# Chetty's Investment Limited - Glenbrook Rest Home

## 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 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:

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| **Legal entity:** | Chetty's Investment Limited |
| **Premises audited:** | Glenbrook Rest Home |
| **Services audited:** | Rest home care (excluding dementia care) |
| **Dates of audit:** | Start date: 18 December 2017 End date: 18 December 2017 |

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 16

# 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.

## General overview of the audit

Glenbrook Rest Home provides rest home level care for up to 23 residents. On the day of the audit there were 16 residents living at the facility.

This provisional audit was completed to assess the suitability and preparedness of the prospective new owner. The provisional audit was conducted against the Health and Disability Standards and the contract with the district health board. The audit process included the review of existing policies and procedures, the review of resident and staff files, observations and interviews with residents, staff and management.

The facility is currently owned by two individuals, one who is the nurse manager and the second owner is responsible for administration and maintenance. The owners are supported by experienced staff. Residents and family interviewed were complimentary of the service they receive.

The prospective owner currently owns one rest home facility in Auckland. He reported that he is currently working on a transition plan to ensure a seamless transition.

This provisional audit identified that improvements are required in relation to the development of a transition plan, RN staffing, admission agreements, service delivery plans, service delivery interventions, medication management, and building maintenance.

## Consumer rights

Information about the services provided is readily available to residents and families/whānau. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent.

Māori values and beliefs are understood and respected. Care planning accommodates individual choices of residents and/or their family/whānau. Informed consent processes are adhered to. Residents are encouraged to maintain links with their community.

Complaints processes are managed appropriately.

## Organisational management

Services are planned, coordinated and are appropriate to the needs of the residents. Quality and risk management processes are established. Quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting and health and safety processes.

Adverse, unplanned and untoward events are documented by staff. The health and safety programme meets current legislative requirements.

Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place. The nurse manager/owner is a registered nurse (RN) and is supported by a second RN. An RN is on call when not available on site.

There are adequate numbers of staff on duty to ensure residents are safe. The residents' files are appropriate to the service type.

## Continuum of service delivery

There is an admission package and associated policies in place. The registered nurses are responsible for each stage of service provision. A registered nurse assesses and develops the care plan documenting supports, needs, outcomes and goals with the resident and/or family/whānau input. Care plans reviewed in resident records demonstrated service integration and were reviewed at least six-monthly. Resident files included the general practitioner, specialist and allied health notes.

Medications are managed appropriately in line with accepted guidelines using computer software. Registered nurses have an annual competency assessment and receive annual education. There is evidence of the three-monthly medication reviews being completed by the general practitioners.

All meals and baking are done on-site. Residents' food preferences, dietary and cultural requirements are identified at admission and in an ongoing manner and accommodated. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

One activity coordinator oversees the activity programme for the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences.

## Safe and appropriate environment

The building holds a current warrant of fitness. Resident rooms provide single accommodation and there are adequate shower and toilet facilities. Resident rooms are personalised. There are lounges and dining areas. Outdoor areas are available and seating and shading is provided. There is a large courtyard. An appropriate call bell system is available.

There are documented processes for the management of waste and hazardous substances in place and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Protective equipment and clothing is provided and used by staff. The cleaning and laundry system includes appropriate monitoring systems to evaluate the effectiveness of the service.

Systems and supplies are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid certificate.

## Restraint minimisation and safe practice

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Staff receive regular education and training on restraint minimisation. No restraint or enabler was in use.

## Infection prevention and control

The service has infection control management systems in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is reviewed annually and meets the needs of the service. The infection control coordinator has attended external education. Relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

## 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) |
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| **Standards** | 0 | 38 | 0 | 5 | 2 | 0 | 0 |
| **Criteria** | 0 | 86 | 0 | 5 | 2 | 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) |
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| **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 |
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| Standard 1.1.1: Consumer Rights During Service Delivery<br>Consumers receive services in accordance with consumer rights legislation. | FA | The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. Policy relating to the Code is implemented. The two owners (nurse manager/registered nurse (RN), maintenance/administration) and four care staff interviewed (one RN, two caregivers and one activities coordinator) could describe how the Code is incorporated into their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through the staff education and training programme. |
| Standard 1.1.10: Informed Consent<br>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | Policies and training are in place to guide and support staff, including in relation to the gathering of informed consent. Interviews with care staff identified that consents are sought in the delivery of personal cares. Five resident files were reviewed. Four of the five files had completed informed consents in place (one was very new and was still with the relative). All five had a resuscitation directive completed by the resident |

