		<p>orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation. The performance appraisal schedule was sighted.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mix to provide safe service delivery 24 hours a day seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Care staff are assigned a documented mix of rest home and hospital level residents at handover. The document includes tasks and duties, including showers and linen change.</p> <p>Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate and there is 24 hour/seven days a week (24//7) RN coverage. Registered nurses with responsibilities for quality, infection control, and restraint are allocated one day per month to undertake these roles.</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>The resident's name, date of birth and National Health Index (NHI) number are used on labels as the unique identifier on all residents' information sighted. 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 and allied health service provider notes. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site, whilst the resident is on site. Records are transferred offsite when the resident leaves. All records are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Electronic medication records are stored in a secure portal.</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 can be admitted to Woburn, when they have been assessed by the local Needs Assessment and Service Coordination (NASC) Service as requiring the levels of care provided by the facility. Prospective residents and/or their families/whanau are encouraged to visit the facility prior to admission and meet with the clinical manager (CM) or the quality improvement/senior RN. They are also provided with written information about the service and the admission process.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments, and signed admission agreements in accordance with contractual requirements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge, or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the HVDHB 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident, and the family. At the time of transition between services, appropriate information, including medication records and the care plan is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred to the local acute care facility showed transfer was managed in a planned and co-ordinated manner. Family of the resident reported being kept well informed during the transfer of their relative.</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 member 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. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly</p>

		<p>and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted 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 electronic medicine chart.</p> <p>There were no residents who self-administered medications at the time of audit. Systems are in place to manage this safely if required.</p> <p>Medication errors are reported to the RN and CSM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used at Woburn.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>PA Low</p>	<p>The food services provided to residents of Woburn, is a contracted service. The kitchen, located onsite provides meals to two differing groups of residents, housed in two different areas of the building. Each resident group has differing needs and are of differing age groups.</p> <p>The menu being offered has not been reviewed by a dietician since 2015, to verify the menu meets recognised nutritional guidelines for older people. In an email on the day of audit, the dietician notes the present menu does not address the recommendations made at the last review. Residents' meeting minutes and resident interviews identified a high degree of dissatisfaction with the food being offered, particularly the evening meal. Evidence was sighted that the organisation is aware of this and is making attempts to address residents' complaints. For this reason, it has been rated as a low risk, however the food services being offered at Woburn requires attention.</p> <p>An up-to-date food control plan is in place and registered with the Hutt City Council. A verification audit of the food control plan was undertaken on 2 November 2020. Five areas requiring corrective action were identified and have been addressed. The food control plan was verified for eighteen months.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. Food temperatures, including for high-risk items, are monitored appropriately, and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p>

		<p>A nutritional assessment is undertaken for each resident on admission to the Woburn and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There are sufficient staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</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 prospective resident does not meet the entry criteria or there is no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the CM. There is a clause in the access agreement related to when a resident's placement can be terminated.</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 Woburn are initially assessed using a range of nursing assessment tools, such as a pain scale, falls risk, skin integrity, nutritional screening, and depression scale, to identify any deficits and to inform initial care planning. Within three weeks of admission residents are assessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI assessment tool, in conjunction with additional assessment data, occurs every six months or more frequently as residents' changing conditions require.</p> <p>In all files reviewed, initial assessments were completed as per the policy and within 24 hours of admission. InterRAI assessments were completed within three weeks of admission and at least six monthly unless the resident's condition changes. Interviews, documentation, and observation verified the RNs are familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing need levels.</p> <p>All residents have current interRAI assessments completed by the five interRAI assessors on site. InterRAI assessments are used to inform the care plan.</p>
<p>Standard 1.3.5: Planning</p>	FA	<p>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular, the needs identified by the</p>

<p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>		<p>interRAI assessments are reflected in the care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities note, medical and allied health professional's notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families 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>	<p>FA</p>	<p>Documentation, observations, and interviews verified the care provided to residents of Woburn was consistent with their needs, goals, and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, 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, and the setting of the service.</p>	<p>FA</p>	<p>There has been a high turnover of activities staff at Woburn with three staff changes since January 2021. The present programme is provided by an activities coordinator who works five days a week and is enrolled to do the diversional therapy training. Woburn is attempting to recruit another activities coordinator to enable activities to be provided seven days a week. On the two days of audit, the activities coordinator was absent due to illness and activities were being provided by a healthcare assistant who is allocated to that role when the activities coordinator is absent. Resident meeting minutes recorded dissatisfaction with activities being provided during early 2021; however, meeting minutes and resident interviews evidenced this has improved.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities, and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal care plan review every six months.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and include normal community activities (pre Covid-19 restrictions). Individual and group activities, and regular events are offered. Examples included exercises, quiz sessions, word games, crafts, cooking, nails, knitting, 'Housie' and daily news updates.</p> <p>The activities programme is discussed at the residents' meetings and minutes of the residents and the family meetings indicate residents and family/whanau' input is sought into activities and</p>

