

# Y&P NZ Limited - Deverton House Rest Home

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## 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 The DAA Group 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:

<b>Legal entity:</b>	Y&P NZ Limited
<b>Premises audited:</b>	Deverton House Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 5 September 2019      End date: 6 September 2019
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	21

# Executive summary of the audit

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## Introduction

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

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

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

### 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

Deverton House Rest Home (Deverton House) provides rest home level care for up to 21 residents. The service is operated by a private owner/director and it is one of three facilities owned by the same operator. Deverton House is managed by a facility manager who is supported by two registered nurse who oversee all clinical service. Residents and families spoke positively about the care provided.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, the owner/director, staff, and a general practitioner. An interpreter was used for conducting interviews and to check written material which was in Mandarin.

This audit has identified one area requiring improvement relating to medication management.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Services are provided that support personal privacy, independence, individuality and dignity. Staff interact with residents in a respectful manner.

Open communication between staff, residents and families is promoted and confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

Residents who identify as Maori have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination.

The service links with a range of specialist health care providers to support best practice and meet resident's needs.

A complaints register is maintained with complaints resolved promptly and effectively

## 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.		Standards applicable to this service fully attained.
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Business and quality and risk management plans included the scope, direction, goals, philosophy and mission statement of the organisation. Monitoring of the services provided to the governing body was regular and effective. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## 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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Residents receive services in a competent and timely manner. The registered nurses (RNs) are responsible for completing nursing assessments, care plans and evaluations. Interventions are adequate to meet the residents' assessed needs.

The planned activities provided are appropriate to the needs of the residents, age, culture, and setting of the service. The activities reflected ordinary patterns of life and include involvement of residents and/or representatives and other community groups.

The service uses an electronic medication system for e-prescribing and administration systems. Medication is administered by staff with current medication administration competencies. Medication reviews are completed by the general practitioners (GPs) in a timely manner.

All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. There was a current food control plan in place.

## Safe and appropriate environment

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

Standards applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken onsite and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained.

## 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.

The organisation has implemented a no restraint policy as described in their policies and procedures. No enablers or restraints were in use at the time of audit. Policy describes a comprehensive assessment, approval and monitoring process should restraint be required. Policy describes enablers as voluntary for the safety of residents in response to individual requests. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

## 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.

The infection prevention and control programme is led by an experienced registered nurse who aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

Staff demonstrated good principles and practice around infection control which is guided by relevant policies and supported with ongoing education.

Aged care specific infection surveillance is undertaken and results are shared with management and staff. Follow-up action is taken as and when required.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	44	0	0	1	0	0
<b>Criteria</b>	0	92	0	0	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0



# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Deverton House Rest Home (Deverton House) has developed policies and procedures to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training as verified in the training records reviewed.</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>The facility manager, registered nurse (RN) and staff interviewed understood the principles and practice of informed consent. Informed consent policies provide the relevant guidance to staff. The clinical records showed that informed consent has been gained appropriately using the organisation's standard consent form including consent for photographs, outings in the van, and for annual influenza vaccinations or any treatments/procedures to be performed. The residents interviewed with the aid of the interpreter understood and stated they were given choices and provided with information to make informed decisions. The forms observed are documented both in Chinese and English.</p> <p>Staff were observed to gain consent for day to day care on an ongoing basis during the audit.</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>During the admission process the residents/family are provided with a copy of the Code which also includes information about the Advocacy Service. Pamphlets about the Advocacy Service are available at reception. Family members interviewed were aware of this service and how to access this for their relative if requested. Residents are welcome to have support persons and church visitors anytime. Staff are aware of how to access the advocacy service if needed.</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>Residents are assisted to maximise their potential and independence by maintaining links with their family and the community by attending a variety of organised outings, visits, shopping, markets and church. The facility has open visiting hours and encourages visits from residents' family. Family interviewed stated they felt welcome when they visited and comfortable in their dealing with management and staff.</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 complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The complaints register and minor complaints book reviewed showed that two minor complaints have been received over the past year and that actions taken, through to an agreed resolution, are documented and completed within the timeframes. Action plans showed any required follow up and improvements have been made where possible. The facility manager is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Families/residents interviewed report being made aware of the Code and the Nationwide Health and Disability Advocacy Service through the pre-admission and admission process and this was validated at time of interview and with the assistance of an interpreter from WDHB. Information is provided in the resident information brochure and the information provided on admission. Language is not a barrier as staff interviewed speak Chinese and English. Staff discuss the Code with the family and the individual resident on admission. The Code is displayed in Chinese (Mandarin and Cantonese) in the reception of the facility and brochures are also available in the appropriate language. Information on advocacy and how to make a complaint were observed at reception.</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>	<p>FA</p>	<p>Residents, families and the general practitioner (GP) interviewed confirmed that services are provided in a manner that has regard for residents' dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff interviewed understood the need to maintain privacy and were observed doing so throughout the audit. All residents have their own individual rooms. One couple share two rooms (one used for their bedroom and one for their lounge). Residents are able to have their own belongings and an inventory was maintained in each individual record reviewed. All residents except for one resident identify as Chinese. The one resident has resided at this facility for a long period of time and is very happy at this facility. Staff understand and accommodate their individual needs.</p> <p>Residents are encouraged to maintain their independence through participating in community activities, being assisted to appointments and participation in church, Chinese markets and other outings in the community.</p> <p>The care plans and activities plans reviewed documented information related to the individual resident's abilities, interests and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, spiritual and social needs, values and beliefs had been identified during the admission process and were documented and incorporated into their care plan.</p> <p>Staff interviewed understood the service's policy on abuse and neglect including what to do should there be any signs and/or symptoms. Education on abuse and neglect is part of the orientation programme for staff and is then provided on an annual basis as confirmed in individual staff and training records.</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>	<p>FA</p>	<p>There were no residents or staff who identify as Maori at this facility. The principles of the Treaty of Waitangi are incorporated into the day to day practice as is the importance of family to Chinese residents as well. There is a Maori health plan developed in the policy manual. A list of resources and contact details of local cultural advisors and the Waitemata District Health Board (WDHB) Maori health advisory team if and when required. Guidance on tikanga best practice is available.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture,</p>	<p>FA</p>	<p>The residents/families interviewed verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Residents' personal preferences, required interventions and special needs were included in all care plans and activities plans reviewed. Residents</p>

<p>Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>interviewed with an interpreter from WDHB being present verified that their spiritual needs were met by staff taking some residents to church in the community and a church service is held at the rest home twice a week. Alternatively, bible reading occurs weekly with a group of residents. A resident satisfaction survey questionnaire sighted included evaluation of how well residents' cultural and individual needs are met. Positive survey feedback supported that individual needs are being met.</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>Residents and family members interviewed stated that residents were free from any form or type of discrimination, harassment or exploitation and they or their family member felt safe and secure. The general practitioner interviewed also expressed satisfaction with the standard of services provided to residents. The orientation/induction process for staff includes orientation related to professional boundaries and expected behaviours. All registered nurses have records of completion of the required training on professional boundaries. Staff are provided with house rules as part of their employment contract. Ongoing education is provided on an annual basis which was confirmed in the staff training records reviewed. Staff are guided by policies and procedures and when interviewed, demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through education, input from external specialist services and allied health professionals as required. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for attending external education mostly provided through the WDHB or the gerontology nurse specialist who visits on a regular basis. The residents, who are all Chinese except for one resident who is a Pakeha New Zealander, participate in the activities provided that meet the cultural needs and expectations to maintain independence and wellbeing.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Family members stated they were kept well informed about all changes to their relative's health status and were advised in a timely manner about any incidents or accidents. This was supported in the sample of residents' records reviewed. There is also evidence of family input into the care planning process. Staff understood the principles of open disclosure which is supported by policies and procedures that meet the requirements of the Code.</p> <p>The WDHB interpreter service was accessed on a referral basis to assist with this audit. Staff are</p>