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| | | (where able), the GP and discussion with family members. Of the five files sampled, two also included an advanced directive (future care). |
| Standard 1.1.11: Advocacy And Support<br>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Health and Disability Commissioner (HDC) advocacy details are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services if required. Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service. |
| Standard 1.1.12: Links With Family/Whānau And Other Community Resources<br>Consumers are able to maintain links with their family/whānau and their community. | FA | The service has an open visiting policy. Residents may have visitors of their choice at any time. The service encourages residents to maintain their relationships with friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, which was evidenced through interviews and observations.<br>Community links are established with examples provided (e.g., local churches, the cosmopolitan club for senior citizens, local schools and Aged Concern). |
| Standard 1.1.13: Complaints Management<br>The right of the consumer to make a complaint is understood, respected, and upheld. | FA | The complaints procedure is provided to residents and families during the resident's entry to the service. Access to complaints forms are available in a visible location. A complaints register is in place. No formal complaints have been lodged since the last audit. The nurse manager reports that she is unaware of any major complaints received. An open-door policy is in place.<br>Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly. |

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| Standard 1.1.2: Consumer Rights During Service Delivery<br>Consumers are informed of their rights. | FA | Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information that is provided to new residents and their families. An RN discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the six-monthly residents' meetings. All five residents and one family member interviewed, reported that the residents' rights were being upheld by the service. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect<br>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | The residents' personal belongings are used to decorate their rooms. The caregivers interviewed reported 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. They reported that they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit confirmed that the residents' privacy is respected. Shared toilets include appropriate door locking mechanisms.<br>Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect, which begins during their induction to the service. |
| Standard 1.1.4: Recognition Of Māori Values And Beliefs<br>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. | FA | A Māori health policy is documented for the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents. There were no residents living at the facility who identified as Māori.<br>Education on cultural awareness begins during the new employee's induction to the service and continues as a regular education topic. |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs<br>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs. | FA | The service identifies the residents' personal needs and desires from the time of admission. This is achieved in collaboration with the resident, whānau/family and/or their representative. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline. Beliefs and |

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| | | values are discussed and incorporated into the residents' care plans, evidenced in all five care plans reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs. |
| Standard 1.1.7: Discrimination<br>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training, staff meetings and performance management if there is infringement with the person concerned. |
| Standard 1.1.8: Good Practice<br>Consumers receive services of an appropriate standard. | FA | The nurse manager/RN is supported by a second RN who is available on a part-time basis. An RN is always available on call if not available on-site. Residents are reviewed by a general practitioner (GP) every three months at a minimum.<br>Resident meetings are held regularly. Residents and family/whānau interviewed reported that they are very satisfied with the services received. A resident/family satisfaction completed in 2017 confirmed that residents are either satisfied or very satisfied with the services that they receive.<br>The service receives support from the district health board (DHB). A van is available for regular outings. A podiatrist visits the facility every six weeks.<br>The environment allows for close relationships between the staff and residents. An activities coordinator is on-site five days a week. Caregivers assist with activities in the absence of an activities coordinator. |