		responded to. Residents interviewed confirmed they find the programme meets their needs.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Residents' care is evaluated on each shift and reported 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 reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from 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 is evaluated as clinically indicated and according to the degree of risk.</p> <p>Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services is indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to older persons' mental health services. Referrals are followed up on a regular basis by the RN or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and interviews.</p> <p>Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There is a documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products. Cleaning products are stored in the original container. They also provide relevant training for staff. Material safety data sheets are available where chemicals are stored.</p> <p>Interviews and observations confirmed there is provision and availability of protective clothing and equipment. Staff were observed using the protective equipment.</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>	<p>FA</p>	<p>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 bio medical equipment was current as confirmed in documentation reviewed, interviews with the CNM and observation of the environment. Staff confirmed water temperature is recorded monthly and records were sighted. The environment was hazard free, residents are safe and independence is promoted.</p> <p>A current building warrant of fitness (expiry date 26 February 2022) was displayed at reception.</p> <p>Maintenance is managed and provided by a contractor as and when required. Staff confirmed they know the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned and that they are happy with the environment.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting. Seating and shaded areas are accessible.</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>	<p>FA</p>	<p>There are adequate numbers of clean, accessible bathroom and toilet facilities throughout the facility. This includes two toilet facilities for staff and visitors. Each bedroom has an ensuite. Appropriately secured and approved handrails are provided in the ensuites.</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>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheelchairs and mobility scooters. Staff reported the adequacy of bedrooms and visual inspection confirmed this. Hallways are wide to allow for residents to move easily around the facility.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. The dining, library and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas for</p>

<p>Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>privacy, if required. Furniture is appropriate to the setting and residents' needs. Residents were observed playing Housie in the dining room.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Laundry is undertaken off site by a contracted provider, and by family members if requested. Care staff and dedicated laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. The clinical nurse manager interviewed reported the laundry is managed well and residents' clothes are returned in a timely manner.</p> <p>Chemicals were stored in a lockable cupboard and are in appropriately labelled containers. Cleaning cloths are colour coded.</p> <p>Cleaning services are provided by a contractor. Cleaning and laundry processes are monitored through the internal audit programme. Laundry and cleaning staff confirmed they have received training.</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, preparation and response are displayed and known to staff. Fire call boxes, fire action notices, and illuminated exit signs are in place throughout the building. Sprinklers are in place. The current fire evacuation plan was approved by the New Zealand Fire Service on the 25 January 2018. A trial evacuation takes place six-monthly the most recent being on 29 July 2021. This included staff training. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures and participation in the trial evacuations. Monthly fire safety checks are completed by staff, and records were sighted.</p> <p>Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. Adequate supplies for use in the event of a civil defence emergency, including water, blankets, BBQ, first aid supplies, torches and batteries personal protective equipment and mobile phones were sighted and meet the requirements for the 31 residents. There is a generator on site. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and residents were happy with response times to bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked in the evening and are checked by the night staff.</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>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows. Heating is provided by heat pumps in residents' rooms and in the communal areas. Areas were warm and well ventilated throughout the audit and staff confirmed the facilities are maintained at a comfortable temperature. Oil heaters are available if required.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Woburn provides a managed environment that minimises the risk of infection to residents, staff, and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual, developed at organisational level. The infection control programme and manual are reviewed annually.</p> <p>The RN with input from the quality improvement RN (QIRN) is the designated infection control nurse, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the QIRN, CM, FM, and tabled at the RN and staff meetings. Infection control statistics are entered in the organisation's electronic database and benchmarked within the organisation's other facilities. The organisation's director of nursing is informed of any IPC concern.</p> <p>Signage at the main entrance to the facility requests anyone who is or has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities. During the present Covid-19 Alert Level 2, visiting hours have been reduced, all visitors must fill out a health declaration form, have their temperatures taken, have restricted visiting hours and must wear a mask.</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</p>	FA	<p>The infection control nurse (ICN) has appropriate skills, knowledge, and qualifications for the role, however, has been in this role for only a short time and is being assisted by the QIRN. The ICN has undertaken training in infection prevention and control and attended relevant study days, as verified in training records sighted. Well-established local networks with the infection control team at the HVDHB are available. The ICN has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The ICN confirmed the availability of resources to support the programme and any outbreak of an</p>

