Heritage Lifecare (GHG) Limited - Hoon Hay

Introduction

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

The audit has been conducted by 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:

Legal entity:	Heritage Lifecare (GHG) Limited
Premises audited:	Hoon Hay
Services audited:	Dementia care; Residential disability services - Psychiatric
Dates of audit:	Start date: 5 August 2019 End date: 6 August 2019

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 63

Executive summary of the audit

Introduction

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

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

General overview of the audit

Hoon Hay House and Hoon Hay rest home operate as two separate facilities on the same site. The service is owned by the Golden Healthcare Group (GHG). The overall village provides dementia level care and residential disability (psychiatric) level of care. There are four secure dementia units with a total of 60 beds and two residential mental health units with a total of 20 beds. On the day of the audit, there were 63 residents in total.

This provisional certification audit was conducted against the Health and Disability standards, the aged residential care contract, and the mental health contract with the district health board. The audit process included an interview with the proposed new provider, review of policies and procedures, the review of residents' and staff files, observations and interviews with residents, relatives, staff and management.

The two managers are appropriately qualified and experienced. There are quality systems and processes being implemented. Residents and relatives provided positive feedback around the care and services provided. An induction and in-service training

programme is provided for staff. Assessments and care plans support the needs of residents with dementia and goal plans and crisis plans support the residents with mental health diagnosis.

This audit identified that the service had fully met the standards audited.

A continued improvement rating has been awarded around the implementation of the quality system.

Consumer rights

Residents are provided with information on entry to the service and this is regularly updated with input from the residents, consumer consultant and other staff during house meetings. Resident/family information packs include specific information such as the Health and Disability Consumer Code of Rights and advocacy services. Interviews with residents (under Mental Health) and family demonstrated they are provided with adequate information and that communication is open. All residents have cultural needs identified where these exist. Open disclosure is practiced and appropriate communication with residents and families is implemented. Examples of good practice were provided. Informed consent processes are implemented.

Links with family/whānau and other health providers in the community are maintained. Residents and family are informed of the complaint process and there are policies and procedures to investigate complaints. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

Organisational management

Services are planned, coordinated, and are appropriate to the needs of the residents. Golden Healthcare Group (GHG) has an overall strategic plan. There are two service managers employed who are responsible for the day-to-day operations of the facility with the support from the GHG head office team.

Goals are documented for the service with evidence of annual reviews. The service is implementing the organisational quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a

number of meetings including quality meetings. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes/quality action forms, demonstrate a culture of quality improvements.

Human resource processes are implemented. Staff have received regular training relevant to their role and area of work. There are sufficient staff rostered on to meet the needs of the residents. The residents' files are appropriate to the service type.

The service employs a resident's consultant for the mental health service. There are regular resident meetings and satisfaction surveys. There are policies to support residents and family/whānau involvement at all levels of the service.

Continuum of service delivery

There is comprehensive service information available to all residents entering either services. Mental Health entry is coordinated by the residential options group (ROG). The service manager/registered nurse completes the intake assessments. There are processes in place to ensure safety of potential residents if declined entry transpires.

Planned activities are provided in the mental health unit that meet the resident's individual abilities and recreational needs. Links with the community are encouraged where appropriate and van outings are arranged on a regular basis. Relatives conveyed that they are satisfied with the services their family members receive.

In the dementia units, residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. Registered nurses are responsible for care plan development with input from residents and family. Family interviewed confirmed that the care plans are consistent with meeting residents' needs and were happy with the care. Diversional therapists provide a varied and interesting programme suited to the needs of dementia residents. Individual needs are considered, and each resident has an assessment, profile, 24 hour and activities plan on file. Family interviewed advised satisfaction with the activities programme.

Medications are stored securely. Staff receive training in medication management and have current competencies. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs

were being met. Meals are cooked on site. Food management processes comply with current legislation, and guidelines. Residents expressed being satisfied with the meals.