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| Standard 1.1.9: Communication<br><br>Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed at all times. The care staff interviewed understood about open disclosure and providing appropriate information when required.<br><br>Families interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Ten accident/incident forms reviewed reflected documented evidence of families being informed following an adverse event.<br><br>An interpreter service is available and accessible if required through the district health board. Families and staff are utilised in the first instance. There were no residents at the facility who were unable to speak or understand English. |
| Standard 1.2.1: Governance<br><br>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | PA<br>Moderate | Glenbrook Rest Home provides rest home level care for up to 23 residents. On the day of the audit there were 16 residents at the facility. All residents were on the ARC contract. A philosophy, mission, vision and values are in place. The strategic plan (2017) is regularly reviewed by the two owners of the rest home.<br><br>The owners have been managing this facility for 10 years. Both managers have maintained a minimum of eight hours of professional development relating to the management of an aged care facility.<br><br>The potential new owner has owned a 23-bed aged care facility for the past 5 years. This facility is located in Auckland and is certified for rest home level of care (aged related and mental health services). He reports that the handover is tentatively scheduled for 29 January 2018 and that financing has only recently been approved. A transition plan has not yet been developed. The owner reports that he plans to have the current owner/administrator assist with this transition, although this has not been formalised. |
| Standard 1.2.2: Service Management<br><br>The organisation ensures the day-to-day operation of the | FA | A second RN is available to provide RN cover when the nurse manager is not available. This individual also covers for the owner/nurse manager |

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| service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers. | | if the manager is away on leave and shares on-call RN cover. |
| Standard 1.2.3: Quality And Risk Management Systems<br>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | A quality and risk management system is understood and being implemented as confirmed during interviews with the two owners and six staff (two caregivers, one registered nurse, one cook, one housekeeper and one activities coordinator).<br>Policies and procedures align with current good practice and meet legislative requirements. These policies have been developed by an external consultant who has also developed the policies and procedures for the aged care facility currently owned by the prospective owner. The prospective owner interviewed reported that he plans to use the policies and procedures that are currently in place at Glenbrook Rest Home (link 1.2.1.1).<br>Policies have been reviewed, modified (where appropriate) and implemented. They are scheduled for annual reviews as per the document review schedule. New policies and policy amendments have been discussed with staff and are a regular agenda item in staff meetings.<br>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints received (if any). Data is collected for a range of adverse event data (e.g., skin tears, falls and infections) and is collated and analysed. An internal audit programme is being implemented. Where improvements are identified, corrective actions are documented. Quality data, outcomes and corrective actions are discussed with staff in the monthly staff meetings. The prospective owner interviewed reported that he plans to continue with the current quality management plan.<br>A risk management plan is in place. Health and safety policies reflect current legislative requirements. Staff health and safety training begins during their induction to the service. Health and safety is a regular topic covered in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise the risk. Contractors are inducted into the |

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| | | facility's health and safety programme.<br><br>Falls management strategies include the development of specific falls management plans to meet the needs of each resident who is at risk of falling. This includes (but is not limited to) decluttering residents' rooms and intentional rounding. |
| Standard 1.2.4: Adverse Event Reporting<br><br>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. | FA | There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the service's quality and risk management programme. Ten accident/incident forms were reviewed. Each event involving a clinical adverse event reflected a clinical assessment and follow up by the manager/RN. The nurse manager reported that neurological observations are conducted for suspected head injuries. The caregivers contact the RN and are given directions by the RN.<br><br>The owners/managers are aware of statutory responsibilities in regards to essential notifications. Only one section 31 report has been required since the previous audit for a grade III pressure injury. There have been no other instances that have required essential notification. The current owners and prospective owners are currently in the process of formally notifying CMDHB about the proposed sale of Glenbrook Rest Home. The current owner has notified the DHB verbally and a sale and/or transfer form has been sent to the prospective purchaser for completion. |
| Standard 1.2.7: Human Resource Management<br><br>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | Human resources policies are in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (four caregivers and one RN) included evidence of the recruitment process, including reference checking, signed employment contracts and job descriptions, and completed orientation programmes. The orientation programme provides new staff with relevant information for safe work practice. Staff interviewed stated that they believed new staff were adequately orientated to the service.<br><br>An education and training programme is provided for staff that meets |

