

# New Windsor 2017 Limited - New Windsor Aged Care

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## Introduction

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

The audit has been conducted by HealthShare 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:** New Windsor 2017 Limited

**Premises audited:** New Windsor Aged Care

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 8 November 2017      End date: 9 October 2017

**Proposed changes to current services (if any):** The managing director confirms the purchase of shares from one director by the existing directors with a name change confirmed from Good Future Auckland Limited trading as New Windsor Rest Home to New Windsor 2017 Limited trading as New Windsor Aged Care.

**Total beds occupied across all premises included in the audit on the first day of the audit: 12**



# Executive summary of the audit

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## Introduction

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

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

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.

## General overview of the audit

A provisional audit was conducted against the Health and Disability Service Standards and the service contract with the District Health Board. The audit proposes that the name of the service be changed as per the incorporation of the company to New Windsor 2017 Limited trading as New Windsor Aged Care following the purchase of a share of the company from one director. The service can care for up to 27 residents requiring rest home level care.

The audit process included the review of policies, procedures and residents and staff files, observations and interviews with residents, family, management, staff and a medical officer.

The managing director is responsible for the overall service and is supported by a registered nurse who provides clinical oversight. Service delivery is monitored.

All requirements identified at the last audit have been closed.

Improvements are required to signing of documents to confirm understanding of the English version, regular staff meetings, documentation of resolution of corrective actions and the management of clinical records.

Continuous improvements have been awarded to cultural appropriateness of the service; activities and food services.

## **Consumer rights**

Information regarding the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code), the complaints process and the Nationwide Health and Disability Advocacy Service, is accessible. This information is brought to the attention of residents' and their families on entry to the service and when requested. Residents and family members confirm their rights are met and that staff are respectful of their needs. Communication is appropriate with residents and family confirming that information is always provided in Mandarin/Cantonese verbally with a significant amount of information translated in a written format.

Admission agreements, consent forms and advance directives are signed and residents and family state that they are given relevant information in their own language to make informed choices. The service is offered in a culturally appropriate manner that meets the Chinese resident's needs.

The managing director is responsible for management of complaints and a complaints register is maintained. The complaints recorded on the register are managed according to the specified timeframes.

## **Organisational management**

There were four directors in the company. One has been bought out by the other directors. Three directors include the managing director who takes an operational role in the service. The other two directors are silent partners.

There is a documented quality and risk management system that supports the provision of clinical care and support at the service. Policies are reviewed by an external consultant with quality and risk reported through meetings when these are held. There is a document control process in place.

There are human resource policies implemented around selection of staff; orientation; staff training and development. Staff, residents and family confirmed that staffing levels are adequate, and residents and relatives have access to staff when needed. Staff are allocated to support residents as per their individual needs. A registered nurse is available on site at times and the managing director and registered nurse are on call at all times.

## **Continuum of service delivery**

The registered nurse is responsible for the assessment and development of care plans with input from the residents, staff, family and others as relevant. Assessments and care plans are developed and reviewed within the required time frames that safely meet the needs of the resident and contractual requirements.

Planned activities are appropriate to the Chinese residents assessed needs and abilities. Residents and family/whanau expressed a high level of satisfaction with the activities programme.

There is a medication management system in place and medication is administered by staff with current medication competencies. All medications are reviewed by the general practitioner at least three monthly.

Nutritional needs are provided in line with nutritional guidelines and residents with special dietary needs are catered for. Chinese food is provided, and residents and family confirmed that adequate fluids and food are provided, and snacks are available between meals or whenever needed.

## **Safe and appropriate environment**

A current building warrant of fitness is in place and a New Zealand Fire Service evacuation scheme is approved. A preventative and reactive maintenance programme includes equipment and electrical checks. Fixtures, fittings and floor and wall surfaces are made of accepted materials for this environment.

Resident rooms are of an appropriate size to allow for care to be provided and for the safe use and manoeuvring of mobility aids.

Essential emergency and security systems are in place with regular fire drills completed. Call bells allow residents to access help when needed in a timely manner.

## **Restraint minimisation and safe practice**

There are clear and comprehensive documented guidelines on the use of restraints, enablers and challenging behaviours. There were no residents using restraint or enablers at the time of the audit. Staff interviewed demonstrated an understanding of the philosophy of the service which is to use restraint rarely and when all other options have been exhausted.

## **Infection prevention and control**

The infection control management systems are in place to minimise the risk of infection to residents, visitors and staff. The infection control coordinator (registered nurse) is responsible for co-ordinating education and training of staff. Infection data is collated monthly, analysed and reported during staff meetings. The infection control surveillance and associated activities are appropriate for the size and complexity of the service and is carried out as specified in the infection control programme.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	3	39	1	2	0	0	0
<b>Criteria</b>	3	85	1	4	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>	<p>FA</p>	<p>All residents in the service are Chinese with English as a second language. The auditor identified that most residents could not speak English and two interpreters were used to interview four residents and to clarify some comments made by the family member. The interpreters used were independent to the organisation and could speak English and either Cantonese or Mandarin.</p> <p>Residents state that they receive services that meet their cultural needs with information provided in Mandarin or Cantonese. Residents interviewed state that the information provided is relative to their needs and that staff respect their wishes.</p> <p>Staff can explain rights for residents in a way that promotes choice. The posters identifying residents' rights are displayed in the facility with these interpreted into Mandarin/Cantonese.</p> <p>Staff receive education on the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) during their induction to the service and through the annual education programme. All staff have had training in the last year.</p>



