

Pembrey Investments Limited - Brooklands Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Pembrey Investments Limited

Premises audited: Brooklands Retirement Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 20 June 2017 End date: 21 June 2017

Proposed changes to current services (if any): Increase the capacity of the service from 36 to 40 beds by utilising four large bedrooms as shared rooms.

Total beds occupied across all premises included in the audit on the first day of the audit: 33

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Brooklands Rest Home is part of the Brooklands Retirement Village. The rest home provides rest home level care for to up to 36 residents. On the day of audit there were 33 residents. All residents were under the age-related contract. Four large bedrooms were assessed at this audit as being suitable to be shared/double rooms. This takes the total number of beds certified from 36 to 40 beds.

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

The service has addressed all 16 previous audit findings around; communication, complaints register, the annual quality plan, hazard registers, adverse event reporting, staff appraisals, education and training, provision of sufficient staff, the admission agreement, dating and signing of assessments, progress note entries, fridge and freezer temperature monitoring, hot water temperature monitoring, repairs and maintenance, cleanliness of the facility and annual review of the infection control programme.

This audit has identified that improvements are required around completion of internal audits and aspects of medication management.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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A policy on open disclosure is in place. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. A system for managing complaints is in place.

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 low risk.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The rest home manager and clinical manager are responsible for the day-to-day operations of the facility. Quality and risk management processes are maintained, reflecting the principals of continuous quality improvement. Quality goals are documented for the service. Corrective action plans are implemented where opportunities for improvement are identified. A robust health and safety programme is in place, which includes a risk management plan, incident and accident reporting, and health and safety processes. Residents receive appropriate services from suitably qualified staff. Human resource policies are implemented, meeting legislative requirements. An orientation programme is in place for new staff. Ongoing education and training for staff is in place. Registered nursing cover is provided seven mornings per week. The rest home manager and clinical manager provide after hours on call cover. There are adequate numbers of staff on duty to ensure residents are safe.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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A registered nurse assesses and develops the care plan documenting support, needs, goals and outcomes with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were reviewed at least six monthly by the multidisciplinary team. Resident files included review by the general practitioner, specialist and allied health services.

The general practitioner admits the residents and reviews the residents at least three-monthly.

A diversional therapist oversees the activity team and coordinates the activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual residents' recreational, physical, cultural and cognitive abilities and preferences. Residents and families report satisfaction with the activities programme. Residents are encouraged to maintain links with community groups.

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

Resident food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

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

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 service has restraint minimisation policies and procedures in place. Staff receive training in restraint minimisation. There were no residents requiring the use of a restraint or enabler at the time of audit.

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.

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. The service benchmarks infection control data against other aged care providers.