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| | | contractual obligations. Competencies are completed specific to worker type. The nurse manager/RN has completed her interRAI training. |
| Standard 1.2.8: Service Provider Availability<br>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | PA Moderate | The staffing policy aligns with contractual requirements. The nurse manager/RN is on-site three - four days a week and a second RN covers in her absence Monday – Saturday. The RN working the day shift is on-call for the evening and night shifts and the RNs share the on-call for Sundays. The second owner/administrator is on-site five days a week, although, he states he is often on-site seven days a week.<br>There are adequate numbers of caregivers available with one caregiver rostered during the night shift and two caregivers (one long-shift and one short-shift) rostered on the am and pm shifts. One activities coordinator is available five days a week (0900 – 1300). Staffing is flexible to meet the acuity and needs of the residents.<br>Separate cleaning staff are employed seven days a week from 0900 - 1430. Caregivers are responsible for laundry duties. Interviews with residents and families confirmed staffing overall was satisfactory.<br>The prospective owner interviewed stated that he has not employed an RN, but plans to hire an RN who lives in the area and is experienced in mental health prior to taking ownership (scheduled for 29 January 2018). The RN at his care facility in Auckland will provide back-up RN services. He also plans to employ the current owner/administrator on a full-time basis. The owner/administrator states that this has not been formalised (link 1.2.1.1). |
| Standard 1.2.9: Consumer Information Management Systems<br>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Archived records are secure in a separate locked area.<br>Residents' files demonstrate service integration. Entries are legible, dated, timed and signed by the relevant caregiver or RN, including |

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| | | designation. |
| Standard 1.3.1: Entry To Services<br>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | PA Low | Residents' entry into the service is facilitated in a timely and respectful manner. Pre-admission information packs include information on the services provided for resident and families. Admission agreements for new long-term residents did not align with contractual requirements. Exclusions from the service are included in the admission agreement. Residents and the family member interviewed stated that they had received the information pack and had received sufficient information prior to and on entry to the service. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer<br>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. |
| Standard 1.3.12: Medicine Management<br>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low | There are policies available for safe medicine management that meet legislative requirements. All medications are stored appropriately, however the service had stock medication stored. The service uses medication software to manage medications. Ten medication charts were reviewed. All medication charts sampled were legible, up to date and reviewed at least three-monthly by the GP. All 'as required' medication charted included an indication for use. Not all medication signing sheets were signed following administration.<br>The RN and caregivers who administer medications had been assessed for competency and attended education on an annual basis. A caregiver was observed to be safely administering medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. There are no standing orders in use.<br>There is currently one rest home resident who self-administers inhaler medications, this is managed appropriately. |

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| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management<br>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | The service employs two cooks who work four days on and four off. They prepare the evening meal and the caregivers' heat and serve this. Both have current food safety certificates. There is a small but well-equipped kitchen and all meals are cooked on-site. Meals are served from the kitchen, which opens into the dining room. Residents eating in their rooms have meals delivered on trays with the food covered and kept warm. On the day of audit, meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Kitchen refrigerator, food and freezer temperatures were monitored and recorded daily. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets were noted on the kitchen noticeboard, which can be viewed only by kitchen staff. An external dietitian has approved the menus. Residents and families interviewed were very happy with the meals provided. |
| Standard 1.3.2: Declining Referral/Entry To Services<br>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. | FA | Declining entry to services included in policies and procedures. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined. |
| Standard 1.3.4: Assessment<br>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | Personal needs, outcomes and goals of residents are identified. The interRAI process is fully implemented. Resident files sampled demonstrated that a range of assessment tools were completed as well as interRAI, when residents are first admitted. These assessments are used along with the initial assessment to develop a more in-depth initial care plan prior to the LTCP.<br>Resident files are reviewed at least six-monthly using the interRAI tool. Nutrition and pain are assessed on admission and as needed. |