		also able to provide interpretation as and when needed and family members are used as appropriate for the residents.
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The strategic and business plans, which are reviewed annually, outline the purpose, philosophy, scope, direction and goals of the organisation. The documents described annual and longer term objectives and the associated operational plans. A sample of monthly reports to the owner/director and quarterly reviews showed adequate information to monitor performance is reported including occupancy, complaints, incidents and accidents, staff training, emerging risks and issues.</p> <p>The service is managed by a facility manager who holds relevant qualifications and has been in the role for three years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The facility manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through attendance at monthly Auckland Asian facility owners' meetings, two monthly Residential Aged Care Integration Programme meetings, clinical education and holds a current first aid certificate. The facility manager is supported by the owner/director.</p> <p>The service holds contracts with Waitemata District Health Board (WDHB) for rest home level care services including respite care. All 21 residents were receiving services under the Age Related Residential Care contract at the time of audit.</p>
<p><b>Standard 1.2.2: Service Management</b></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>When the facility manager is absent, the owner/director carries out all the required duties under delegated authority. The clinical management is overseen by two registered nurses who can work across any of the three facilities owned by the owner/director. They relieve each other as required to cover leave. They are experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, clinical incidents including infections, pressure injuries, falls and skin tears. All items are reviewed at the quarterly review meetings by the facility manager and owner/director as confirmed in meeting minutes sighted. The review includes a</p>

<p>reflects continuous quality improvement principles.</p>		<p>written report related to any corrective actions implemented or required.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the management team meetings and staff meetings. Staff reported their involvement in quality and risk management activities through the implementation of corrective actions. Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family satisfaction surveys are completed annually. The March 2019 survey showed residents and families were satisfied with cares and services. One issue raised related to residents wishing to have more indoor activities over winter. This was fully addressed by the service and was supported on the days of audit during resident and family interviews undertaken with the assistance of an interpreter, observation of activities and documentation sighted.</p> <p>Policies reviewed are personalised to the service and cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The facility manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements. Responses undertaken to manage identified risks are fully documented in the business risk and hazard analysis plan.</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>	<p>FA</p>	<p>Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported to the facility manager, owner/director and at staff meetings as confirmed in meeting minutes sighted and during staff interviews.</p> <p>The facility manager described essential notification reporting requirements, including for pressure injuries. They advised there have been no notifications of significant events made to the Ministry of Health since the previous audit. There have been no police investigations, coroner's inquests, issues-based audits and any other notifications such as to public health during this time.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed</p>

<p>processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation. Staff files identified that annual appraisals were up to date.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Regular on-site education is presented including input from the WDHB gerontology nurse specialist as confirmed in documentation sighted. Staff training is clearly documented in each staff member's file and this identifies that off-site training is undertaken such as first aid and WDHB training days. Kitchen staff have completed food safety education and cleaning and laundry staff have completed safe chemical handling. The registered nurses ensure they undertake education and training to a required level to meet Nursing Council requirements. There are sufficient trained and competent registered nurses (two) who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals related to interRAI.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family members interviewed supported this. Staffing levels meet the interRAI acuity level report findings. Observations and review of six weeks of rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate. There is registered nurse cover four days a week and on call.</p> <p>The facility manager works Monday to Friday and is on call, kitchen staff cover from 7.30am to 1pm and 3pm to 8pm seven days a week, laundry staff work 8.30am to 1.30pm seven days a week and cleaning staff work 9am to 1.30pm five days a week. The owner/director visits the facility Monday to Friday and is on call.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely</p>	<p>FA</p>	<p>All necessary personal details, next of kin, contact numbers, personal, clinical and health information was fully completed in the sample of resident's records reviewed. Clinical notes were current and integrated with the GP and allied health service provider notes as applicable. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with</p>