		<p>Interviews with staff confirmed their understanding of the Code. Examples are provided on ways the Code is implemented in everyday practice, including maintaining residents' privacy; encouraging independence and ensuring residents can continue to practice their own personal Chinese values and beliefs.</p> <p>The auditors noted respectful attitudes towards residents on the days of the audit.</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>	<p>FA</p>	<p>There is an informed consent policy and procedure that directs staff in relation to gathering consent. Staff ensure that all residents are aware of treatment and interventions planned for them with residents and family confirming that key information is interpreted for them verbally. Some information such as the information around the flu vaccine is translated into Mandarin/Cantonese. All resident records reviewed confirmed that informed consent is collected and recorded (refer 1.1.9). Interviews with staff confirmed their understanding of the informed consent process.</p> <p>The service information pack includes information regarding informed consent. The registered nurse or the managing director discusses informed consent processes with residents and their families during the admission process. Each resident and family member interviewed confirmed that there is an interpreter available and the welcome pack is translated into Mandarin/Cantonese.</p> <p>The policy and procedure includes guidelines for consent for resuscitation/advance directives. Advanced directives are not signed if the resident is deemed not competent by the general practitioner to make a decision. A review of advance directives signed by residents deemed competent indicates these are signed by the resident as per policy.</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>	<p>FA</p>	<p>Written information on the role of advocacy services is provided to residents and family during the admission process and when a complaint is lodged. Resident information around advocacy services is available at the entrance to the facility and in information packs provided to residents and family on admission to the service. Information around</p>

		<p>advocacy services is translated into Mandarin/Cantonese.</p> <p>Staff training on the role of advocacy services is included in training on the Code and this was last provided for staff in 2017.</p> <p>Discussions with family and residents identified that the service provides opportunities for the family/EPOA to be involved in decisions and they stated that they have been informed about advocacy services.</p> <p>The managing director has received training around advocacy and the model of self-determination in 2017.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The facility is secured in the evenings and visitors can arrange to visit after doors are locked. Family interviewed confirmed they could visit at any time and are always made to feel welcome.</p> <p>Residents are encouraged to be involved in community activities and to maintain family and friend's networks. Resident records reviewed demonstrate that progress notes and the content of care plans include regular outings and appointments with staff able to take residents into the community.</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 organisation's complaints policy and procedures are in line with the Code and include periods for responding to a complaint. Complaint forms are available at the entrance of the facility. A complaints register is in place with evidence of resolution of complaints documented.</p> <p>A complaint occurring in 2017 was reviewed and this indicates that the complaints are investigated promptly with the issues resolved in a timely manner. The resident wrote that they were happy that the complaint had been investigated. Staff have completed training within the last year around management of complaints.</p> <p>The managing director is responsible for managing complaints and residents and family state that these are dealt with as soon as they are identified. Residents and family members state that when they have</p>

		<p>identified concerns in the past with the managing director or registered nurse; they felt that they were listened to with issues resolved. All residents and family interviewed confirm that the managing director has actively encouraged them to express any concerns.</p> <p>There has been one complaint that has been forwarded from an external authority since the previous audit. The complaint focused on quality of care. A letter from the external authority confirms that actions have been completed and signed off. Follow up was required at the next external audit and this audit confirms that all actions required have been addressed.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.</p>	<p>FA</p>	<p>The managing director or a registered nurse discusses the Code, including the complaints process with residents and their family on admission. While the registered nurse does not speak mandarin or Cantonese, there is always a staff member or family member with the registered nurse who can interpret for them throughout the admission and review process.</p> <p>The information pack includes information around rights in Mandarin/Cantonese and this can be produced in a bigger font, if required. Information is given to next of kin or an enduring power of attorney (EPOA) to read to and discussed with the resident in private. Residents and family members can describe their rights and advocacy services particularly in relation to the complaints process.</p> <p>The managing director is able to describe resident rights as per the Code and has put in place information and processes that ensure that resident rights are met. The managing director has attended training in 2017 for managers and owners of services around resident rights and advocacy services. There are no requirements to change any aspect of the service currently being provided in relation to rights and advocacy services.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p>	<p>FA</p>	<p>The service has a philosophy that promotes dignity, respect and quality of life. The service has policies and procedures that are aligned with the</p>