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| | | Assessments are conducted in an appropriate and private manner. The assessment process and the outcomes are communicated to staff at shift handovers and care plans (link to 1.3.5.2 for care plan shortfalls). Residents and family interviewed, stated they were kept informed and involved in the assessment process. |
| Standard 1.3.5: Planning<br>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | PA Low | Care plans are individually developed with the resident and family involvement is included where appropriate. The RN's are responsible for all aspects of care planning. Not all care plans included specific interventions for all identified care needs. Family/whānau members interviewed confirmed the care delivery and support by staff is consistent with their expectations. Assessments and care plans included input from allied health including the GPs, nurse specialist and podiatry. Physiotherapy is available if needed. |
| Standard 1.3.6: Service Delivery/Interventions<br>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | PA Low | The registered nurse and caregivers follow the care plan and report progress against the plan at least daily or more frequently if needed. If external nursing or allied health advice is required, the RNs will initiate a referral. If external medical advice is required, this will be actioned by the GP. Staff have access to sufficient medical supplies (e.g., dressings). Sufficient continence products are available and resident files include a continence assessment and plan.<br>Five wounds were reviewed (two lesions, one chronic ulcer, one skin tear and a grade II pressure injury). Wounds had a wound assessment completed, monitoring and wound management plans in place. All wounds have been reviewed in appropriate timeframes and photos taken on a regular basis. Two residents had more than one wound per management plan and evaluation. The RNs have access to specialist nursing wound care management advice through the district nursing service and this could be described at interview.<br>Interviews with registered nurses and caregivers demonstrated an understanding of the individualised needs of residents. Monitoring charts are not always completed as required. |

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| Standard 1.3.7: Planned Activities<br><br>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. | FA | An activities coordinator (a qualified social worker) is employed three days to coordinate the activities programme for all residents. She is assisted by a caregiver one additional day a week. There are also occasional weekend activities. Each resident has an individual activities assessment undertaken as well as the interRAI assessment and from this information, an individual activities plan is developed.<br><br>Each resident is free to choose whether they wish to participate in the activities programme. Participation is monitored. There is community involvement which includes visits from children, visits to the cossie club and church visits. The facility has its own van for outings. Recent activities have included discussion groups, sing-a-longs, bingo and quizzes. Hand massages and individual activities are also provided.<br><br>All long-term resident files sampled have a recent activities plan within the care plan and this is evaluated at least six-monthly when the care plan is evaluated. Residents and the family member interviewed commented positively on the activity programme. |
| Standard 1.3.8: Evaluation<br><br>Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Long-term care plans were evaluated at least six-monthly or earlier if there is a change in health status in files sampled. Three long-term residents all have an interRAI re- assessment and an in-depth evaluation of care. There was at least a three-monthly review by the GP in these files. Care plan reviews are signed by the RN in files sampled. Short-term care plans were evaluated and resolved or added to the long-term care plan if the problem was ongoing, in resident files sampled (link 1.3.5.2). |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)<br><br>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs. | FA | The RN was able to describe access to other medical and non-medical services. Referral documentation is maintained on resident files. The registered nurse initiates referrals to nurse specialists and allied health services. Other specialist referrals were made by the GP. Resident files documented input from mental health services, the podiatrist and wound specialist. Access to the physio is also available. |

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| Standard 1.4.1: Management Of Waste And Hazardous Substances<br><br>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | There are policies and procedures in place for the disposal of waste and hazardous material. There is an accident/incident system for investigating, recording and reporting all incidents and forms are completed by staff. All staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties.<br><br>All chemicals sighted were appropriately stored in locked areas. Chemicals are appropriately labelled. Material safety datasheets are available. Infection control policies state specific tasks and duties for which protective equipment is to be worn. |
| Standard 1.4.2: Facility Specifications<br><br>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | The building holds a current warrant of fitness, which expires 31 May 2018.<br><br>One of the owners manages the reactive and preventative maintenance. When an issue requiring maintenance is noticed, the owner ensures that it is completed. External contractors are engaged to complete work as required. A sample of hot water temperatures are taken monthly and these are maintained at (or just below) 45 degrees. Medical equipment is maintained and calibrated as needed.<br><br>The facility's amenities, fixtures, equipment and furniture are appropriate for the level of service contracted. There is sufficient space to allow residents to move around the facility freely. The hallways are wide enough for appropriate traffic. There is non-slip linoleum in showers and toilet areas throughout the facility. The main hallways and living areas are carpeted. The lounge areas are designed so that space and seating arrangements provide for individual and group activities. Residents' bedrooms throughout the facility have resident's own personal belongings displayed. External areas and garden areas surrounding the facility are well maintained and have decking. There is a designated outdoor smoking area.<br><br>Two toilets have peeling wall paper and the bench top in the kitchen is |