Safe and appropriate environment

The services building has a current building warrant of fitness. Procedures are in place for emergencies, laundry use and safe management of waste and hazardous substances. Maintenance systems are in place. Emergency processes are up to date. Protective clothing and emergency food supplies are available. The building is appropriately heated and ventilated. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. Each area has a lounge, dining area and safe access to the outdoor gardens with seating and shade.

The processes in place to ensure a safe environment for all residents, staff and visitors are appropriate to the service delivery.

Restraint minimisation and safe practice

Hoon Hay village maintains a restraint free environment. The service has documented systems in place to ensure the use of restraint is actively minimised. There were no enablers in use. Staff education on RMSP/enablers and challenging behaviours has been provided and self-directed learning tools are completed.

Infection prevention and control

The infection control surveillance programme is appropriate to the size and complexity of the service. A registered nurse is the designated infection control nurse with support from the GHG clinical manager and registered nurses. The infection control programme is linked into the incident reporting system and logged onto the benchmarking programme quarterly.

The infection control manual outlines a comprehensive range of policies, standards and guidelines. All infection control training is documented, and a record of attendance is maintained. Results of surveillance are acted upon and evaluated.

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	48	0	0	0	0	0
Criteria	1	115	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click here.

For more information on the different types of audits and what they cover please click here.

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Interviews and documentation confirmed Golden Healthcare Group (GHC) Hoon Hay delivers a service that is focused on the health, wellbeing and cultural needs of its residents. Twelve staff interviewed (two support staff mental health, three care staff dementia, three registered nurses (RNs) four managers and two diversional therapists were able to describe client rights as per the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Copies of the Code are given to all new residents and family/whānau. The Code is displayed in poster form in English and te reo Māori in communal areas. Interviews with five residents (mental health) and eight family/whānau (three from mental health and five from dementia) confirmed they understand the Code and know about their rights. Access to interpreters is available if required. The Nationwide Health and Disability Advocacy Service pamphlets are contained in the information provided and are accessible. Interviews with residents and family/whānau and observations demonstrated they are provided with adequate information and that communication is open.

Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Dementia: Informed consent, advanced directives and medical care guidance instructions were recorded, as evidenced in seven dementia resident files reviewed (across Hoon Hay house and rest home). All dementia residents have an activated enduring power of attorney in place (EPOA) or there is evidence that activation is in progress towards being activated. The two mental health files reviewed included signed multi-faceted consent forms and signed house rules. Both residents included a service agreement for level five. There was evidence that family involvement occurs with the consent of the resident. Family/EPOA interviewed confirmed that information was provided to enable informed choices and that they were able to decline or withdraw their consent. Resident admission agreements were signed. Mental health: Informed consents have been obtained and maintained, on the three resident files reviewed. All resident files sampled indicated that all consent forms are signed by residents indicating that they have agreed to a variety of things including the collection and sharing of personal information and to allow disclosure of information to family and other health professionals which is reviewed annually. The residents also sign an agreement and house rules when entering the service. MHA24: All resident files reviewed contained signed consent forms and all residents interviewed stated they were offered a copy of their goal plan.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Information about the Nationwide Health and Disability Advocacy Service is clearly displayed in the entrances and resident waiting areas in Hoon Hay rest home and Hoon Hay house. Residents receive information relating to the Code, which included reference to advocacy services. Residents and family confirmed that they were aware of the process of how to access the services consumer consultant and/or independent advocates should they have a need to. Staff and residents confirmed they have received education relating to advocacy and support.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources	FA	The service encouraged and welcomed family support and where required with residents' consent. Residents can meet family/whānau within their home environment and have links within the community such as access to

