

Prasad Family Foundation Limited - Brylyn Residential Care

Introduction

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

The audit has been conducted by 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: Prasad Family Foundation Limited

Premises audited: Brylyn Residential Care

Services audited: Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 21 February 2019 End date: 22 February 2019

Proposed changes to current services (if any): The audit verified that the service is suitable to provide hospital - medical level of service.

Total beds occupied across all premises included in the audit on the first day of the audit: 17

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Brylyn Residential Care is owned and operated by the Prasad Family Foundation Limited. The service provides cares for up to 32 residents requiring hospital and/or rest home level care. On the day of the audit, there were 17 residents.

This certification audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures; the review of residents and staff files, observations and interviews with residents, staff, management and a general practitioner. The audit also verified the service as suitable to provide medical level care under their current hospital certification.

The service is overseen by a nurse manager (a registered nurse). They are supported by registered nurses who provide 24-hour on-site support for residents. Residents and family spoke positively about the service provided.

Improvements identified at the audit are required to the following: implementation of new policies; timeframes, documentation of interventions and maintenance of equipment.

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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Residents receive services in line with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). The systems protect their physical privacy and promote their independence. There is a documented Māori health plan in place which acknowledges the principles of the Treaty of Waitangi. Individual care plans include reference to residents' values and beliefs.

Residents and relatives are kept up-to-date when changes occur or when an incident occurs. Systems are in place to ensure residents are provided with appropriate information to assist them to make informed choices and give informed consent.

A complaints policy is documented, and a complaints register maintained. Complaints are responded to in a timely manner.

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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There is a business and quality plan that is reviewed. This defines the scope, direction and objectives of the service and the monitoring and reporting processes.

The nurse manager provides leadership with registered nurses on-site taking a lead in day-to-day clinical care.

There is a documented quality and risk management system in place. There are a range of policies, procedures, and forms in use to guide practice with new policies recently purchased. Quality outcomes data is collected and tabled at relevant meetings. An internal audit schedule is in place with audits completed as per schedule. Adverse events are documented.

The human resource management system is documented in policy, with recruitment completed as per policy. There is an orientation programme and annual training plan that is implemented. Staff have annual performance appraisals.

There is a clearly documented rationale for determining staff levels and staff mix to provide safe service delivery in the rest home and hospital. An appropriate number of skilled and experienced staff are allocated to each shift.

Resident information can be stored securely when not in use.

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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There is an admission package on services and levels of care provided at Brylyn Residential Care. The registered nurse is expected to complete an assessment and care plan on admission and at each stage of service provision. Allied health and a team approach are evident in the files reviewed. The general practitioner reviews the resident at least three monthly and earlier if required.

Planned activities are appropriate to residents needs and abilities. Residents interviewed stated enjoyment of the programme. The programme includes outings, entertainment craft and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each resident group.

An electronic medication system is utilised. Medication policies reflect legislative requirements and guidelines. The medicine charts reviewed had photo identification and allergy status identified for all residents. The medication charts had been reviewed at least three monthly.

Residents' food preferences and dietary requirements are identified at admission and catered for by the kitchen service. All meals are cooked on-site. The menu has been reviewed by a dietitian. Food, fluid, additional requirements/modified needs and dislikes were being met. The facility holds a current food control plan.

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 medium or high risk and/or unattained and of low risk.
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There are documented processes for the management of waste and hazardous substances in place. The building holds a current warrant of fitness. Residents can freely mobilise or be transported safely within the communal areas. There is safe access to the outdoors, seating and shade. Resident bedrooms are spacious and personalised with ensuites or access to communal facilities. Cleaning and laundry services are completed on-site. Systems and supplies are in place for essential, emergency and security services. Six monthly fire drills are conducted.

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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Brylyn Residential Care has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, there were no residents using restraint or 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 policies are documented. A registered nurse is the infection control coordinator and they ensure that surveillance of infections is documented, data discussed, and strategies put in place to improve lives of residents. The organisation has a low rate of infections.