<p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>requirements of the Privacy Act.</p> <p>A policy is available for staff to assist them in managing resident practices and/or expressions of sexuality and intimacy in an appropriate and discreet manner with strategies documented to manage any inappropriate behaviour if there are any issues for a resident.</p> <p>The service ensures that each resident has the right to privacy and dignity. The residents' personal belongings are used to decorate their rooms. Discussions of a private nature are held in the resident's room and there are areas in the facility that can be used for private meetings.</p> <p>Caregivers report that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. Practices consistent with this were observed on the days of the audit. Residents and family interviewed confirmed that residents' privacy is respected.</p> <p>Staff stated that they are committed to the prevention and detection of abuse and neglect by ensuring provision of quality care. Staff receive training annually on abuse and neglect and could describe signs. There were no incidents of abuse or neglect reported since the last audit. The general practitioner, residents, staff and family interviewed confirmed that there is no evidence of abuse or neglect.</p> <p>Staff interviewed were aware of the need to ensure residents are not exploited, neglected or abused and staff could describe the process for escalating any issues. The registered nurse is a member of the working group facilitated by Auckland District Health Board called the Suicide Prevention for Elderly Asian in Rest Homes.</p> <p>Resident files reviewed identified that cultural and /or spiritual values and individual preferences are identified. A cultural assessment is completed that identifies the culture that the resident identifies with; language spoken and read; cultural support people; participation in religious ceremonies; cultural likes and specific needs. All resident files reviewed included a cultural assessment with this then reviewed as part of the interRAI assessment.</p>
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<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>	<p>FA</p>	<p>The organisation has a policy that outlines the processes for working with people from other cultures. There is a Māori health policy that outlines how to work with Māori with reference to the Treaty of Waitangi.</p> <p>Staff report that specific cultural needs for Māori would be identified in the specialised Māori assessment component of the initial cultural assessment. There are no residents who identify as Maori in the service. The managing director states that the service can access a needs assessor who identifies as Maori if required. This may be to support the service around tikanga protocols or general advice. The rights of the resident and family to practise their own beliefs are acknowledged in the policy.</p> <p>Staff have had training around the Treaty of Waitangi and cultural sensitivity in 2017.</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>	<p>CI</p>	<p>The registered nurse identifies each resident's personal needs at the time of admission through the assessment process. This is achieved with the resident, family and/or their representative as described by family and each resident interviewed. Staff or family support the resident with provision of information. Information gathered during assessment includes the resident's cultural values and beliefs.</p> <p>Staff are familiar with how translating and interpreting services can be accessed. Most residents do not speak English or have limited English. Staff and family interpret and support each other to ensure that the resident's needs are met. Resident records reviewed during the audit reflected a range of individual cultural needs and residents and family praised the service for being able to provide for differences. The managing director, registered nurse, cook and other staff showed an ability to cater for the Chinese population and to celebrate significant days in cultural calendars.</p> <p>A rating of continuous improvement has been awarded for the cultural appropriateness of the service for the residents.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Staff describe implementation of policies and processes around boundaries relating to discrimination, abuse and neglect, harassment and exploitation. Training includes discussion of staff conduct and prevention of inappropriate care. Staff interviewed state that they are aware of the policies and are active in identifying any issues that relate to the policy.</p> <p>Residents and family state that they would formally complain to management if they felt that they were discriminated against. There are no complaints recorded in the complaints register for the previous 12 months relating to any form of discrimination or exploitation. Residents and family interviewed also state that they believe they are in a safe place that supports them.</p> <p>Job descriptions include responsibilities of the position. The orientation and employee agreement provided to staff on induction includes standards of conduct. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of the caregiver role and responsibilities.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service implements policies to guide practice. These policies align with the health and disability services standards and are reviewed by an external consultant as legislation and evidence changes. There is a training programme for all staff with a high level of attendance from staff. Residents and family expressed a high level of satisfaction with the care delivered.</p> <p>Staff are able to access information and advice from specialists such as through the registered nurse, the general practitioner and specialists at the District Health Board. The registered nurse receives training from external trainers and facilitators at another service that they work at. The information gathered by the registered nurse is used to train staff at New Windsor Aged Care.</p> <p>The managing director and registered nurse encourage robust discussion from all staff that includes interpreting information so that all staff understand the training.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>PA Negligible</p>	<p>Accident/incidents, the complaints procedure and the open disclosure procedure alert staff to their responsibility to notify family/enduring power of attorney of any accident/incident that occurs. These procedures guide staff on the process to ensure full and frank open disclosure is provided. Family are informed if the resident has an incident, accident, has a change in health or a change in needs, as evidenced in completed accident/incident forms. Family confirmed that there is a lot of communication from the managing director and registered nurse and they are encouraged to visit at any time. Observations on the day of audit confirmed that family are encouraged to question care provided.</p> <p>Family contact is recorded in residents' files. Family confirm that they are encouraged to raise any changes that they wish to see for their family member at any time and state that they can see changes after issues have been raised.</p> <p>Residents sign an admission agreement on entry to the service. Those reviewed were signed on the day of admission. The admission agreement provides clear information around what is paid for by the service and by the resident. The welcome book is interpreted into Mandarin/Cantonese and includes the philosophy, mission statement and values; privacy statement, information around the service provided; eligibility criteria; the complaints process, advocacy and interpreting services; activities and a description of key staff.</p> <p>Information is stated by residents, family, the general practitioner and staff as being interpreted verbally for each resident. This includes verbal interpretation of the admission agreement, consent forms and other key information that is documented in English only. An improvement is required to ensure that the resident is signing an English version that they have had interpreted and that they understand.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are</p>	<p>FA</p>	<p>The organisation was previously known as Good Future Auckland Limited trading as New Windsor Rest Home. One of the directors has been bought out by the other directors already in place and there are</p>