the organisation.		infection. A pandemic plan is sighted as is a Covid-19 management plan. All staff, apart from one, and all residents are fully vaccinated against Covid-19.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The IPC policies reflect the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last year and included appropriate referencing.</p> <p>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 readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Priorities for staff education are outlined in the infection control programme annual plan. Interviews, observation, and documentation verified staff have received education in IPC at orientation and ongoing education sessions. Education is provided by suitably qualified RNs and the ICN. Content of the training was documented and evaluated to ensure it was relevant, current, and understood. A record of attendance was maintained. When an infection outbreak or an increase in infection incidence has occurred, there is evidence that additional staff education has been provided in response.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather.</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>Surveillance is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and skin infections. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p>

		<p>The ICN and QIRN review all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via RN and staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Data is benchmarked internally within the group's other aged care providers.</p> <p>The number of infections at Woburn is minimal, with no infections noted for some months. There have been no gastroenteritis or norovirus outbreaks at Woburn this year.</p> <p>A good supply of personal protective equipment was available. Woburn has processes in place to manage the risks imposed by Covid-19.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator is a registered nurse and is new to the role. She is supported by the senior registered nurse. The restraint co-ordinator provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities. On the day of audit, no residents were using restraints or enablers. Staff reported no restraints or enablers have been used since January 2021.</p> <p>Restraint is used as a last resort when all alternatives have been explored. Sensor mats, low beds and de-escalation are used as alternatives. This was confirmed from interviews with staff.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	<p>PA</p> <p>Moderate</p>	<p>A recent internal audit of fifteen personnel files completed by the clinical nurse manager showed five police checks were not on file and applications have been submitted. Seven visas were not on file and copies have been requested. Four reference checks, four interview records, four application forms, one curriculum vitae, one letter of application were also not on file. Staff were employed between March 2017 and August 2020.</p> <p>A sample of seven staff records confirmed the organisation’s policies have not been met consistently. Staff were employed between February 2019 and July 2021. Three police checks were not on file and applications have been submitted. Five curriculum vitae, five application forms were not on file. One file of a recent employee met the requirements. The clinical nurse manager was making enquiries with Masonic head office to locate the documents and to improve practice. Staff interviewed and evidence sighted at the audit, confirmed that the organisation is making attempts to source the documents. For this reason, the finding has been rated as a moderate risk.</p>	<p>The organisation’s human resources policies and procedures have not been met consistently. Police checks, visas, reference checks, interview records, application forms, curriculum vitae, and letters of application are not on file for all employees.</p>	<p>Provide evidence that police checks, visas, reference checks, interview records, application forms, curriculum vitae, and letters of application are on file for all employees.</p> <p>60 days</p>

<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	<p>PA Low</p>	<p>The menu being provided at Woburn has not been reviewed by the dietician since 2015. The recommendations of that review have not been addressed in the menu. Resident meeting minutes noted ongoing dissatisfaction with meals. Six of eight residents interviewed made comments about the food, especially the tea not being nice, and not being appropriate for the residents. They expressed dislikes for several things on the menu. At times, complaints were made that the meal was not hot enough, and this has been addressed. A request for more fruit has been addressed, however the dissatisfaction of the food types being served remains ongoing. On the day of audit, the lunch was noted to be visually unappealing, and the vegetables were mixed frozen vegetables. Several residents were observed to push the plate away without trying the food. The management of Woburn are aware that the food is not meeting the needs of the residents and are looking at alternatives to address the present situation.</p>	<p>The menu has not been audited since 2015 to verify it meets the nutritional guidelines for the older adult. At that review the recommendations made have not been addressed. Residents and family members/whanau expressed dissatisfaction with the food services provided by at Woburn.</p>	<p>Provide evidence the menu is reviewed and meets the nutritional guidelines for the older adult. Provide evidence the menu meets the needs of the resident group. Provide evidence of increased satisfaction with the meals being provided.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.