Consumers are able to maintain links with their family/whānau and their community.		practise religious venues and shopping. Community events were encouraged and supported for residents to attend. The resident welcome pack has clear guidelines for visitors and entry into the premises. Residents interviewed from mental health, stated they access other services in the community for various reasons. They were assisted to do so by staff as relevant to their health, wellbeing and recovery journey. As part of the resident's strength and wellness recovery/care plan, they are encouraged and supported to engage in local activities within their community such as, recreational facilities for arts and crafts. MHA: Family are provided with information about their role as family/whānau and the support services available to them. The service also uses the community-based services of Supporting Families.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints policy guides practice and aligns with Right 10 of the Code. The managers of each facility lead the investigation of concerns/complaints for their units. Complaints forms are visible and available for relatives and residents. A complaints procedure is provided within the information pack at entry. The managers also document verbal complaints, and these are managed as per written complaints. Complaints registers are maintained for each individual unit. Nine complaints for 2018 (six from Hoon Hay village and three from Hoon Hay rest home), and three complaints from 2019 year to date (two from Hoon Hay village and one from Hoon Hay rest home) reviewed on the register, have been responded to and managed appropriately with letters of acknowledgement, investigations, staff meetings and memos and letters of response and outcomes to complainants. The facility managers in each unit operate an "open door" policy. Residents and relatives interviewed confirmed they were aware of the complaint process and stated any concerns are addressed.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The Code and information on advocacy services is displayed in the main entrance of both services. Family/whānau confirmed they received an information pack on their family members entry that contains a copy of the Code and the Nationwide Health and Disability Advocacy services. Staff

		confirmed they clarify rights and advocacy with residents and family/whānau on admission and as required. Interviews with residents/family confirmed they understand the Code and know about their rights. Access to interpreters is available if required. The Nationwide Health and Disability Advocacy Service pamphlets were accessible. Interviews with residents and family/whānau demonstrated they are provided with adequate information about their rights. It was confirmed that the prospective provider is familiar with the Code as they are already a service provider for a number of other aged care services.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	Residents and family/whānau interviewed stated that staff treat them with respect, dignity and support them in their right to be as independent as possible. Residents in the mental health unit participate, to the best of their ability in daily routine tasks that promotes and endorses independence. All staff address them by their given name or preferred name, they knock on the door before entering residents' rooms, they speak to residents in a tone, and manner that is respectful as observed during the audit. Staff interviewed were able to describe how to keep residents safe from abuse and neglect. Residents and family/whānau said their personal privacy and the privacy of their information and belongings are respected. Visitors and residents have several areas for privacy. Abuse and neglect training has been provided to staff through a self-learning tool.
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	The organisation has a current Māori health plan, as required by their DHB contract, and cultural policies. The Māori health plan identifies health gain priorities for Māori. Links are in place with local Māori organisations and kaumātua who can be available when required. Resident's rights to practise their own beliefs and values are acknowledged in the policies and procedures. Golden Healthcare Group has developed the plans and policies in consultation with Māori advisors. Māori cultural needs are identified in the information at referral and the key support worker regularly reviews cultural needs with Māori residents. The service identifies cultural safety issues for Māori and can manage these on an individual basis.

		Those residents who identify as Māori have their cultural needs documented in relevant plans. Staff training records showed that cultural training was routine. MHA: There is a current implemented Māori Health Plan and cultural policies that identify and reflect specifically health gain priorities for Māori.
Standard 1.1.5: Recognition Of Pacific Values And Beliefs Pacific consumers have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	The services cultural policy includes Pacific Peoples and links with external Pacific organisations. Cultural training for staff is available across the year and cultural needs are identified at the point of referral. Pacific staff are supported and encouraged into positions of leadership and to access funding options for Pacific staff to improve qualifications levels. Residents who identify as Pacific have their cultural needs recorded in the relevant care plans.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	Staff interviewed were aware of resident's individual needs, values and beliefs and these were noted in residents' files reviewed. Residents/family reported that staff were responsive to their cultural needs. They stated that they were supported to access cultural and spiritual activities important to them. Support was provided to attend spiritual gatherings. Staff explained how they acknowledge different views of spirituality as part of the resident's wellbeing and personal plans. Hoon Hay has a workforce that represents the cultural composition of the regional area. This allows access for residents to staff of their own culture. The Hoon Hay House resident satisfaction survey 2019 was completed with the mental health residents. A 78% satisfaction result around meeting values and beliefs was obtained and 100% from relatives. Survey outcomes were discussed with residents.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	There are implemented policies and procedures to protect residents from abuse, including discrimination, coercion, harassment, and exploitation, along with actions to be taken if there is inappropriate or unlawful conduct. Expected staff practice is outlined in job descriptions. Staff interviewed