<p>planned, coordinated, and appropriate to the needs of consumers.</p>		<p>now three directors, one of whom is the managing director of the service. This audit confirms that the incorporation of the company to New Windsor 2017 Ltd trading as New Windsor Aged Care occurred on 30 August 2017 as per the New Zealand Companies register.</p> <p>There are three directors remaining with all continuing in previous roles that include one managing director and the other two directors as partners who do not engage in the operational aspects of the service. The managing director has an established organisational structure (governance and management) and the name change has already occurred on the New Zealand company register. The managing director is on site for six days a week and provides operational oversight and hands on support. They are supported by a registered nurse who provides 10 hours clinical oversight and input per week. A transitional plan is not required for the service as there are no changes to any aspect of the service other than the name change. The managing director has completed over 16 hours of training in 2017 relevant to the role.</p> <p>The philosophy is documented and reflects a focus on retaining as much independence as possible for each resident and on quality of care. The strategic direction for the organisation is newly documented with a business plan in place for 2017 to 2018 from the time of the changes to ownership. The purpose, values, scope, direction, and goals of the organisation are identified and reviewed with these changed in line with the change in ownership.</p> <p>An organisational risk management programme is documented with this reviewed in October 2017 following the changes in directorship.</p> <p>There are 27 rest home beds available and on the days of audit there were 12 residents in the facility.</p> <p>The managing director confirms that HealthCERT and the District Health Board have been notified of the name change.</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</p>	<p>FA</p>	<p>Previously there was a director (also identified as the activities coordinator) who provided a second in charge role. This director has been brought out by existing directors and the second in charge role has</p>



<p>provision of timely, appropriate, and safe services to consumers.</p>		<p>been reallocated.</p> <p>In the absence of the managing director, they would support a senior caregiver to take on the acting role as managing director. One senior caregiver has completed a level five Diploma in Health Care Studies and is delegated as second in charge, with the acting role formalised. The managing director remains as the operational manager and there are no envisaged changes to the day to day operation of the service including leave and subsequent roles and responsibilities if required.</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>The service is continuing to implement the same quality and risk management framework and plan as before the name change. Quality indicators are documented and continue to be reviewed at least six monthly.</p> <p>The service implements organisational policies and procedures to support service delivery. All policies are subject to review by the external consultant with all policies reviewed in 2017. Policies are linked to the Health and Disability Sector Standards, current and applicable legislation, and evidenced-based best practice guidelines. Policies are available to staff in hard copy. There is no intention to change existing operational (management and clinical) policies or procedures.</p> <p>Service delivery continues to be monitored through review and resolution of complaints; review of incidents and accidents; surveillance of infections; monitoring for any pressure injuries; feedback from residents and family and implementation of an internal audit programme. The corrective action plans are documented however an improvement is required to documentation of evidence of resolution of issues.</p> <p>The schedule of meetings includes a monthly staff meeting which includes all aspects of the quality and risk management programme and a resident meeting two monthly. An improvement is required to ensure the staff meetings are held monthly as scheduled. Staff report that they are kept informed of quality improvements through the managing director and registered nurse.</p> <p>The last satisfaction survey in 2016 to 2017 for family and residents shows that they are satisfied with services provided and this was</p>

		<p>confirmed by residents and family interviewed.</p> <p>The organisation has a risk management programme in place. Health and safety policies and procedures are documented and align with new legislation. There is a hazard management programme with any maintenance issues addressed as these arise. There is evidence of maintenance sheets completed when a hazard is identified. Health and safety is audited through the internal audit schedule. Review of incidents, risks, accidents and clinical issues are discussed through meetings and review of indicators at least six monthly. This includes review of pressure injuries; hospital admissions; falls; restraint; infections and medication errors.</p> <p>The audit confirms that there are no legislative compliance issues (for example, concerning health and safety, employment, local body) that could affect the service.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The managing director is aware of situations in which the service would need to report and notify statutory authorities including: police attending the facility; unexpected deaths; sentinel events; notification of a pressure injury over a certain grade; infectious disease outbreaks and changes in management. There have not been any incidents which have required escalation to an external authority since the last audit.</p> <p>Staff receive education at orientation and as part of the ongoing training programme on the incident and accident reporting process. Staff understand elements of the adverse event reporting process and can describe the importance of recording near misses.</p> <p>Incident reports documented had a corresponding note in the progress notes in each relevant resident record. Information gathered around incidents and accidents is analysed with evidence of improvements put in place.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the</p>	<p>FA</p>	<p>The registered nurse holds a current annual practising certificate along with other health practitioners such as the general practitioner; dietician and pharmacist involved with the service.</p>