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| | | chipped.<br><br>Staff stated they had sufficient equipment (including personal equipment to support individual needs) to safely deliver the cares as outlined in the resident care plans for all people receiving services. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities<br><br>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. | FA | There are an adequate number of toilets and showers for the service. Some rooms have ensuite bathrooms and there are also communal toilets and bathrooms. Each bathroom has a hand basin and communal toilets have hand washing and drying facilities. There are separate staff/visitors' toilets. There is signage to promote effective handwashing techniques in the staff and visitors' toilet. Hand sanitiser gel is provided throughout the facility. The facility was clean, well presented and odour free. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning (link to 1.4.2.1 for wallpaper in toilets). The floor coverings are carpet and vinyl. |
| Standard 1.4.4: Personal Space/Bed Areas<br><br>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | There is adequate space in all bedrooms for residents and staff. Caregivers confirmed they could move freely to provide cares. Doorways into residents' rooms and communal areas are wide enough for wheelchair and trolley access. Residents interviewed stated they are happy with their rooms. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining<br><br>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The service has a main lounge and separate dining area. There are smaller lounge areas within the facility. Residents were seen to be moving freely throughout the facility. Residents can move freely from their bedrooms to communal rooms and the outside. Internal and external doorways are level with decking, which allows wheelchair access. Activities occur in the main lounges and residents can access their rooms for privacy when required. |
| Standard 1.4.6: Cleaning And Laundry Services | FA | There are cleaning policies and processes. Laundry and cleaning audits are included in the audit schedule. The cleaning rooms are designated |

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| Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | | areas and clearly labelled. There is a designated laundry. There is a clear dirty to clean flow and all laundry is undertaken on-site by the caregivers. The laundry has two washers and two driers. Gloves, aprons and goggles are available to staff. Chemicals are labelled and washing liquid is fed directly into machines. |
| Standard 1.4.7: Essential, Emergency, And Security Systems<br>Consumers receive an appropriate and timely response during emergency and security situations. | FA | Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months (at a minimum) with the last fire drill taking place on 6 Sept 2017. The orientation programme and annual education and training programme include fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.<br>A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food, water and blankets. A gas cooker is available.<br>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. Call bells are checked regularly by maintenance.<br>There is a minimum of one staff available twenty-four hours a day, seven days a week with a current first aid/CPR certificate. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating<br>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | General living areas and resident rooms are appropriately heated and ventilated. All bedrooms and communal areas have at least one external window. The indoor temperatures were pleasant, well ventilated and warm. |
| Standard 3.1: Infection control management<br>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This | FA | The service has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. Infection control internal audits |

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| shall be appropriate to the size and scope of the service. | | have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually. |
| Standard 3.2: Implementing the infection control programme<br>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | The owner/nurse manager (registered nurse) is the designated infection control (IC) coordinator. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available. The service has links to an IC nurse specialist. Infection control reports are trended and reported to staff meetings. |
| Standard 3.3: Policies and procedures<br>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. | FA | There are policies and procedures developed by an external consultant appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies have been reviewed and updated. |
| Standard 3.4: Education<br>The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | Infection control education for staff has occurred both as part of staff orientations and also as part of the annual education schedule. The infection control coordinator has attended infection control training. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records. |
| Standard 3.5: Surveillance<br>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been | FA | Surveillance is outlined in the infection prevention and control programme and described in policy. The surveillance activities are appropriate to the size of the service. The infection prevention and control coordinator (who is the nurse manager) oversees the monitoring |

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| specified in the infection control programme. | | activities. Surveillance data is documented. Monthly analysis is completed and reported at monthly staff meetings, which are a standing agenda item. The service collected all infections and as well as aggregated data for all residents, each resident has an infection log. These logs are used to assist the six-monthly resident reviews and three-monthly GP reviews. There have been no outbreaks of infection since the previous audit. |
| Standard 2.1.1: Restraint minimisation<br>Services demonstrate that the use of restraint is actively minimised. | FA | There are policies around restraint minimisation. No residents were using restraints or enablers. The nurse manager/RN is the designated restraint coordinator. She is knowledgeable regarding this role.<br>Staff receive training on restraint minimisation. The caregivers interviewed were able to describe the difference between an enabler and a restraint. |