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	22	0	1	1	0	0
Criteria	0	52	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Complaints policy and procedures are in place. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings and complaint forms. Information on the complaint's forms includes the contact details for the Health and Disability Advocacy Service. Interviews with six residents and two relatives confirm they are familiar with the complaints procedure. The service received two complaints in 2016 and one to date in 2017. The 2016 complaints have been recorded on a paper copy of the complaints register. The May 2017 complaint was entered on the electronic complaints register. This previous audit finding has been addressed. Each complaint reviewed has a follow-up plan documented including the date of the incident, complainant, summary of complaint, any follow-up actions taken and signature and date of when the complaint is resolved. Discussions with caregivers and clinical manager stated that concerns/complaints were discussed at two monthly quality/staff meetings and this was verified in meeting minutes reviewed.</p> <p>Resident meetings chaired by an advocate from Age Concern are an open forum for residents to air any concerns or issues.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers</p>	FA	<p>Residents interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Fourteen accident/incident forms were viewed on the computerised data entry programme. The</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>accident/incident form includes a section to record family notification. All fourteen forms indicated family were informed. Two family members interviewed confirmed they were notified of any changes in their family member's health status. An advocate from Age Concern chairs the resident's meetings and provides feedback to the rest home manager, who then responds to any compliments, complaints or suggestions made. The service provides an informative monthly newsletter to staff, family and residents. The previous audit finding has been addressed.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Brooklands Rest Home is part of the Brooklands Retirement Village. The rest home provides rest home level care to up to 36 residents. On the day of audit there were 33 residents. All residents were under the age-related contract. Four large bedrooms were assessed at this audit as being suitable to be shared/double rooms. This increases the total number of beds certified from 36 to 40 beds.</p> <p>Brooklands is privately owned. The rest home manager (a registered nurse) has been in the role since June 2016. The rest home manager is supported by a clinical manager and a part time registered nurse. The clinical manager worked as a part-time registered nurse for eight years in the facility prior to commencing her current role in June 2016.</p> <p>The service has a 2014-2017 business plan and a quality plan. The facility is in the process of transitioning from a paper based quality system to a computer programme purchased in June 2017. The service has contracted an aged care consultant to assist with the implementation of the programme.</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>PA Low</p>	<p>Progress with the quality and risk management programme has been monitored through monthly quality/health and safety/staff meetings. Meeting minutes have included actions to achieve compliance where relevant. Discussions with staff confirmed their involvement in the quality programme. Resident meetings are held bi-monthly and are chaired by an advocate from Age Concern. Data is collected on complaints, accidents, incidents, and infection control. The internal audit schedule for 2016 has been completed. However, the 2017 audit schedule had not been implemented. Areas of non-compliance identified at 2016 audits have been actioned for improvement. The service has contracted an aged care consultant to assist with the implementation of a new on-line computer quality programme.</p> <p>The service has purchased comprehensive policies/procedures to support service delivery. A document control policy outlines the system implemented whereby all policies and procedures are reviewed two yearly or if there is a change in legislation or best practise. Families are surveyed annually to gather feedback on the service provided. The survey was sent out to 36 families in 2016. The response rate was very low with only five completed surveys returned. The rest home manager advised that she addressed any suggestions made following collation of the 2016 survey data and responded to individual family members in person. This was confirmed in interview with a family member. The 2017 family survey has been distributed in June 2017. Residents, relatives and staff receive</p>

		<p>an informative monthly newsletter.</p> <p>Residents meetings are held bi-monthly. These meetings are chaired by an advocate from Age Concern and provide an opportunity for residents to make suggestions for improvements to the service.</p> <p>Falls prevention strategies include; residents experiencing frequent falls had an increase in monitoring to pre-empt impromptu activity, ie, ensuring fluids are at hand, social programme introduced to stimulate the mind and body, decluttering of resident rooms, call bell pendants are worn, falls prevention education for staff through toolbox talks and fall prevention pamphlets on display.</p> <p>Health and safety policies are implemented and monitored at the monthly quality/health and safety meetings. A health and safety representative (rest home manager) was interviewed about the health and safety programme. Risk management, hazard control and emergency policies and procedures are in place. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the staff so that improvements are made. A review of the hazard register indicates that there is resolution of issues identified. This previous audit finding has been addressed.</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>Incident and accident data has been collected and analysed. A sample of fourteen resident related incident reports for May 2017 were reviewed. All incident reports and corresponding resident files reviewed, evidence that appropriate clinical care has been provided following an incident and all have been signed off. The incident reporting policy includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise, and debriefing. Monthly and annual review of incidents is completed. Discussions with the rest home manager and clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications, examples were provided. This previous audit finding has been addressed.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management</p>	FA	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Six staff files were reviewed (one cleaner, one RN, two caregivers, one cook and one diversional therapist) and included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. Annual appraisals have recently been conducted for all staff.</p>