<p>requirements of legislation.</p>		<p>Staff files include appointment documentation including signed contracts; job descriptions and reference checks if the staff member is unknown to the managing director. There is an appraisal process in place with staff files indicating that staff have an annual appraisal.</p> <p>All staff complete an orientation programme and caregivers are paired with a senior caregiver for shifts or until they demonstrate competency on a number of tasks including personal cares. Caregivers confirmed their role in supporting and buddying new staff.</p> <p>The organisation has an annual training schedule documented with all staff attending each training offered. Training is provided at the service by the registered nurse. The content of each session is retained along with documentation of attendance and evaluation of each session. Education and training hours are at least eight hours a year for each staff member. The registered nurse has completed interRAI training with certificates sighted.</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>All staff interviewed are able to speak English except for the cook. An interpreter for staff was not required apart from one staff member who interpreted for the cook.</p> <p>The staffing policy remains as the foundation for work force planning. Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. Rosters sighted reflected staffing levels meet resident acuity and bed occupancy with sufficient staff to cover shifts if others are on leave.</p> <p>Staff rosters confirm that there is always at least one caregiver on each shift. Staff state that they can negotiate with the managing director for extra staff if the acuity or numbers of residents' increases and this was confirmed by the managing director. Past rosters viewed indicated that there were more staff rostered on duty when there were more residents in the service. The staff complete cleaning and laundry and this is described by staff as manageable given the low acuity of residents and the low number of residents.</p> <p>There are nine staff including the managing director, registered nurse,</p>

		<p>an activities coordinator and caregivers. The registered nurse works between four and 10 hours a week and is on call at all times for clinical issues. The managing director is also on call but defers any clinical issues to the registered nurse. Cooks prepare all meals. Residents and families interviewed confirmed staffing is adequate to meet the residents' needs.</p> <p>The change in name of the service has not impacted or changed the staffing policy or implementation of the policy.</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>	PA Low	<p>The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission, with the involvement of the family.</p> <p>There are policies and procedures in place for privacy and confidentiality. Staff could describe the procedures for maintaining confidentiality of resident records. Files, relevant resident care, and support information can be accessed in a timely manner.</p> <p>Entries are dated and signed by the relevant staff member. The designation of the staff member is documented. The name of the staff member entering the information is legible. The time of the entry is recorded only as the shift (morning, afternoon or night) and an improvement is required.</p> <p>Resident records are protected from unauthorised access at all times. Information containing sensitive resident information is not displayed in a way that could be viewed by other residents or members of the public.</p> <p>Individual residents' files demonstrate service integration. This included medical care interventions. Medication charts are in a separate folder in the medication room. Staff stated that they read the care plans at the beginning of each shift and are informed of any changes through the handover process.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent,</p>	FA	<p>The entry to service policy includes all the required aspects on the management of enquiries and entry. An information pack contains all the information about entry to the service and is translated into</p>

<p>equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>Mandarin/Cantonese. Assessments are documented. Screening processes are clearly communicated to the family of choice where appropriate, local communities and referral agencies.</p> <p>Each resident record reviewed indicates that an assessment has been completed by the needs assessment service with this confirming that the resident requires rest home level of care.</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>	<p>FA</p>	<p>There is a documented process for the management of transfers and discharges. A standard transfer form notification from the DHB is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families are involved in all exit or discharges to and from the service and there was sufficient evidence in the resident records to confirm this.</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>FA</p>	<p>The service uses Medimap which is an electronic system for e-prescribing, ordering, dispensing and administration accessed by use of individual password and generic facility log in. The registered nurse, managing director and staff confirmed that there has been a significant decrease in medication errors since the introduction of the system.</p> <p>All medication entries sampled confirmed that they are reviewed every three months and as required by the general practitioner. Allergies are documented, and photos uploaded for easy identification with documentation on file that the photograph is a true and current likeness.</p> <p>Medication reconciliation is completed by the registered nurse.</p> <p>The care giver was observed administering medication as per policy on the days of audit. The medication management system is implemented to ensure that residents receive medicines in a secure and timely manner. Medication entries sampled on the electronic system comply with legislation, protocols and guidelines. Medications are stored in a safe and secure way in the treatment room and locked cupboard. An annual medication competency is completed for all staff administering medications and medication training records confirm currency.</p> <p>There are no controlled drugs in use currently however the register was</p>

		<p>checked to ensure that stocktakes are completed when controlled drugs are in use. These are completed weekly and six-monthly. The safe for controlled drugs is locked and inside a locked cabinet.</p> <p>There are no residents self-administering medication. There is a policy and procedure for self-administration of medication if required. Standing orders are not used in the service and there is no evidence of transcribing. Any drops in use are dated when opened and discarded as per instructions. A system is in place to ensure that any expired medications are taken out of circulation and returned to the pharmacy.</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>CI</p>	<p>Meal services are prepared on site and served in the respective dining area. The menu in Cantonese/Mandarin has been reviewed by a dietitian in 2017. The menu has been translated into English and a staff member was used on the day of the audit to ensure that the information provided by the cook was able to be understood by the auditor and vice versa.</p> <p>The kitchen staff have current food handling certificates. Diets are modified as required and the cook confirmed awareness on dietary needs of the residents. The residents have a nutritional profile developed on admission which identifies dietary requirements, likes and dislikes. The resident's weight is monitored regularly, and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were observed to be clean, tidy and stocked. Labels and dates are on all containers and records of temperature monitoring on food, fridges and freezers are maintained. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. The residents and family/whanau interviewed indicated satisfaction with the food service. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p> <p>A continuous improvement has been given to acknowledge the way in which the food service meets the needs of the Chinese residents.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p>	<p>FA</p>	<p>The registered nurse and managing director report that all consumers</p>