# 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) |
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| Criterion 1.2.1.1<br>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed. | PA Moderate | Currently, a purpose, values and goals are defined for the facility by the current owners. Goals are regularly reviewed and signed off when completed. A transitional plan has not been developed to describe the transition to the new ownership. The prospective buyer has stated that he plans to keep the facility certified for rest home level of care. He plans to accept residents on the aged related care contract (ARCC) as well as residents on a long-term chronic conditions contract. | A plan describing the transition from the current owners to the new owners has not been documented for the service. | Ensure a transition plan is documented relevant to the new ownership to provide direction.<br><br>30 days |
| Criterion 1.2.8.1<br>There is a clearly documented and implemented process which determines service provider levels and skill | PA Moderate | Current staffing levels meet contractual requirements. The prospective buyer reports that initially he plans to make no changes to staffing. He reports that he plans to assess staffing levels at a later date (link 1.2.1.1). At the time of the provisional audit, he had not employed an RN to | An RN has not been employed to cover this rural location, which is approximately one hour from Auckland. | Ensure that an RN experienced in aged care is employed to cover set hours and available on-call. |

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| mixes in order to provide safe service delivery. | | provide clinical oversight. | | 30 days |
| Criterion 1.3.1.4<br>Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies. | PA Low | The service has a range of information for new residents and their families. Resident files reviewed had a signed and completed admission agreement. The agreement for new residents had not been updated to comply with the ARRC contract. | Of the five files reviewed, two were new residents (admitted 2017). The admission agreements for the two new residents had not been updated to comply with ARRC changes. They do not include the timeframes for refund to residents. | Review and update the admission agreements to align with the ARRC contract.<br><br>90 days |
| Criterion 1.3.12.1<br>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines. | PA Low | All medication is stored securely in locked cupboards in the secure nurse's room. The medication areas were clean and organised. The service has implemented a computerised medication management system since the previous audit. Stock medication was not always resident specific and not all regular medication was signed as given. | The service had stock medication of inhalers and antiemetic for injection. | As the service is rest home only, ensure that only medication prescribed for individual residents is stored.<br><br>30 days |
| Criterion 1.3.5.2<br>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process. | PA Low | Care plans were documented for all residents. The five care plans reviewed all reflected the interRAI assessment. Care plans did not always reflect needs identified through GP reviews and changes in resident need. Comprehensively documented handover forms ensure that staff have been made aware of most daily needs. Caregivers interviewed demonstrated knowledge of resident needs. | (i) One resident did not have the fluid restriction prescribed by the GP documented in the care plan. Staff advise that this restriction is no longer needed, but this has not been documented by the GP; (ii) One resident had no interventions for a urinary tract infection; (iii) One resident with high risk mental health needs did not have the need for monitoring | Ensure that all resident needs are documented in the care plan.<br><br>30 days |

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| | | | in the care plan and; (iv) One resident with very frail skin and wounds did not have this documented in the care plan. | |
| Criterion 1.3.6.1<br>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes. | PA Low | All residents have an up-to-date care plan in place. Observation of care, discussion with the GP, staff, residents and a family member confirm that care provided meets expectations. Not all monitoring was documented as occurring and wound care documentation was an area for improvement. | (i)For one resident, weekly monitoring of weight was not documented as per care plan and; (ii) Two resident's wound care plans had more than one wound assessment and plan documented on one form. | (i)Ensure that all monitoring is documents as per plan and; (ii) Ensure that there is one wound per assessment, wound plan and evaluation.<br><br>30 days |
| Criterion 1.4.2.1<br>All buildings, plant, and equipment comply with legislation. | PA Low | The owner/administrator/maintenance person ensures that the environment is of a high standard and well maintained. Not all areas have been upgraded. | (i)Two toilets have peeling wall paper and; (ii)The kitchen bench top is chipped and damaged. | Ensure that surfaces are intact to prevent infection risk.<br><br>60 days |

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

| No data to display |
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End of the report.