<p>processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>Files reviewed of four caregivers who commenced working at the facility after May 2016 evidences that service has an orientation programme in place that provides new staff with relevant information and education for safe work practice.</p> <p>Four caregivers interviewed (two had been at the facility less than a year) described the orientation programme that includes a period of supervision. They also reported that supervision can be extended if needed. This was verified by the clinical nurse manager and rest home manager.</p> <p>The education schedule for 2017 is implemented and the programme includes such topics as infection control, skin integrity, falls prevention and pressure injury prevention. The education programme meets all obligations of the provider's residential care contract with the district health board. The previous audit findings have been addressed. Staff training is provided at the combined quality/staff meetings, separate education sessions, via impromptu education sessions at handover, and Careerforce education qualifications.</p> <p>A competency programme is in place with evidence of annual medication competencies for the RNs and senior caregivers. Core competencies are also completed for all staff relating to infection control and fire and emergency plans.</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>Staffing levels are based on the needs of the residents. The rest home manager and clinical manager (both RNs) work Monday to Friday and provide on call cover to support staff after hours. There is a part-time registered nurse who works Saturday and Sunday mornings.</p> <p>The registered nurse on duty in the mornings is supported by four caregivers. On the afternoon shift, there is a team leader (senior caregiver) and four caregivers (working various hours). On night duty, there are a team leader and a caregiver on duty.</p> <p>A review of four weeks of rosters identified that the service is staffed to ensure there is a skill mix and sufficient numbers of staff to meet residents' needs. All sick leave and annual leave is shown and replacement staff noted. There are sufficient numbers of laundry, kitchen, diversional therapy, gardening, and maintenance staff.</p> <p>The service has a cleaner on duty Monday – Friday. At the weekends, the night duty caregiver vacuums the communal areas after handing over to the morning shift. The caregivers ensure residents' rooms are tidy. Residents and relatives interviewed reported that the facility is always clean and tidy and that the cleaners have a schedule for cleaning residents' rooms.</p> <p>The rest home manager advised with any increase in occupancy the roster would be amended to meet resident numbers and needs. The service have enough staff to manage any increase in occupancy. All staff interviewed confirmed staffing is adequate and staff are always replaced when sick.</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>	<p>FA</p>	<p>Entry to service was facilitated in a timely manner. Adequate and accurate information about the service was provided. The pre-entry policy included entry criteria, assessment and entry screening processes. All residents were screened for eligibility and level of need prior to entry. This was confirmed in resident files sampled.</p> <p>In interview, family members reported that the entry process was well managed, and they were provided with information about the service.</p> <p>A new admission agreement has been implemented which aligns with the services contracts. This previous audit finding has been addressed.</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>	<p>PA Moderate</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The facility uses an electronic medication management system. The clinical manager checks all medications on delivery against the medication and any pharmacy errors recorded are fed back to the supplying pharmacy. Registered nurses and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education.</p> <p>Ten medication charts were reviewed. Photo identification and allergy status were on all 10 charts. All medication charts had been reviewed by the GP at least three monthly. All resident medication administration signing sheets corresponded with the medication chart. Three residents were self-administering medications at the time of audit. An assessment of competency to self-administer medications was completed for all three residents which evidenced three monthly review. The observed medication round was not completed correctly. Pharmacy labels on four medications were illegible.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The nutritional needs of residents were met. The residents' nutritional status was assessed on admission and needs were identified. Nutrition and hydration care plans were sighted in resident files. Level of assistance required was recorded. All residents were weighed monthly. In the event of unexplained weight loss, or gain, a weight loss chart was developed indicating percent of change and required interventions. Fluids and snacks were readily available at all times.</p> <p>All food is cooked on site. The cook was interviewed. The menu was based on a rotating four-week cycle. The menu plans were conducive for residents in an aged care residential setting and have been reviewed/audited by a dietitian to ensure appropriateness. The kitchen was maintained in line with food safety requirements. This included complying with food hygiene standards. Internal audits have been regularly conducted to ensure compliance requirements are met. The previous audit identified that temperatures were not recorded for all fridges and freezers in use. This has now been addressed; one freezer has been replaced and all fridges and freezer</p>

