

Kyber Health Care Limited - Waikiwi Garden Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Kyber Health Care Limited
Premises audited:	Waikiwi Gardens Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 December 2017 End date: 14 December 2017
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	36

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Waikiwi Gardens rest home provides care for up to 42 rest home level residents. On the day of audit there were 36 residents. The facility is managed by two owner/directors (husband and wife) who have the responsibility of the daily operations, finance, maintenance and overseeing the delivery of services. They are supported by two full-time RNs and a non-clinical assistant manager.

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

This audit identified that improvements are required around neurological observations and the environment.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The staff at Waikiwi Gardens rest home ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Discussions with families identified that they are fully informed of changes in their family member's health status. Information about the Code and advocacy services is easily accessible to residents and families. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process. Communication with families is recorded. Complaints processes are implemented and managed in line with the Code.

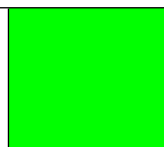
Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Waikiwi Gardens rest home is implementing a quality and risk management system that supports the provision of clinical care. Quality management processes are reflected in the businesses plan's goals, objectives and policies. Quality data is collated and discussed at staff meetings. There is a 2017 business plan in place. Staff document incidents and accidents. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The service has an annual training schedule for in-service education. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

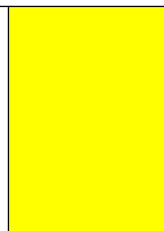


Standards applicable to this service fully attained.

There is a comprehensive admission package. 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 viewed in resident records demonstrated service integration and were reviewed at least six monthly. Resident files included the general practitioner, specialist and allied health notes. Medication policies reflect legislative requirements and guidelines. Staff that are responsible for administration of medicines and complete annual education and medication competencies. The medicine charts viewed were reviewed at least three monthly. One diversional therapist is responsible for the activity programme for the residents. The programme runs during the day over five days each week. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences. 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.

Safe and appropriate environment

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



Some standards applicable to this service partially attained and of low risk.

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. The building holds a current warrant of fitness. There is safe

access to all lounges and dining areas and to the well maintained and updated gardens with outdoor seating areas with umbrella shading. Resident bedrooms are personalised. There are adequate communal shower/toilet facilities. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. A civil defence/emergency plan is documented for the service. There is a staff member on duty at all times with a current first aid certificate.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation is practiced and overseen by the registered nurse. There is one resident using an enabler. Enabler consent and monitoring meets the requirements around use of enablers.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection control management systems are 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)
Standards	0	43	0	2	0	0	0
Criteria	0	91	0	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and relevant legislation. An information pack is available to residents/families prior to admission and contains information of their rights. Discussions with eight staff (two registered nurses (RN), four caregivers, one cook and one diversional therapist) confirmed their familiarity with the Code. Four residents and five family members interviewed confirmed the services being provided are in line with the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General consents including photographs were obtained on admission and sighted in all six resident files reviewed (including one resident on younger persons with disabilities contract and one resident on respite). Advance directives were sighted in each resident's file relating to resuscitation status, having been completed by the resident (where they were competent to do so) in the presence of the general practitioner. Policy dictates that where a resident is not competent to make an advance direction around resuscitation, resuscitation will be provided.</p> <p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices</p>

		and informed decisions. The caregivers and RNs interviewed demonstrated a good understanding in relation to informed consent and informed consent processes. Family and residents interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided. Six admission agreements reviewed had been signed.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Client right to access advocacy and services is identified for residents. Advocacy leaflets are available in the service reception area. The information identifies who the resident can contact to access advocacy services. The information pack provided to residents prior to entry includes advocacy information. Staff were aware of the right for advocacy and how to access and provide advocate information to residents if needed. Residents and family members that were interviewed were aware of their access to advocacy services.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Residents and relatives confirmed that visiting could occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups. Entertainers are regularly invited to perform at the facility.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	There is a complaints policy to guide practice which aligns with Right 10 of the Code. The owner/directors lead the investigation of any concerns/complaints in consultation with the RN for clinical concerns/complaints. Complaint forms are visible throughout the facility. A complaints procedure is provided to residents within the information pack at entry. A complaints register is maintained. There has been one complaint made since the last audit. The complaint been made through the Health & Disability Commissioner is currently in progress.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The Code and advocacy pamphlets are located at the main entrance of the service. On admission the RN discusses the information pack with the resident and the family/whānau. This includes the Code, complaints and advocacy information. The service provides an open-door policy for concerns/complaints. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are well informed about the Code.