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	41	0	1	3	0	0
Criteria	0	89	0	1	3	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>The service has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Three healthcare assistants, two registered nurses, the activities coordinator, chef, cleaner, maintenance staff and the nurse manager interviewed, can describe how they incorporate resident choice into their activities of daily living. Residents interviewed confirmed that this occurs and that there is choice in whatever they do.</p> <p>Staff have received training around the Code and advocacy services within the last year. Staff also stated that training is provided at orientation.</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>Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The healthcare assistants and registered nurses interviewed, demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>There are established informed consent policies/procedures. General consents are obtained on admission and sighted in five of five resident files reviewed (two hospital and three rest home including one using respite level of care and one resident under the age of 65 years).</p> <p>Advance directives are documented and signed by the resident deemed competent to complete</p>

		<p>these. Competency is assessed by the general practitioner. Resuscitation plans were sighted in all files and were signed as per policy. Copies of EPOA were in resident files where required.</p> <p>Relatives and residents interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.</p> <p>All resident's files sampled had signed admission agreements on file with these signed within five days of entry to the service.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Residents are provided with a copy of the Code on admission. Interviews with residents confirmed they are aware of their right to access advocacy. Advocacy pamphlets are displayed in the main entrance and there is a suggestion box for use.</p> <p>Discussions with family confirmed that the service provides opportunities for the family/EPOA to be involved in decisions.</p> <p>The resident files included information on residents' family and chosen social networks.</p> <p>The advocate from the Health and Disability Advocacy Service visits and is available to provide support if required.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. Residents are encouraged to be involved in community activities and maintain family and friend's networks. Staff interviewed stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/family visiting could occur at any time.</p> <p>Family were seen visiting the service on the day of audit and all stated that they felt welcomed and encouraged to visit.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of complaints process. There is a complaint form available. Information about complaints is provided on admission. Interview with residents demonstrated an understanding of the complaints process. All staff interviewed could describe the process around reporting complaints.</p> <p>There is a complaint register. Written complaints are documented. Five complaints were reviewed. This included two complaints from the district health board, the Health and Disability Commissioner by the complainant. One of these complaints related to care and one to lack of information around a</p>

		<p>fire alarm test and flood in their room. All complaints had noted investigation, timeframes, corrective actions when required and resolutions were in place if required. Results are fed back to complainants. The district health board has signed off on one complaint with no further actions required. The nurse manager has responded to the second district health board complaint within timeframes requested and is waiting for the district health board response.</p> <p>Discussions with residents confirmed that any issues are addressed, and they feel comfortable to bring up any concerns.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There are posters of the Code on display throughout the facility and leaflets are available in the foyer. Details relating to the Code and how to access advocacy services are included in the resident information pack provided to new residents and their family. The nurse manager (registered nurse) discusses aspects of the Code with residents and their family on admission.</p> <p>Interviews with seven residents (five rest home including one requiring respite care, and two residents requiring hospital level of care) and four family members for residents using hospital level of care confirmed the services being provided are in line with the Code. Families and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has policies which align with the requirements of the Privacy Act and Health Information Privacy Code. The residents' personal belongings are used to decorate their rooms. All rooms were single occupancy during the audit. Adequate space is available for discussions of a private nature. The healthcare assistants interviewed reported that they knock on bedroom doors prior to entering rooms, and ensure doors are shut when cares are being given. Staff were observed knocking on doors before entering the resident rooms during the audit. All residents interviewed confirmed that their privacy is being respected.</p> <p>All resident's private information is kept in a secure area when not in use.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff have received training on abuse and neglect prevention in 2018. The nurse manager is unaware of any suspected instances of abuse or neglect by staff.</p>
<p>Standard 1.1.4: Recognition Of Māori</p>	FA	<p>The staff interviewed could describe how Māori interests, customs, beliefs, cultural and ethnic backgrounds are valued and fostered within the service. A Māori health plan is in place. Links are</p>