		<p>monitoring charts sighted evidence that temperatures continue to be monitored daily.</p> <p>Satisfaction surveys sighted confirmed general satisfaction with the food. This was confirmed during interviews with residents and family members.</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>The caregivers, follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the clinical manager will initiate a referral (e.g., to the district nurse or wound care specialist nurse). If external medical advice is required, this will be actioned by the GPs. Staff have access to sufficient medical supplies (e.g., dressings). Continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessment, treatment and wound management plans were completed for all wounds. On the day of audit, there were three wounds; two skin tears and one surgical wound. All wounds have been reviewed in appropriate timeframes. All wounds evidence progress towards healing. Interviews with the clinical manager and caregivers demonstrates an understanding of the individualised needs of residents. Monitoring charts sighted include vital signs, food and fluid charts, regular monitoring of bowels and regular (monthly or more frequently if required) weight management.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>A diversional therapist provides activities for 20 hours per week and plans the activities calendar, which includes activities provided by outside entertainers and care staff at times when the diversional therapist is not available.</p> <p>The weekly activities are posted for residents to see. Activities are varied and interesting and promote activity and community involvement for residents. There are outings to the community. Schools, choirs and other community groups visit. The activity plans sampled were well-documented and reflected the resident's preferred activities and interests. The resident's activities participation log was sighted. On the days of audit, residents were observed being actively involved in activities. Residents interviewed expressed satisfaction with the activity programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are</p>	FA	<p>The resident files reviewed identified long-term care plans had six-monthly reviews completed and were updated when needs changed. Clinical reviews were documented in the multi-disciplinary review records, which included input from the GP, RNs, diversional therapist, allied services and resident/family. Clinical reviews document progress towards meeting the goal identified in each section of the care plan. Progress notes were completed on each shift and reflected response to interventions and treatments. Changes to care were documented.</p>

<p>evaluated in a comprehensive and timely manner.</p>		<p>Documentation of GP visits evidence that reviews were occurring at least three monthly. Short-term care plans were in use for short-term issues.</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>A current building warrant of fitness certificate is posted at the entrance to the facility. The facility has an approved fire evacuation plan. Fire drills have been completed six monthly.</p> <p>A planned maintenance schedule is in place that has been maintained. The hot water temperatures are monitored monthly and maintained between 43-45 degrees Celsius. This previous audit finding has been addressed.</p> <p>There is a large communal lounge, dining area, and separate smaller lounge areas available for residents to use. The service has four large rooms which have been assessed as suitable to be shared/double rooms.</p> <p>There are external garden areas which are well kept and can be easily accessed by residents.</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 toilets and showers with access to a hand basin and paper towels to meet an increase in occupancy if the assessed four double rooms were occupied. The communal toilets and showers are well signed and identifiable and have privacy locks on the door indicating if the toilet or bathroom is engaged. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene. The service continues to update and refurbish residents' rooms. One resident room was in the process of being refurbished at the time of audit. The repairs to an ensuite bathroom that were required to be completed following a finding at the previous audit have been addressed. The remainder of fixtures, fittings, floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices for this environment.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal</p>	<p>FA</p>	<p>There was adequate personal space provided in all bedrooms to allow residents and staff to move around within the room safely. Residents interviewed all spoke positively about their rooms.</p> <p>Rooms could be personalized with furnishings, photos and other personal adornments and the service encouraged residents to make the room their own.</p> <p>The four rooms which have been assessed as suitable to be double/shared rooms are spacious and can</p>