		demonstrated an awareness of the importance of maintaining professional boundaries with residents. Residents rights are included in the welcome pack provided to all residents, family and representatives as appropriate on admission. Staff described the concept of inclusion and non-discrimination. Staff described professional boundaries, description of roles and responsibilities. Staff providing supervision have had supervision training that includes the identification and maintenance of professional boundaries. Residents/family stated that they felt safe and that they have not experienced any discrimination, coercion, bullying, sexual harassment or financial exploitation. Residents engage socially in the community and amongst the general public. This helps to break down barriers of social stigmatism and discrimination.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Hoon Hay House village (dementia and mental health) and Hoon Hay rest home (dementia only) are two separately run facilities connected by a shared service area. Both managers are experienced managers in their specialised areas, and both have completed specific training. There is an RN in each facility Monday - Friday and the Golden Health Group (GHG) provide registered nursing staff on-call 24 hours a day. A general practitioner (GP) visits the facility weekly and an afterhours GP service is in place. The general practitioner (GP) reviews residents identified as stable every three months with more frequent visits for those residents whose condition is not deemed stable. There is a close link with psychiatric district nurses and psychiatrists. Physiotherapy and dietitian services are accessed from the district health board if required. There is a regular in-service education and training programme for staff. Support workers (mental health) and caregivers (across dementia) are supported to complete qualifications appropriate to their roles. The service has links with the local community and encourages residents to remain independent. Golden Health Group management are committed to delivering quality care with a strong emphasis on staff education and continued improvements in the delivery of resident-focused care. Policies and procedures align with current accepted best practice. The content of policies and procedures are sufficiently detailed to allow effective implementation by staff. Care staff

		and RNs also have access/reference to aged care best practice guidelines. There are specific mental health policies to support the residents in Hoon Hay House. Regular newsletters are provided to family at both Hoon Hay House and Hoon Hay rest home. An annual in-service training programme is implemented as per the training plan with training for registered nurses from the DHB and involvement in the Careerforce programme for all caregivers/support workers. Residents' falls are analysed in detail. Feedback is provided to staff via the various meetings. Staff interviewed have a sound understanding of dementia level care and stated that they feel supported by the clinical staff, facility managers and support management team. Support workers specifically rostered across the mental health units have complete specific self-directed learning tools specific to caring for residents with mental health issues. The strategic plan recognises the importance of mental health and dementia level care. The annual quality plan includes goals relevant to mental health care and dementia care. Goals also reflect the importance of Māori. Key performance indicators are identified, monitored and outcomes shared with staff. The service benchmarks with other GHG facilities.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	The service has an open disclosure policy and staff interviewed confirmed their understanding of open disclosure. The service has access to interpreters where required both internally and externally. Residents (mental health) and family/whānau members across both areas confirmed communication with staff is open and effective. Family/whānau interviewed stated they were kept well informed about the facility and their family/whānau member. Communication with family was documented in the residents' progress notes. Records of meetings are documented with any outcomes of discussions documented, implemented and signed off. Incident forms reviewed (10 from Hoon Hay house, 13 from Hoon Hay rest home) identified that family have been kept informed. Residents and/or family/whānau have the opportunity to raise any issues/suggestions they may have and be kept informed with matters relating to the facility. Resident meetings for Hoon Hay House (HHH) mental health, are held monthly. Staff described working collaboratively