<p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>		<p>who are declined entry are verbally informed of other options. There has not been anyone declined entry to the service as the needs assessment service is required to assess any resident for level of care required.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The initial assessments are completed within the required time frame on admission and interRAI are completed within three weeks according to policy. InterRAI assessments are completed six monthly as per individual resident timeframes.</p> <p>Specialised risk assessments are documented on entry and six monthly. These are also documented when there is a change in need for the resident.</p> <p>Assessments and care plans are detailed and include input from the family and other health team members as appropriate. In interviews residents and relatives expressed satisfaction with the assessment process.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Care plans are resident focussed, integrated and provide continuity of service delivery. The assessed information is used to generate long term care plans and short-term care plans for acute needs. Goals are specific and measurable, and interventions are detailed to address the desired goals/outcomes identified during the assessment process.</p> <p>Care plans sampled are integrated and include input from the multidisciplinary team. The residents and family interviewed confirm care delivery and support is consistent with their expectations and plan of care.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The documented interventions in short term care plans and long-term care plans are sufficient to address the assessed needs and desired goals/outcomes. Significant changes are reported in a timely manner and prescribed orders carried out as confirmed by the general practitioner interviewed and through a review of resident records.</p> <p>Progress notes are completed on every shift. Monthly observations are</p>

		<p>completed and are up to date.</p> <p>There are adequate clinical supplies on site and the staff interviewed confirmed they have access to the supplies and products they need. This includes resources such as scales; equipment to record vital signs; continence products.</p>
<p><b>Standard 1.3.7: Planned Activities</b></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>	CI	<p>The planned activities programme focuses on the needs of the Chinese residents and includes physical, social, recreational, emotional and cultural needs of the residents. The activities coordinator reports that they modify activities based on the resident's response and interests and according to the capability and cognitive abilities of the residents.</p> <p>The residents were observed to be participating in meaningful activities on the audit days. Residents were observed to be going offsite with family/friends, with community organisations providing activities at the service. There are planned activities and community connections that are suitable for the residents. The residents and relatives interviewed reported a high level of overall satisfaction with the level and variety of activities provided. A continuous improvement has been given to acknowledge the way in which the service meets the needs of a specific cultural group.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The long-term care plans, interRAI assessments and activity plans are evaluated at least six monthly and updated when there are any changes. Resident, relative and staff input is sought in all aspects of care. The evaluations record how the resident is progressing towards meeting their goals and responses to interventions. Short term care plans are developed when needed and signed and closed out when the short-term problem has resolved.</p>
<p><b>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</b></p> <p>Consumer support for access or referral to other health and/or</p>	FA	<p>There is a documented process for the management of all referrals. The service utilises a standard referral form when referring residents to other service providers. The general practitioner states that staff identify when a resident should be referred in a timely manner. An example was given</p>



<p>disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>of a resident who has been referred to a podiatrist and shoe specialist after reoccurring falls. The resident and family noted that the referral had been made in a timely manner with changes noted in the resident's mobility. Resident and family are kept informed of the referrals made by the service.</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>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place and incidents are reported on in a timely manner. Policies and procedures specify labelling requirements in line with legislation including the requirement for labels to be clear, accessible to read and are free from damage.</p> <p>Material safety data sheets are available throughout the facility and accessible for staff. The hazard register is current. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>There is provision and availability of protective clothing and equipment that is appropriate to the recognized risks, for example: goggles/visors; gloves; aprons; footwear and masks. Clothing is provided and used by staff. During a tour of the facility, protective clothing and equipment was observed in all high-risk areas.</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 is posted in a visible location at the entrance to the facility. There have been no building modifications since the last audit.</p> <p>A planned maintenance schedule is implemented. Any maintenance issues identified by staff are logged and attended to by the director or contractors.</p> <p>Indoor and outdoor space and seating arrangements provide for individual and group activities and all areas are suitable for residents with mobility aids. There are quiet areas for residents to sit. There are safe external areas for residents and family to meet/use and these include paths, seating and shade.</p> <p>Equipment relevant to care needs is available and staff confirmed that</p>

		<p>there is always a sufficient amount of equipment. A test and tag programme is in place. Equipment is calibrated.</p> <p>There are no changes to the environment following the change of name for the service.</p>
<p><b>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</b></p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of accessible toilets/bathing facilities. Communal toilets are conveniently located close to communal areas. Communal toilet facilities have a system that indicates if it is engaged or vacant or a lock system.</p> <p>Appropriately secured and approved handrails are provided in the toilet/shower/bathing areas, and other equipment/accessories are made available to promote resident independence.</p> <p>Residents and family report that there are sufficient toilets and showers.</p>
<p><b>Standard 1.4.4: Personal Space/Bed Areas</b></p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>There is 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 are personalized with furnishings, photos and other personal adornments and the service encourages residents to make the room their own. Rooms are able to accommodate couples with some having an opening between the rooms so that one room can be a bedroom that links directly to a lounge area.</p> <p>There is room to store mobility aids such as walking frames in the bedroom safely during the day and night if required.</p>
<p><b>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</b></p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The service has a lounge and dining area with these spaces able to be used for activities. All areas are easily accessed by residents and staff. Residents are able to access areas for privacy, if required. Furniture is appropriate to the setting and arranged in a manner which enables residents to mobilise freely.</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 completed on site with covered laundry trolleys and bags in use for transport. The laundry area includes clean and dirty spaces. Dirty laundry was observed to be kept separate from clean laundry on the days of the audit. Residents and family stated that the laundry is well managed, and they do not have missing clothes.</p> <p>Caregivers' complete laundry and cleaning duties with those interviewed confirming that this is manageable given the numbers of resident currently in the service.</p> <p>There is a locked cupboard to put chemicals in and staff and the cleaner are aware that the trolley must be with them at all times. This was observed on the days of audit.</p> <p>Chemicals are in appropriately labelled containers. Products are used with training around use of products provided throughout the year. Cleaning and laundry processes are monitored through the internal audit process with no issues identified in audits.</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>The New Zealand Fire Service has approved an evacuation plan. There have been no building reconfigurations since this date. An evacuation policy on emergency and security situations is in place. A fire drill takes place at least six monthly with all staff having completed training. The orientation programme includes emergency and security training. Staff confirmed their awareness of emergency procedures.</p> <p>There is always at least one staff member on duty with a first aid certificate.</p> <p>All required fire equipment is checked within required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and a gas BBQ. Emergency lighting is in place.</p> <p>The doors are locked in the evenings. Systems are in place to ensure the facility is secure and safe for the residents and staff. External lighting is adequate for safety and security.</p>