<p>Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>		<p>established with local Māori agencies.</p> <p>Staff value and encourage active participation and input of the family/whānau in the day-to-day care of residents. Two residents identified as Māori on the day of the audit and one confirmed on interview that their cultural needs were being met. Cultural and spiritual needs were documented in their care plans.</p> <p>Discussions with staff confirmed that they are aware of the need to respond to cultural differences. The nurse manager confirmed that they would access providers in the community if they need to have cultural support or advice.</p> <p>Staff last received training on cultural awareness in 2018. All care staff interviewed are aware of the importance of whānau in the delivery of care for Māori residents.</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>The service has established cultural policies aimed at helping meet the cultural needs of its residents. All residents interviewed reported that they were satisfied that their cultural and individual values were being met.</p> <p>Information gathered during assessment including resident's cultural beliefs and values, is documented in the care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on.</p> <p>One resident identifies as English as a second language; however, the resident or family can communicate in English.</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>Staff described implementation of policies and processes around boundaries relating to discrimination, abuse and neglect, harassment, and exploitation. Training includes discussion of the staff code of conduct and prevention of inappropriate care. Staff interviewed stated that they were aware of the policies and were active in identifying any issues that relate to the policy.</p> <p>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the staff files sampled. Staff comply with confidentiality and the code of conduct. Job descriptions include responsibilities of the position with a job description sighted in staff files sampled.</p> <p>The orientation and employee agreement provided to staff on induction includes standards of conduct. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of the healthcare assistants' role and responsibilities.</p>

		Residents and family interviewed confirmed that they would formally complain to management if they felt that they were discriminated against. There were no complaints recorded in the complaints register for the previous 12 months relating to any form of discrimination or exploitation.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>The service has documented policies to guide practice. There is a training programme for all staff with a high level of attendance from staff. Residents and the family members interviewed expressed a high level of satisfaction with the care delivered and this was reflected in the 2019 resident and family satisfaction survey.</p> <p>Interview with healthcare assistants confirmed that they feel supported by the nurse manager and registered nurses who are also available after hours. Registered nursing staff are available seven days a week, 24 hours a day. A general practitioner (GP) visits the facility once a week and a nurse practitioner also visits once a week. A physiotherapist visits as required. The GP interviewed, is satisfied with the level of care that is being provided.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs.</p> <p>Fifteen incidents/accidents forms were reviewed for December 2018 and January 2019. All had confirmation of family being informed. Relatives interviewed confirmed that they are notified of any changes in their family member's health status.</p> <p>There is a communications page in each resident record and this confirms any communication with family or others.</p>
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>Brylyn Residential Care provides care for up to 32 residents. All beds are dual purpose rooms with the service only able to have up to ten residents requiring hospital level of care at any given time. The service to date has been certified for rest home and hospital level care. This audit verified the ability of the service to provide hospital-medical level of care with auditors confirming that residents have access to external health professionals on-site in a timely manner; are able to be transported to appointments off-site and have activities relevant to needs.</p> <p>At the time of the audit, there were 17 residents including 11 requiring rest home level of care (one under 65 years but identified through the needs assessment as being close in age and interests to</p>

		<p>other residents identified, and one requiring respite services) and six requiring hospital level of care.</p> <p>Brylyn Residential Care is privately owned with two directors who communicate with the nurse manager on a weekly basis. A business plan and a quality and risk management plan is in place. The business plan identifies scope, direction and goals of the service.</p> <p>The nurse manager is a registered nurse with a current practising certificate. They have been in role since September 2018. The nurse manager has over 10 years' experience in aged care and has also held unit manager roles at a previous organisation. The nurse manager has over eight hours of professional development per year with management training completed (Basics for Business). The nurse manager is supported by registered nurses in the service.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the nurse manager, a registered nurse is in charge with support from the owner and the other registered nurses and care staff would provide cover.</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>	PA Low	<p>Brylyn Residential Care has a documented quality management system. There are documented policies and procedures to guide staff. The service has recently purchased policies and procedures from an external provider and these are intended to be rolled out for staff in the near future. There is a formalised document control programme in place. Staff have access to the current manuals.</p> <p>The nurse manager/registered nurse understands the quality and risk management programme. An internal audit schedule is in place and all scheduled audits have been completed.</p> <p>Data is collected for falls, skin tears, medication errors, incidents and accidents, restraint use, and infections. This information is collated and analysed and evaluated with data used for service improvements. Corrective actions are documented where quality data identifies opportunities for improvements with evidence of resolution of issues. Staff meetings are held with evidence of discussion of quality data. Clinical meetings are held informally for the registered nurse and in 2018, there were six monthly registered nurse and nurse manager meetings. These meetings have been recognised as requiring to be increased to monthly meetings. Two have been held to date. All scheduled site meetings have been held as per meeting schedule for 2019.</p> <p>There are annual resident and family satisfaction surveys. The customer feedback for the last</p>