<p>identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable. Residents' records are held for the required timeframe before being destroyed. No personal or private resident information was on public display during the audit. Residents have given permission on admission to have their names on the door to their individual rooms.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Residents enter the service when the required level of care has been determined and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their family are encouraged to visit the facility prior to admission and meet the facility manager and staff. They are also provided with written information about the service and the admission process. The organisation seeks updated information from the WDHB and the GP for residents accessing respite care.</p> <p>Family members interviewed (all spoke English) stated that they were satisfied with the admission process and the information that had been made available to them on admission. Records reviewed contained completed demographic details, assessments and signed admission agreements in accordance with contractual requirements. The confidential signed admission agreements are stored in the facility manager's office in a locked filing cabinet.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit discharge or transfer is managed in a planned and coordinated manner. The service uses the DHB's 'yellow envelope' system to facilitate transfer or residents to and from acute care services. A transfer form is completed. At the time of transition between services appropriate information including the most recent interRAI assessment, medication record and any advance directives are provided for the ongoing management of the resident. Safety was considered and family notified of a transfer and the care plan is updated. All copy of the referrals are kept in the resident's individual records.</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</p>	<p>PA Moderate</p>	<p>The medication management policy was current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff member observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p>



<p>guidelines.</p>		<p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN completes medication reconciliation when packs are received from the pharmacy. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>No controlled drugs were stored or in use. The sample of ten medication records evidenced that allergies/sensitivities were inconsistently recorded.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Short course, discontinued medicines requirements for pro re nata (PRN) medicines were met. It was observed that requirements for pro re nata (PRN) were not fully met with outcomes of PRN medication administered not being documented and/or the registered nurse not being contacted. The required three-monthly GP review was consistently recorded on the electronic records sighted.</p> <p>There were no residents who were self-administering medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by two qualified chefs and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter cycles and has been reviewed by a qualified dietitian within the last two years (dated 18 February 2019). The menus are displayed each day in Chinese and English.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The food service operates with an approved food control plan dated expiry 17 July 2020. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The chefs have completed safe food handling qualification, and kitchen assistants have completing relevant food handling training.</p> <p>A nutritional assessment is completed for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Interviewed residents and family reported that food alternatives provided per request. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p> <p>Interviewed residents and family members reported satisfaction with the food provided. Satisfaction surveys and resident meeting minutes were sighted.</p>