		The call bell system is operational with bells in each room. Those tested on the days of audit were working and staff responded to call bells in a prompt manner. Residents interviewed confirmed that staff attend promptly when a bell is activated.
<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>There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents are provided with adequate natural light, safe ventilation, heating and an environment that is maintained at a safe and comfortable temperature.</p> <p>The service has an external area available for residents if they smoke.</p> <p>Family and residents confirmed that rooms are maintained at an appropriate temperature.</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>The service provides an environment that minimises the risk of infection to residents, staff and visitors by implementing an appropriate infection prevention and control programme. The registered nurse is the infection control coordinator (ICC) and has access to external specialist advice from a general practitioner and DHB infection control specialists when required. A documented job description for the ICC including role and responsibilities is in place.</p> <p>The infection control programme is reviewed annually and a review of the education programme is conducted. Staff are made aware of new infections through daily handovers on each shift and progress notes. The infection control programme is appropriate for the size and complexity of the service.</p> <p>There are processes in place to isolate infectious residents when required. Hand sanitisers and gels are available for staff and visitors to use. There have been no outbreaks documented and infection control guidelines are adhered to. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The ICC is responsible for implementing the infection control programme and indicates there are adequate human, physical, and information resources to implement the programme. Infection control reports are discussed at the staff meetings. The ICC has access to all relevant resident data to undertake surveillance, internal audits and investigations respectively.</p>
<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>	<p>FA</p>	<p>Infection control policies are documented by an external provider and are current. Staff demonstrated knowledge on the requirements of standard precautions and can locate policies and procedures.</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>	<p>FA</p>	<p>Staff education on infection prevention and control conducted by ICC has been completed in 2017. A record of attendance is maintained and was sighted. The training education information pack is detailed and meets best practice and guidelines. External resources are able to be accessed for advice and information and include the general practitioner, laboratories and local district health board staff including the infection control specialist. Staff interviewed confirm an understanding of how to implement infection prevention and control activities into their everyday practice.</p> <p>The ICC has completed training through an external provider around infection control in the last year.</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>	<p>FA</p>	<p>The ICC is responsible for the surveillance programme for this service. Clear definitions of surveillance and types of infections (e.g. facility-acquired infections) are documented to guide staff. Information is collated monthly. Surveillance is appropriate for the size and nature of the services provided.</p> <p>Information gathered is clearly documented in the infection log</p>

		<p>maintained by the infection control coordinator. Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p> <p>The infection control surveillance register includes monthly infection logs and antibiotic use. Infections are investigated, and appropriate plans of action are sighted in meeting minutes. The surveillance results are discussed in the staff meetings (refer 1.2.3). Trends are analysed on an annual basis.</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 provides consistent definitions for restraints and enablers. No residents were restrained or using enablers on the day of the audit. All staff receive education regarding restraint minimisation and challenging behaviours. Staff interviewed are aware of the difference between a restraint and an enabler.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.9.4</p> <p>Wherever necessary and reasonably practicable, interpreter services are provided.</p>	<p>PA</p> <p>Negligible</p>	<p>Residents currently in the service do not speak English and rely on family and staff to speak to them and interpret for the resident in their own language. The majority of staff speak English and provide interpreting services in English, Cantonese and Mandarin. All residents and family state that information is interpreted in their language. The managing director and registered nurse confirm that independent interpreting services can be accessed if required.</p> <p>Residents and family confirm that the agreement and consent forms are interpreted for them verbally prior to them signing the documents. The managing director and staff confirm that they interpret all documents from English to Cantonese or Mandarin prior to any resident or family member signing them. Each resident or family member signs key documentation written in English such as the admission agreement and consent form.</p>	<p>A process to confirm that key documents have been interpreted prior to them signing them is not clearly in place.</p>	<p>Develop and implement a process that ensures that any document signed by a resident or family member is completed with their full understanding.</p> <p>180 days</p>