<p>space/bed areas appropriate to the consumer group and setting.</p>		<p>accommodate two beds, bed side cabinets and chair and chests of drawers while still providing room for the use of mobility equipment. The rooms have privacy curtains.</p> <p>There was sufficient room to safely store mobility aids such as walking frames in the bedroom during the day and night if required.</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>	<p>FA</p>	<p>The service had lounge/dining room. Residents could choose whether to have meals in the dining areas or in their rooms. Lounge areas were large enough to hold activities with appropriate floor coverings. All areas were easily accessed by residents and staff. Furniture was appropriate to the setting and arranged in a manner which enabled residents to mobilise freely.</p> <p>There was a specific area for the hairdresser.</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>Care staff (who complete the laundry service and cleaning) have received training around the use of the chemicals.</p> <p>A cleaner is employed for five hours per day Monday to Friday. There is a room cleaning schedule that has been implemented and maintained. At the weekend, the night duty caregiver cleans the communal areas after handing over to the morning shift. Caregivers are responsible for ensuring that residents' rooms are tidy and rubbish bins are emptied. Residents and family members interviewed expressed satisfaction with the laundry and cleaning services. This previous audit finding has been addressed.</p> <p>The laundry is equipped to cope with an increase in occupancy (four) if all four rooms assessed as suitable to be shared rooms were occupied.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an</p>	<p>FA</p>	<p>The service had an approved fire evacuation plan. An evacuation policy on emergency and security situations was in place. Fire drills were evidenced completed six monthly. Staff confirmed their awareness of emergency procedures.</p> <p>There was always at least one staff member on duty with a first aid certificate – confirmed through review of the</p>

<p>appropriate and timely response during emergency and security situations.</p>		<p>roster.</p> <p>All required fire equipment was sighted on the day of audit and all equipment had been checked within required timeframes.</p> <p>A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency including food, water, blankets and alternative cooking arrangements.</p> <p>A call bell system was in place with residents confirming that staff were prompt in answering these. There were call bells in all residents' rooms, residents' toilets, and communal areas including the hallways, dining room and lounge areas. Residents wear call bell pendants.</p> <p>The doors were locked in the evening. Systems were in place to ensure the facility was secure and safe for the residents and staff. External lighting was adequate for safety and security.</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>There were procedures to ensure the service was responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents were provided with adequate natural light, safe ventilation, and an environment that was maintained at a safe and comfortable temperature. Residents and family interviewed confirmed that temperature of the facility is comfortable and can be adjusted to suit the time of year and weather conditions.</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</p>	<p>FA</p>	<p>The infection control programme is clearly documented and monthly summaries of infections and analysis of these is documented in the electronic database. An annual review of the 2016 infection control programme has been completed. This previous audit finding has been addressed.</p>

and scope of the service.		
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (registered nurse) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator. All infections for June 2017 are entered onto the quality and risk electronic database programme. The facility benchmarks against other aged care providers and the industry average using the new programme. Infection control data is reported at the quality/staff meetings.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint minimisation policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes restraint/enabler management procedures. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, there were no residents requiring the use of a restraint or an enabler. Staff interviewed have completed education on restraint minimisation.</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 1.2.3.7</p> <p>A process to measure achievement against the quality and risk management plan is implemented.</p>	PA Low	The facility has recently purchased an on-line computer quality programme. No internal audits were evidenced completed YTD in 2017 as per the audit schedule. The manager advised that all future audits will be entered in to the new quality and risk programme	An internal audit schedule is in place; however, no internal audits have been completed in 2017 year-to-date	<p>Ensure that audits are completed as per the audit schedule</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and</p>	PA Moderate	The observed caregiver during medication round did not comply with the medication administration policies and procedures. All staff administering medications have current medication competencies. Not all medications were observed to have a pharmacy label indicating the name of the medication, dose, date dispensed and name of resident.	(i)Pharmacy labels on four medications were illegible; and(ii) The medication trolley was evidenced to be left unattended during the morning medication round. Folders containing medication packs were left on top of the trolley and the trolley was	<p>(i)Ensure that pharmacy labels on medication are legible.</p> <p>(ii)Ensure that medication administration rounds are completed as</p>

guidelines.			not locked.	per policy. 60 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.