<p><b>Standard 1.3.2: Declining Referral/Entry To Services</b></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	<p>If a referral is received but the prospective resident does not meet the entry criteria for rest home level care or there is no vacancy the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If a resident required a higher level of care than the services offers a referral for reassessment to the NASC service and a new placement is found in consultation with the resident and family. Examples of this were discussed with the facility manager and the registered nurse. There is a clause in the service agreement related to when a resident's placement can be terminated.</p>
<p><b>Standard 1.3.4: Assessment</b></p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Information is documented using validated recognised nursing assessment tools, such as a pain scale, falls risk, skin integrity, dietary profiles and depression scales, as a means to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident related information. All residents have current interRAI assessments completed by one of the two trained interRAI assessors on site. Another registered nurse is available from one of the other facilities owned by the organisation if needed to complete and cover the registered nurses at this site.</p>
<p><b>Standard 1.3.5: Planning</b></p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed reflected the support needs of residents and the outcomes of the integrated assessment process and other relevant clinical information. Care plans evidence service integration with nursing progress records, activities records, and GP records being clearly written, informative and relevant. Any changes in care required is documented and verbally passed on to relevant staff. Residents and family reported participation in the development and ongoing evaluation of care plans. Short term care plans are developed and implemented if any problems or issues arise and these are reviewed as clinically indicated until addressed.</p>
<p><b>Standard 1.3.6: Service Delivery/Interventions</b></p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Care provided to residents was consistent with their assessed needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is provided as required. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' 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>	<p>FA</p>	<p>The activities programme is provided by the activities coordinator and staff. The activities coordinator is responsible for completing the activities assessment for all residents on admission with input from the resident or family, where appropriate. A social assessment and history are completed on admission to ascertain the resident's needs, interests, abilities and social requirements. Individual activities plans were sighted in files reviewed. There is a monthly and weekly activities programme. The weekly activities programme is posted on the notice board and documented in both Chinese and English. There are group activities and individual activities. The activities are planned for rest home level residents who are all mobile. However, residents who want to attend other activities with family can do so freely. Residents have access to community events and community outings. Residents were observed participating in various activities on the day of the audit.</p> <p>Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. An activities participating record is completed daily by the activities coordinator. The resident's activity needs are evaluated as part of the formal six-monthly care plan review with input from the activities coordinator.</p> <p>Activities reflect residents' goals, ordinary patterns of life and include normal community activities. Residents and families/whānau are involved in evaluating and improving the programme through residents' meetings and satisfaction surveys. Residents interviewed in a group (with an interpreter) reported satisfaction with the activities programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Residents' care is evaluated on each shift and reported in the progress notes by the healthcare assistants (HCAs). Any change noted, is reported to the RNs. The RNs documents in the progress notes at least weekly. There is a process for evaluating the long-term care plans and interRAI assessments six-monthly.</p> <p>Where resident's progress is different from expected, the service responds by initiating changes to the plan of care. Short term care plans were being consistently reviewed and progress evaluated as clinically indicated. Residents and families/whānau interviewed confirmed their involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or</p>	<p>FA</p>	<p>Residents were supported to access or seek referral to other health and disability service providers. Although the service has a resident GP residents may choose another medical practitioner. If the need for other non-urgent services is indicated or requested, the GP sends a referral to seek specialist input. Copies of referral were sighted in resident's hard copy records including, radiology, dentist, podiatry and other services.</p>

<p>disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>Referrals are followed up on a regular basis by the GP. The resident and the family are kept well informed of the referral process as verified by the documentation and interviews. Any acute referrals are attended to immediately such as sending a resident to accident and emergency in an ambulance if the circumstances dictate. All care staff have completed first aid certificated courses as verified in the training records.</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>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness (expiry date 27 July 2020) is publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. The environment was hazard free, residents were safe and independence was promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting.</p> <p>Staff confirmed they know the processes they should follow if any repairs or maintenance is required and any requests are appropriately actioned. This is confirmed in documentation sighted. Residents and family stated they were happy with the environment and that their needs are met.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes all bedrooms having a toilet and hand basin ensuite. There are two common shower areas. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence.</p>

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	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. There is one couple who have a bedroom each but have chosen to use one as their bedroom and one as their lounge. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids such as walking frames. All residents are independently mobile. Staff and residents reported the adequacy of bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas are available for residents to engage in activities. The dining and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Laundry is undertaken on site in a dedicated laundry. Dedicated laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>There is a small designated cleaning team who have received appropriate training in safe chemical handling as confirmed in staff file reviews. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The Ministry of Civil Defence and Emergency Management recommendations for the region are met related to appropriate stocks of water and food. There are also adequate supplies of blankets, mobile phones, alternative cooking such as gas BBQ if required for use in the event of a civil defence</p>