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. House rules are signed by staff at commencement of employment. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. There is an abuse and neglect policy in place.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service has guidelines for the provision of culturally safe services for Māori residents. There is a Māori health plan. On the day of the audit there were no residents that identified as Māori. Discussions with staff confirm that they are aware of the need to respond with appropriate cultural safety.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Family members reported that they feel they are consulted and kept informed and family involvement is encouraged.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on privacy and personal boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an</p>	FA	<p>The service meets the individualised needs of residents with needs relating to rest home level care. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, the requirement to</p>

appropriate standard.		attend orientation and ongoing in-service training. The assistant manager is responsible for coordinating the internal audit programme. Monthly staff/quality meetings and regular residents' meetings are conducted. Residents and relatives interviewed spoke positively about the care and support provided. Staff interviewed stated that they feel supported by the owners/directors and the RNs.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	There is a policy to guide staff on the process around open disclosure. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. Information is provided in formats suitable for the resident and their family. Five residents and four relatives interviewed confirmed on interview that the staff and management are approachable and available. Twelve incident forms reviewed identified family were notified following a resident incident. Relatives interviewed confirm they are notified of any incidents/accidents. Families are invited to attend the monthly resident/family meetings. Interpreter services are available as required.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Waikiwi Gardens rest home provides care for up to 42 rest home level residents. On the day of audit there were 36 residents, including one resident on respite and three residents on a 'younger persons with disabilities' (YPD) contract. All other residents are under the aged related residential care (ARRC) agreement. There were five independent boarders living within the rest home who are independent and do not receive care services.</p> <p>The facility is managed by two owner/directors (husband and wife) who have the responsibility of the daily operations, finance, maintenance and overseeing the delivery of services. The owner/director (wife) looks after the operational/staff management and the owner/director (husband) covers the maintenance/property requirements. The owner/directors (both non-clinical) have owned the rest home since March 2017. They are supported by two full-time RNs who are responsible for overseeing the clinical service. Both RNs have a current annual practicing certificate. They are also supported by a non-clinical assistant manager who coordinates and oversees quality activities and human resources.</p> <p>They have maintained at least eight hours of professional development in relation to management of a rest home.</p>
Standard 1.2.2: Service	FA	The owner/directors reported that in the event of her temporary absence the assistant manager fills

<p>Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		<p>their roles with support from the RNs and other staff.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Waikiwi Gardens rest home has a quality and risk programme that is being implemented. Policies and procedures are maintained by a recognised aged care consultant, who reviews policies to ensure they align with current good practice and meet legislative requirements. Staff confirmed they are made aware of any new/reviewed policies. There are monthly staff and fortnightly management meetings scheduled with the first meetings commenced in March 2017. Staff and management meetings have been completed as per the scheduled calendar. The meeting minutes identified that quality data has been discussed including infections, accidents and incidents, concerns/complaints and internal audits. Staff are required to read and sign the quality data information which is generated on a monthly basis.</p> <p>There is a 2017 internal audit programme that covers all aspects of the service including environmental, food service, cleaning service, resident care and documentation. Corrective actions for partial compliance are developed, implemented and signed off by the assistant manager. A resident satisfaction survey is completed annually. Resident meetings are monthly and provide residents with a forum for feedback on the services. The owner/director (wife) and assistant manager facilitate the resident meetings. Staff complete hazard identification forms for identified/potential hazards. There is a current hazard register. The owner/director (wife) and assistant manager are the health and safety officers and have completed the specific health and safety training required. Health and safety is discussed at the staff and management meetings. There is a falls prevention and management policy in place and falls are addressed on an individual basis as part of the care planning process.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where</p>	<p>PA Low</p>	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Twelve accident/incident forms for the month of November 2017 were reviewed. All documents timely RN review and follow-up. However, no neurological observations were completed for resident falls that resulted in a potential head injury. There is documented evidence the family had been notified of incidents/incidents. Discussions with the owner/directors confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications including section 31 notifications.</p>