		The resident or family do not document that they have had the key documents interpreted from English to their language.		
<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	There are staff meetings expected to be held monthly. Meetings have been held throughout the year however these have not been held monthly as expected. The last meetings were held in October and November 2017 with two other meetings in 2017. Resident meetings are held two monthly.	Staff meetings have not been held monthly in a consistent manner in 2017.	<p>Ensure that staff meetings are held monthly as scheduled.</p> <p>180 days</p>
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	PA Low	Corrective action plans are documented when issues are identified for example, from internal audits, satisfaction surveys and others. The managing director and registered nurse can verbally describe how actions have been resolved and observations in some instances also confirmed this.	There is not always evidence of documentation of resolution of issues against corrective action plans when these are documented.	<p>Document evidence of resolution of issues against corrective action plans.</p> <p>180 days</p>
<p>Criterion 1.2.9.1</p> <p>Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.</p>	PA Low	The time of entry in the resident record is documented as AM, PM or night (the shift the staff member is on) with the actual time of the documentation not recorded.	The actual time of entry into the resident file is not documented.	<p>Ensure that the actual time of entry into the resident file is documented.</p> <p>180 days</p>
<p>Criterion 1.2.9.9</p> <p>All records are legible and the name and designation of the service provider is</p>	PA Low	Entries are recorded into each resident record with the signature of the staff member entering the documentation and role. The signature is not always legible and the name of the staff entering the record is not always identifiable.	Staff members do not print their name against their signature when documentation is made in the resident record.	<p>Ensure that the name of the staff member is identifiable when entering documentation into the resident record.</p>



identifiable.				180 days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.6.2</p> <p>The consumer and when appropriate and requested by the consumer the family/whānau of choice or other representatives, are consulted on their individual values and beliefs.</p>	CI	<p>The service serves a niche market of Chinese residents predominantly although people with other ethnicities and cultural backgrounds are welcome to the service. All aspects of the service reflect Chinese life.</p>	<p>The service is delivered in a culturally responsive way that meets the needs of Chinese residents and their family. The admission and assessment process offers residents and their family the opportunity to identify with their particular ethnic group or groups. Cultural safety is provided through an environment that is respectful of an individual’s culture and beliefs. The majority of staff are Chinese who speak languages of the residents including Cantonese and Mandarin. Staff provide linguistic competency that extends beyond the clinical encounter to support for the resident to engage with others in the community. Information is provided in the Chinese languages. Spiritual and pastoral care is provided as appropriate to the cultural needs identified by each resident. The service offers Chinese food at every meal time. Family are encouraged to be a part of the service and were seen on the days of audit bringing food and engaging with their family members. There is a focus on activities relevant to Chinese such as outings monthly to Yum Cha;</p>

			cards and mah-jong. Chinese residents and family interviewed explained how they 'love every aspect of the service as it reflects their way of life'.
<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>	CI	The food service meets the needs of Chinese residents.	<p>All Chinese food is prepared and cooked on site by Chinese cooks. There is a four-weekly rotational menu in place which is documented in mandarin/Cantonese to ensure that residents and family are informed of what food is offered and choices that can be made. The menu has been reviewed by a dietician in June 2017. Suggestions have been made by the dietician however translation of the menu into English confirms that the recommendations are already being met. The cooks are informed of resident dietary needs and changes and significant thought is put into meeting needs of specific residents. One resident for example, had swallowing problems but did not want pureed food at all meals. The service referred by the resident to a speech language therapist who worked with the resident and staff to ensure that food remained tasty and acceptable to the resident. Likes and dislikes are accommodated. Places to eat are made available according to individual needs. One couple for example, has an individual table set up in a smaller space so that they can enjoy each other's company. Outings and ceremonies focus on Chinese food events and services and are enjoyed by residents and family. A vegetable garden is planted and managed by staff and residents. Residents and family complete food service surveys six monthly with the last two reviewed indicating that all are very satisfied with food offered. Chopsticks are used by all residents at all meals. Residents and family members interviewed were very complimentary about the meals provided.</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and</p>	CI	The activities programme is developed and implemented to meet the specific including cultural needs	The activities programme is planned with input from the residents and family. Individual goals of the resident are taken into consideration with the activities programme focusing on

<p>maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>		<p>of the Chinese residents.</p>	<p>these as well as group activities. The activities coordinator has been working in the role for seven years in several services other than New Windsor Aged Care and provides 10n hours a week on site. The programme is also planned to include activities able to be facilitated by caregivers. There are resources available for care staff to use for one-on-one time with the resident and for group activities. On or soon after admission, a social history is taken and information from this is fed into the care plan and reviewed monthly and six monthly as part of the care plan review/evaluation. A record is kept in the resident notes of individual resident's activities. Tai Chi is offered daily with most residents participating in this. Activities such as cards and mah-jong are offered, and outings include yum cha monthly with all residents attending (noting that all activities are voluntary). The service has developed links with the Chinese community and entertainers are relevant to resident culture. On the day of audit, a community dance and singing group visited with a shared lunch arranged for all after the event. Residents and family were observed to enjoy the entertainment. Celebrations acknowledge Chinese events including Chinese New Year; church services in Mandarin/Cantonese; the moon ceremony with other New Zealand ceremonies celebrated using a Chinese lens. Family and residents praised the activities provided. Residents were observed to be provided with and enjoying a wide range of activities with a focus on individual independence as requested by the residents.</p>
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End of the report.