		<p>survey indicated that residents were satisfied with cares provided.</p> <p>A health and safety system is in place. Hazard identification forms and a hazard register are in place. Maintenance is addressed as issues are identified. The nurse manager and staff are aware of and able to describe their responsibilities to health and safety. Health and safety is covered at orientation for new staff, with staff also having ongoing training annually around health and safety. The health and safety representative has attended training on Health Safety and Accident Investigation.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accidents and incidents reporting policy. The nurse manager investigates accidents and near misses. There is documented evidence to reflect accident and incident information is being communicated to staff through the staff meetings.</p> <p>A registered nurse conducts clinical follow-up of residents and clinical assessments following unwitnessed falls are fully documented. Four of five incident forms for residents who had a head injury or unwitnessed fall confirmed that neurological observations were taken as per policy. The fifth incident for a resident with an unwitnessed fall was for a hospital resident who was able to articulate what had happened.</p> <p>Discussions with the nurse manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. The nurse manager stated that there have not been any issues that have required notification to an external authority.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies to support recruitment practices, orientation and staff training and development. The orientation programme provides new staff with relevant information for safe work practice. A review of staff files confirmed that staff have completed the organisational orientation programme. Two new staff interviewed stated that they had had a full orientation to the service with this including reading of policies, introductions to staff and residents and buddying with another staff member for a week. Both stated that they could ask other staff or the registered nurses for any further advice or support at any time.</p> <p>Five staff files were reviewed (one nurse manager, two registered nurses, one healthcare assistant, and cook). All files showed records of recruitment with reference checks and a signed contract on file.</p> <p>Current practising certificates were sighted for the registered health professionals as well as for the other health professionals who provide support for residents in the service. These included the</p>

		<p>doctors, pharmacist and dietitian.</p> <p>There was a documented education plan for 2018 with this having been fully implemented. There is an education plan for staff for 2019 and this is being implemented. Toolbox talks at handover are recorded with an attendance record kept. Staff appreciate these as a way to address any current issues and to constantly improve practice. One registered nurse is able to complete interRAI assessments. The nurse manager is discussing ways to increase the number of registered nurses to be interRAI trained.</p> <p>The nurse manager and the registered nurses can attend external training, including sessions provided by the local DHB.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented staffing policy and there is a registered nurse rostered on each shift. The nurse manager is able to provide support if required. There is one registered nurse on each shift and two healthcare assistants on the morning and afternoon shifts and one healthcare assistant overnight. Overnight there is a registered nurse and a healthcare assistant. Staff stated that there are sufficient staff for the number and acuity of residents. This was confirmed by the nurse manager with observations of the service confirming that there were sufficient staff in the morning and afternoon for resident needs to be met.</p> <p>There are 17 staff employed in the service including the nurse manager, an activities coordinator, four registered nurses, and seven healthcare assistants. Household staff are employed with healthcare assistants completing laundry tasks. The rosters reviewed confirmed that staff are replaced when on leave.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Residents' files demonstrated service integration. Entries are legible, dated and signed by the relevant healthcare assistant or nurse, including designation. Personal resident information is kept confidential, and current residents and archived files are protected from unauthorised access.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when</p>	FA	<p>Residents are assessed prior to entry into service, establishing the level of care needed. Entry into the service is facilitated in a competent, timely and respectful manner. Pre-admission information packs are provided for families and residents prior to or on admission. Five admission agreements for the sampled files had been signed on admission to the facility.</p>