appropriate their family/whānau of choice in an open manner.		There have been no section 31 notifications lodged since the last audit.
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	There are human resources policies to support recruitment practices. Six staff files (two RNs, two caregivers, one diversional therapist and one assistant manager) were reviewed. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Performance appraisals were current. Current practising certificates were sighted for the RNs. The two RNs have completed interRAI training. All staff have a current first aid certificate. The service has an orientation programme in place to provide new staff with relevant information for safe work practice. The RNs and caregivers' complete competencies relevant to their role such as medications. There is an education planner in place that covers compulsory education requirements over a two-year period.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. There are always two care staff on duty 24 hours a day, seven days a week. The owner/directors work full-time from Monday to Friday and are readily available to staff 24/7. There are two full-time RNs who work from Monday to Friday, one covers from 8.00 am to 4.00 pm and the other from 9.00 am to 5.00 pm. The RNs share the on-call duties. The RNs are supported by two caregivers on the morning and on the afternoon shifts, and two caregivers on the night shift. Caregivers interviewed confirmed the RNs are readily available after hours. The residents interviewed inform there are sufficient staff on duty at all times. The rosters sighted confirmed that staff are replaced on the roster.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	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. Staff can describe the procedures for maintaining confidentiality of resident records and sign confidentiality statements. Files and relevant care and support information for residents is able to be referenced and retrieved in a timely manner.
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable,</p>	FA	Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Pre-admission information packs include information on the services provided for resident and families. Admission agreements for long-term residents aligned with contractual requirements.

timely, and respectful manner, when their need for services has been identified.		Exclusions from the service are included in the admission agreement.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The yellow envelope transfer system used ensures all relevant documentation is made available to the receiving provider. The residents and their families are involved for all exit or discharges to and from the service.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	There are policies and procedures in place for safe medicine management. Staff who administer medications have been assessed for competency on an annual basis. Medications received (blister packs) are checked on delivery by both RNs. All medications are stored safely. The medication fridge is monitored weekly. All twelve medication charts on the electronic system met legislative prescribing requirements. The GP has reviewed the medication charts three monthly. Medication errors were documented on incident forms and investigated with competencies of staff being reviewed where appropriate. The internal auditing programme includes medication audits completed by RNs. Administration records demonstrated that all medications (including non-packed) are signed as administered (eg, Ural sachets and oxygen). Oxygen is now prescribed at each medication round which is signed as administered. 'As required' medications had documented reason for administration. Policies for controlled medications document a safe practice that includes two medication competent staff signing for medications, one being a RN when a RN is on duty. There are controlled drugs in use and have been checked and signed by two medicine competent staff, one of which is the RN when on duty. There were two self-medicating residents on the day of the audit. There were documented competencies for these residents.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	All meals at Waikiwi Gardens rest home are prepared and cooked on-site by a qualified chef and cook. There is a four-weekly seasonal menu which had been reviewed by a dietitian recently. Food preferences are met, and staff can access the kitchen at any time to prepare a snack if a resident is hungry. The kitchen staff receive a dietary profile of resident dietary requirements and any likes or dislikes including updates. Special diets including modified foods are provided although only diabetic diets were required at the time of the audit. Staff were observed assisting residents with their meals and drinks in the main dining room. Fridge, freezer and end-cooked temperatures are monitored weekly. A kitchen cleaning schedule was