		<p>emergency. Stocks sighted meet the requirements for the 21 residents.</p> <p>The current fire evacuation plan was approved by the New Zealand Fire Service on the 28 August 2012.</p> <p>A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 26 March 2019. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed monthly and residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time by staff on duty. There are close circuit cameras in the common areas which are monitored in the facility manager's office. There is appropriate signage for this to occur and residents and family members confirmed their knowledge of this.</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>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows and 12 bedrooms have an external door leading out onto a decked area. Heating is provided by wall mounted electric heaters in residents' rooms and gas heating in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service provides a managed environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection prevention and control is guided by a comprehensive and current infection manual, with input from the RN. The infection control programme and manual are reviewed annually. Staff interviewed are aware of when not to come to work and when to return after being ill. There have been no outbreaks of infection since the previous audit.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human,</p>	FA	<p>The RN who is the infection control coordinator has appropriate skills, knowledge and qualifications for the role and has been in this position for approximately one year. The RN works at a large aged residential care service on a part time basis and has completed relevant educational requirements</p>

<p>physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>		<p>for this role. The RN can also access the WDHB infection control prevention team if needed and expert advice is available from the community laboratory and/or the GP. The GP interviewed stated that advice can be sought from the contracted medical practice at any time. The coordinator has access to the resident's records and diagnostic results to ensure timely treatment and/or resolution of any infections.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection prevention and control policies reflected the requirements of the infection prevention and control standard and current good practice. Policies were last reviewed in 2019 and included appropriate referencing. Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand washing techniques and use of personal protective resources when necessary. Hand washing facilities were readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Priorities for staff education are outlined in the infection prevention and control programme. Interviews, observation and documentation verified staff have received training in infection prevention and control at orientation and ongoing educational sessions annually. Education is provided by the registered nurses. Content of the training was documented and evaluated to ensure it was relevant, current and understood. A record of all attendance was maintained. Separate training is provided for all domestic staff centred on good hygiene and food safety requirements. There have been no outbreaks of infection since the last audit.</p> <p>Education with residents/family is generally on a one-on-one basis and handwashing is the most important topic covered.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods</p>	<p>FA</p>	<p>Surveillance for infections is carried out in accordance with agreed objectives, priorities and the methodology that is specified in the infection control programme. The surveillance programme reviewed is appropriate for this rest home. Surveillance forms have been developed and implemented for the reporting of infections. Information gained is reported as part of the quality</p>

<p>that have been specified in the infection control programme.</p>		<p>management system requirements and quality improvement objectives on a monthly basis with quarterly overview/analysis. Any immediate trends are reported to staff to implement actions. The infection data evidences minimal numbers of infections. Where there has been any increase, such as an increase in urinary infections, actions were implemented to reduce the reoccurrence.</p> <p>Staff reported that they are kept well informed and understood their responsibilities for reporting any signs and symptoms of a resident having an infection.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. Policy identifies that the facility will endeavour to be restraint free as confirmed by staff and in meeting minutes. The restraint coordinator provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>On the day of audit, the facility was restraint free. Policy identifies that enablers are to be the least restrictive and used voluntarily at their request.</p> <p>Restraint would only be used as a last resort when all alternatives have been explored. The annual restraint review includes management and frequency of challenging behaviour. The 2018 review identifies no occurrences and the same for the 2019 review to date of this audit.</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 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA</p> <p>Moderate</p>	<p>A sample of medication records was observed on the electronic system and hard copy records for insulin management for residents who were diabetic. Instructions were provided for the level of action for when a resident’s blood sugar level was low or above the normal accepted level. PRN insulin was prescribed. One resident was administered insulin prescribed by the GP for two incidents when PRN was required but the outcome of administration was not able to be followed through in either the electronic record or hard copy record reviewed, that a repeat blood sugar level was completed and/or that the registered nurse was contacted.</p> <p>In addition, allergies/sensitivities were documented in several places on the residents’ records and were inconsistently recorded.</p>	<p>The sample of medication records reviewed evidenced that allergies and sensitivities were inconsistently recorded. One resident who has PRN insulin administered as prescribed by the GP has no detailed recording of the outcome for the PRN insulin given.</p>	<p>Ensure staff record the outcome, including follow-up blood sugars levels and RN notification following administration of PRN insulin and that allergies are consistently recorded.</p> <p>7 days</p>



## Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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
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End of the report.