their need for services has been identified.		
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>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. Copies of documentation and handover is kept on file.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislation and guidelines. All registered nurses and healthcare assistants who administer medications have an up-to-date annual medication competency on file. An electronic medication system is utilised. Medications are delivered in robotics packs from the pharmacy and all medications are stored safely in the treatment room. Medications are checked against the medication chart on arrival. Standing orders are not used. Processes are in place for the safe management of self-medicating residents. There were no residents self-medicating on the day of audit. Medication fridge temperatures were documented as checked daily.</p> <p>All ten medication charts reviewed (four hospital and six rest home) had photo identification and allergy status identified. The GP has reviewed the medication charts three monthly. 'As required' (PRN) medication had indications documented. The effectiveness of PRN medication was documented.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals and baking are prepared and cooked on site by a chef. The chef works 8.5 hours per day five days a week. Two days are covered by a relief cook. The chef interviewed, stated he attended the last resident and whānau meeting. There is a four-week seasonal menu in place which has been reviewed by a dietitian. There is a current food control plan which is expiring 9 January 2020. Meals are served directly from the kitchen to residents in the dining room. Dietary needs are known with individual likes and dislikes accommodated and documented on a board in kitchen. Dietary requirements, cultural and religious food preferences are met. Additional or modified foods are also provided by the service. Fridge, freezer and end cooked temperatures are monitored and recorded daily. A kitchen cleaning schedule is in place and implemented. Residents interviewed, stated overall, the meals provided were good.</p>
Standard 1.3.2: Declining	FA	There is an admission information policy. The reasons for declining entry would be if the service is

<p>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>		<p>unable to provide the care required or there are no beds available. Management communicates directly with the referring agencies and family/whānau as appropriate should they decline an admission.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The level of care of all residents is established by a need's assessment prior to admission. The registered nurse completes an initial assessment on admission that is utilised to develop the initial care plan. An interRAI and other relevant assessments are undertaken to establish resident needs (link 1.3.3.3). Ongoing assessments are done in consultation with the multidisciplinary team and significant others. Initial assessments were in place in all five files reviewed.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Moderate</p>	<p>The resident's long-term care plans reviewed were resident-focused. However, not all care plans included interventions to support all resident current assessed needs. Acute care plans were used for short-term needs. Nursing care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Resident files demonstrated service integration and evidence of allied healthcare professionals involved in the care of the resident such as the speech language therapist, physiotherapist and mental health services.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required a GP or nurse specialist consultation. Behaviour monitoring charts in place for residents with challenging behaviour (link 1.3.5.2). Evidence is present of family members being notified of any changes to their relative's health status, incidents and updates. Discussions with families and notifications were documented on the family/whānau contact sheet in the resident files.</p> <p>Adequate dressing supplies were sighted in the treatment room. The wound care file was reviewed. Wound assessments, treatment and evaluations were in place for all current wounds (three skin tears and one leg wound). There were no pressure injuries on the day of audit. The RNs interviewed were able to describe the referral process for a wound care nurse specialist if required.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Staff interviewed stated that they have enough stock available and are aware of how to access stock if need arises. Sufficient gloves and aprons were available and sighted for staff to utilise.</p>

		<p>Residents are weighed monthly or weekly for those that have weight loss (link 1.3.5.2). Nutritional requirements and assessments are completed on admission.</p> <p>Acute care plans document interventions to manage short-term changes in health. Staff interviewed were aware of residents needs and understood interventions on how to meet them.</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>Currently a health care assistant is undertaking the activities coordinator role. An integrated activities programme is provided for rest home and hospital residents across the week (25 hours).</p> <p>The majority of the activities are held in the main lounge. There is a variety of activities that meets the abilities of all residents including (but not limited to) daily exercises to music, board games, gardening, crafts and newspaper reading. On Saturday mornings there is a music session and happy hour run by community entertainers. Three one-on-one sessions per week are dedicated to residents who choose not to join in group activities or are unable to participate in activities. Interdenominational church services are held on-site fortnightly. Families are invited and welcome to become involved in the activity programme. The service hires rental vans with wheelchair access for outings into the community once a fortnight. An external hairdressing service comes to the facility once a fortnight. Residents and family interviewed expressed satisfaction with the activities programme. During the audit, residents and family were observed in activities.</p> <p>An activity assessment and plan is completed on admission in consultation with the resident/family (as appropriate) and reviewed six monthly.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Long-term care plans have not all been completed within 21 days (link 1.3.3.3). Care plans have been reviewed and various times depending on health status. There is documented evidence that care plan evaluations are completed, however these have not always been completed following the interRAI reassessment six monthly (link 1.3.3.3). The GP reviews the residents at least three monthly or earlier if required. The multidisciplinary review team includes the RN/primary nurse, nurse manager/registered nurse, healthcare assistants and the resident/relative and any other allied health professional involved in the care of the resident.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or</p>	FA	<p>Referral to other health and disability services is evident in the resident files sampled. Speech language therapist, physiotherapist and neurologist are some of the allied services accessed by resident referrals in consultation with GP. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Residents/EPOAs are</p>