		documented, and cleaning was of an acceptable standard. Chemicals are stored safely within the kitchen. Resident meetings along with direct input from residents, provide resident feedback on the meals and food services. Residents and family members interviewed were very satisfied with the food and confirmed alternative food choices were offered for dislikes.
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	There is an admission information policy. 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.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	The RN completes an initial assessment and risk assessment tools on admission. An interRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes. Resident needs and supports are identified through the ongoing assessment process in consultation with significant others. InterRAI assessments, assessment notes and summaries were in place for all residents' files sampled that had been at the service for longer than 21 days. Long-term care plans in place reflected the outcome of the assessments.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	Resident files reviewed were resident-focused and individualised. Identified support needs as assessed were included in the care plans for all resident's files. Files sampled included individualised preferences, and evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrated service integration and evidence of allied healthcare professionals involved in the care of the resident such as the physiotherapist and mental health services. Short-term care plans were in place for short-term needs.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and</p>	FA	When a resident's condition alters, the RN initiates a review and if required a GP or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health. Discussions with families were documented in the resident's progress notes. Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. Initial wound assessments and ongoing evaluations were in place for a skin lesion, a

desired outcomes.		<p>minor scratch and superficial cut.</p> <p>There was a range of equipment readily available to minimise pressure injury. There is access to a wound nurse specialist at the DHB as required. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Short-term care plans document appropriate interventions to manage short-term changes in health such as infections. Monitoring forms are used. (eg, observations, behaviour, blood sugar levels and neurological signs). Care plans documented residents' current needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>There is one newly appointed diversional therapist who works 30 hours per week and provides an activities programme over five days a week. The diversional therapist has a current first aid certificate. There is an activity plan that meets the group and individual preferences of the resident group. Activities take place in the main lounge and in the smaller lounge for quieter one-on-one activities for more dependant residents. The programme is varied and interesting with board games, quizzes, newspaper reading, bowls, exercises, crafts and happy hour. Links with the community involve visiting kindergartens, visiting community choirs, music entertainers and church services.</p> <p>A social history and activity assessment is completed on admission in consultation with the resident/family (as appropriate). Staff were assisting the residents enact a play they have created based on the "keeping up appearances" series and this is to be part of the Christmas celebrations with families at the facility. All resident files reviewed (except the respite file) had a current individualised social history, and activities plan, which is reviewed six monthly, with a weekly progress note documented. Residents and families have the opportunity to feedback on the activity programme through meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans reviewed were evaluated by an RN within three weeks of admission. In all files sampled the long-term care plans have been reviewed at least six monthly or earlier for any health changes. A separate form identifies progression towards achievement of goals. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Files reviewed demonstrated that short-term needs were documented on short-term care plans which were regularly evaluated.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services</p>	FA	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There are documented policies and procedures in relation to exit, transfer or transition of residents. The on-call policy ensures there is a RN on call at all times. Except</p>

<p>(Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>in emergencies RNs determine transfer to hospital (often in consultation with the GP). Resident files and interviews confirmed this occurs. The residents and the families 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 to ensure incidents are reported in a timely manner. Safety datasheets and product sheets are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored in a locked chemical cupboard. There are chemical spills kits located throughout the facility which are easily accessible. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of audit.</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>PA Low</p>	<p>The building has a current building warrant of fitness that expires 1 February 2018. The maintenance person ensures daily maintenance requests are addressed and a planned maintenance schedule is maintained. The previous finding from the provisional audit around the stretched carpet in two areas, has been partially addressed. Monthly inspections include call bell testing, monthly fire checks and hot water temperature monitoring. Hot water temperature recordings reviewed were below 45 degrees Celsius. Essential contractors are available 24 hours. Electrical testing and tagging was current and annual calibration and functional checks of medical equipment is completed by an external contractor completed on 12 December 2017. The standing hoist was new in June 2017.</p> <p>The facility has corridors with sufficient space for residents to safely mobilise using mobility aids. The building is two levels. The upstairs level is reserved for residents who are able to manage the stairs independently (currently five of the seven rooms upstairs are occupied by independent boarders). There is safe access to the outdoor areas which are being upgraded, the gardens are well maintained. Seating areas and shade is provided. There is a designated outdoor smoking area. The RNs and caregivers interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans, including hoists and pressure injury prevention equipment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing</p>	<p>FA</p>	<p>There are adequate numbers of communal toilet and shower facilities for each wing. The toilets and showers are of an appropriate design to meet the needs of the residents. Communal toilet facilities have a system that indicates if it is engaged or vacant.</p>

facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	There are 36 single rooms and 3 double rooms. One double room was occupied by one resident only. A married couple and two close friends were sharing the other two double rooms. Privacy curtains were in place. Residents and families are encouraged to personalise their rooms. Bedrooms viewed were personalised.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	Communal areas within the facility include a large main lounge and dining room and smaller lounges for small group and one-on-one activities and quieter seating. There is also a large activities room and a large conservatory/sun room off the main lounge. Seating and space in the main lounge is arranged to allow both individual and group activities to occur. The communal areas are easily accessible for residents or with staff assistance.
<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>	FA	There are adequate policies and procedures for the safe and efficient use of laundry services. There are dedicated cleaning and laundry staff five days a week who fully implement cleaning schedules. All linen and personal clothing is laundered on-site. The laundry is well equipped and well ventilated. Internal audits monitor the effectiveness of the cleaning and laundry processes. The cleaner's trolley is kept in designated locked areas when not in use. There is a sluice room with personal protective equipment readily available.
<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>	FA	. The service has a generator for emergency power. There is a civil defence kit available and first aid supplies.

<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>Residents are provided with adequate natural light and safe ventilation. The environment is maintained at a comfortable temperature within bedrooms and communal areas. There are sufficient doors and opening windows for ventilation. All bedrooms have windows, which allow for plenty of natural light.</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>An RN is the infection control coordinator and has a job description that outlines the responsibility of the role. The infection control coordinator provides monthly reports to management. The infection control programme has been reviewed annually. Visitors are asked not to visit if they are unwell. Hand sanitisers were appropriately placed throughout the facility. Residents and staff are offered the annual influenza vaccine.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator has attended an infection control study day at the DHB (April 2016). There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The infection control coordinator has access to the infection control nurse specialist at the DHB, laboratory technician, GPs and public health.</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</p>	FA	<p>There are infection control policies and procedures 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 developed and reviewed by an external consultant and the content of policies reflected current good practice.</p>

appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	Infection prevention and control education is included in the staff orientation and is included in the infection control calendar. Resident education occurs as part of daily cares as appropriate. There is mandatory infection control training in November for all staff to include updates and changes, and staff complete a quiz to demonstrate level of understanding.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	There is a policy describing surveillance methodology for monitoring of infections. The infection control officer collates information obtained through surveillance to determine infection control activities and education needs in the facility. Individual infection reports, and short-term care plans are completed for all infections. Infection control data including graphs are available to staff. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at the staff meetings. Trends are identified, and preventative measures put in place. Internal audits for infection control are included in the annual audit schedule. Systems in place are appropriate to the size and complexity of the facility. There have been no outbreaks since the last audit.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	Restraint minimisation is practiced. A RN oversees the enabler/restraint process within the facility. There are policies around restraint and enablers and the management of residents who may exhibit behaviours that challenge. The service currently has one resident voluntarily using an enabler (bed rail). The enabler use is reviewed six monthly as part of the care plan review. Staff complete enabler monitoring as sighted on the day of audit.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	PA Low	There is an incident reporting policy that includes definitions and outlines responsibilities. Twelve accident/incident forms for the month of November 2017 were reviewed. All document timely RN review and follow-up. However, no neurological observations were completed for resident falls that resulted in a potential head injury.	Twelve incident forms were reviewed in total. Five incident forms reviewed were for resident falls with a potential head injury. There was no documented evidence of neurological observations being completed as per the policy.	<p>Ensure that neurological observations forms are completed for any resident fall with a head injury.</p> <p>90 days</p>
Criterion 1.4.2.4	PA Low	The maintenance person is proactive and is addressing issues, and completed planned	The carpet in one corridor has been replaced. The other area is where the wrinkles are	Ensure the carpet does

<p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>		<p>maintenance. The previous finding around stretched the carpet in two corridors has been partially addressed. Other areas of the facility, both indoors and out are suitable and safe for residents.</p>	<p>running the same way as foot traffic in that area. This area is planned to be replaced early in the New Year. Signage remains in place where there is a trip hazard. Advised that since the draft report, these carpets have been replaced 9 January 2018</p>	<p>not pose a risk for residents, and ensure the remaining carpet is replaced as planned.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.