<p>referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>informed and involved in the referral process.</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 are available for staff. Chemical bottles sighted in the locked cupboard have manufacturer labels. The room was also locked, and access was restricted with a key pad on the door. Gloves were seen to be appropriately worn by staff. Gloves, visor and aprons were seen to be appropriately worn by staff on the day of audit. Staff interviewed stated they had adequate stock available. Healthcare assistants wash the resident's personal laundry.</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 Moderate</p>	<p>The building has a current building warrant of fitness that expires 20 September 2019.</p> <p>The service employs a part-time maintenance person that works six hours per day. A maintenance log book (sighted) is completed for maintenance requests and signed-off as addressed. Planned maintenance includes interior and exterior maintenance. An inventory book is being commenced on equipment within facility. The two hoists and chair scale has been calibrated annually. During audit it was noted that not all medical equipment was calibrated annually. Electrical equipment had been tested and tagged. Essential contractors are available 24 hours as required. Hot water temperature monitoring is randomly checked in resident rooms and communal facilities every month and documented. Temperatures are maintained less than 45 degrees Celsius.</p> <p>The facility corridors have wide enough space for residents to safely mobilise using mobility aids or in lazy boy chairs, with the assistance of staff. On the day of the audit three more sensor mats were ordered to increase the number of stock available as one was available and another away for repairs.</p> <p>There is safe access to the outdoor areas with rails and ramps in place. Seating and shade are provided. The lawn and gardens were well maintained and clean.</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>Toilet and shower facilities are of an appropriate design to meet the needs of the residents. Some resident rooms including the studio rooms, have ensuites. There are adequate numbers of communal toilets and shower rooms including one large enough for the use of a shower trolley. Communal toilet facilities are clearly identified and have a system that indicates if it is engaged or</p>

facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		vacant.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	All resident rooms are single and spacious. There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms. Registered nurses and healthcare assistants verbalised having enough space to deliver resident cares. Residents and families are encouraged to personalise their rooms. This was evident on the day of audit.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	Communal areas within the facility include separate dining room, which is partitioned to provide privacy for dependent residents, a main lounge and smaller family lounge. Seating and space are arranged to allow both individual and group activities to occur. The seating arrangements and furnishing are suitable for the consumer group. All communal areas are easily accessible for residents and is well utilised.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are dedicated cleaning staff seven days a week. Personal laundry is done by healthcare assistants and all other laundry by the facility cleaner. There are commercial washing machines and dryers. The laundry has a defined clean/dirty area. The cleaner's trolley is well equipped. Cleaning equipment is colour coded for specific areas. The cleaner's trolley is kept in the locked laundry when not in use. There is sufficient stock available.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	A fire evacuation scheme is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire drills are completed and documented for August 2018 and February 2019. Emergency equipment is available at the facility. All fire extinguishers had valid fire check dates. This is done by a contracted service provider. Fire training and security situations are part of orientation of new staff. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. A warden's vest, list of residents and a fire checklist is available at reception in case of an emergency. Floor plans are visible on the wall in the foyer. Short-term back-up power for emergency lighting is in place. There is a staff member on

		<p>duty across 24/7 with a current first aid certificate.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. When a resident pushes the call bell, staff are made aware of who needs assistance through the call bell system.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There are opening windows for ventilation. Heat pumps and air conditioning units are used in communal areas. There are electric wall heaters in resident rooms and underfloor heating available in colder months. All bedrooms have good sized windows which allows 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>The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection control programme is reviewed annually. The infection control coordinator is a registered nurse who has had training externally around infection control and who has been an infection control coordinator in a previous facility. They could describe their role. The infection control coordinator provides infection control reports to the staff meeting and they monitor the number of infections through the surveillance programme.</p> <p>Visitors are asked not to visit if unwell. There are sufficient hand sanitisers placed throughout the facility. Residents and staff are offered the 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>There are adequate resources to implement the infection control programme at Brylyn rest home and hospital. The infection control coordinator has completed education in relation to infection control in the last year. External resources and support are available through the DHB and public health department when required. The infection control coordinator also describes accessing advice from the general practitioner as required.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of</p>	FA	<p>The new infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme (link 1.2.3). The policies reflect current best practice and are reviewed by an external consultant.</p>

<p>infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene, standard precautions and a hand hygiene competency is completed, as sighted in staff files reviewed. Infection control training is offered annually.</p> <p>Resident education is expected to occur as part of the resident daily activities.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates infection control events monthly and the data is analysed for trends and opportunities for improvement and training opportunities. Individual infection reports, and acute care plans are completed for all infections as sighted in resident files reviewed. This included for example, clear documentation of urinary tract infections with documentation in monthly data confirming what occurred for the resident as per the resident file.</p> <p>Definitions of infections are in place, appropriate to the complexity of service provided. There is documented evidence of trending, analysis or discussion around infection control data at staff meetings.</p> <p>There have not been any outbreaks since the last audit.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There are restraint minimisation and safe practice policies and procedures applicable to the size and type of the service. The restraint policy includes a definition of enablers and procedures for assessment and appropriate use of enablers (that is, voluntary restraint). There are currently no enablers or restraints in use. The restraint coordinator is the nurse manager.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.3</p> <p>The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.</p>	PA Low	The service has documented policies and procedures to guide staff, however these lack content in some instances that would support care staff and others to complete work required. The service has purchased policies, procedures and forms from an external consultant and the nurse manager stated that these are to be implemented.	The purchased policies are not yet rolled out to staff.	<p>Roll out the new policies and procedures with staff orientated to these prior to use.</p> <p>180 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service</p>	PA Moderate	All files reviewed had an initial assessment completed within 24 hours of admission. In four of the long-term files reviewed interRAI assessments and care plans were not	(i) The interRAI assessment tool had not been completed within 21-days of admission in	(i) Ensure the interRAI assessment

<p>provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>		<p>developed within 21 days of admission. In two of the files reviewed, the interRAI assessments and care plan evaluations were not completed six monthly.</p>	<p>three of four long-term resident files reviewed (two hospital and one rest home). (ii) Six-monthly interRAI and care plan evaluations had not been completed in two of four resident files (one rest home and one hospital level of care) requiring this.</p>	<p>is completed within 21-days of admission. (ii) Ensure the interRAI assessment and care plan evaluation is completed six monthly on all long-term residents.</p> <p>90 days</p>
<p>Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	<p>PA Moderate</p>	<p>The long-term care plans are developed in consultation with the resident/relative. Assessments are completed on admission including (but not limited to) nutritional, continence, falls assessments, and interRAI assessments (link 1.3.3.3). Assessments assist in developing care plan interventions. The four long-term resident care plans reviewed did not include interventions to support all current assessed needs. One short-stay respite resident reviewed included assessments and a short-stay care plan.</p>	<p>Three of four long-term care plans reviewed did not include interventions and needs/supports for the following; (i) One rest home with challenging behaviour and indwelling urinary catheter as reported in progress notes. (ii) Two hospital residents with weight loss.</p>	<p>Ensure care plans include interventions to support the resident's current needs.</p> <p>90 days</p>
<p>Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.</p>	<p>PA Moderate</p>	<p>Electrical testing of equipment is carried out by an approved contractor. All electrical equipment had been electrically tested and tagged. The standing hoist and full hoist and scale chair have current calibration dates; however not all medical equipment was calibrated annually.</p>	<p>There were two nebuliser machines, one suction machine and two oxygen concentrators that do not have annual calibrations.</p>	<p>Ensure all medical equipment is calibrated annually.</p>

				60 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.