		with residents and family/whānau including mutual open and honest communication. Interpreter services are available and can be accessed if needed.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Hoon Hay Village is certified to provide residential disability - psychiatric, and dementia level care for up to 80 residents. The service is divided into two separate facilities, which are joined by a shared kitchen and laundry. On the day of audit there were 63 residents. In Hoon Hay rest home, there are two secure dementia units of 20 beds each. There were 19 residents in the north unit and 17 residents in the south unit. All residents were under the ARC contract. Hoon Hay House village has 40 beds divided into four units of 10 beds. In 2018, the service reconfigured two units as 10-bed dementia units. Moa unit currently has seven of 10 residents. All under the ARC contract. Weka dementia unit is currently not open. The remaining 20 beds at Hoon Hay House village is residential mental health beds. Both units (Tui and Kauri) have 10 residents in each of the 10-bed units. The service is part of the Golden Healthcare Group (GHG), which operates seven facilities in Christchurch. The GHG organisation has a corporate services manager and an operations manager, who report to the owner/managing director of all the GHG facilities. There is an overall GHG group strategic plan for 2019 – 2024. The GHG quality and risk management programme for 2019 includes a quality programme and short-term goals specific to Hoon Hay House and Hoon Hay rest home with clearly defined goals and objectives. Annual reviews are conducted of the quality and risk programme. Across GHG, benchmarking groups are established for facilities with similar service levels. Benchmarking of key clinical quality and incident data is conducted. Golden Healthcare Group employs two service managers at Hoon Hay Village. The Hoon Hay House service manager is a comprehensive registered nurse; she is experienced in mental health and dementia level care and has been in the role for three years.

		The Hoon Hay rest home service manager (non-clinical) has been in the role for 14 months and has a business management background. She is supported by two registered nurses (experienced in dementia level care) that work across seven days. The organisation employs a quality assurance manager and a clinical manager, and they both work across all facilities and provide support to the facility managers and registered nurses. The managers have all completed at least eight hours of professional development related to their management role. New Provider Interview September 2019: The new provider (Heritage Lifecare (GHG) Limited) is an established New Zealand aged care provider, currently operating more than 2300 beds (updated Sept 2019) in the sector. This proposed acquisition of GHG facilities will add a further seven facilities in the Canterbury region. An organisational structure document for HLL sighted details the reporting lines to the board currently in place. The acquisition of GHG is planned to be different from the other purchases of facilities around the country over recent months as the seven GHG facilities will continue to be run as a group with the current Corporate Services Manager in the role of GHG General Manager reporting directly to the HLL CEO. Heritage Lifecare (GHG) Limited will retain separate systems such as the quality and risk management system. The HLL GHG transition plan sighted onsite in September is led by an experienced and well-qualified project team. Changes in signage are planned within three months. The transition plan includes all aspects associated with the acquisition. HLL report GHG staff will be invited to the usual regional HLL workshops as relevant to any future planned introduction of documentation and new HLL systems and processes. The HLL project team is working closely with the GHG Corporate Services Manager to ensure a smooth transition of each operation. HLL reported that GHG staff will be invited to the usual regional HLL workshops as relevant to any future planned introduction of documentation, and new HLL systems and processes. The HLL project team is working closely with the GHG Corporate Services Manager to ensure a smooth transition of each operation. It is expected that the senior team will remain in place at each facility. It is

		expected that existing staff will transfer to the new provider. The prospective purchaser has notified the relevant District Health Board and HealthCert prior to the provisional audits being undertaken.
Standard 1.2.2: Service Management 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.	FA	During the temporary absence of either of the managers, the operations manager or relief manager provides cover, with the support from the other facility managers, clinical manager, corporate services manager, quality assurance manager and registered nurses. New Provider Interview September 2019: The prospective provider is not planning any staffing changes. Existing cover arrangements for the day to day operations will remain in place. The prospective new owner understands the needs of the different certified service types and understands the Age Residential Related Care (ARRC) agreement, including in relation to responsibilities of the ARRC manager to meet section D17 of the agreement.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	Hoon Hay House and rest home have a documented quality and risk management system. There is a two monthly quality meeting at head office that includes managers and registered nurses from across the GHG facilities. The quality assurance manager (across the organisation) also attends the two monthly quality meeting at Hoon Hay. Quality management monthly summary reports (completed separately by both service managers) are tabled at both meetings. The quality meeting includes infection control and health & safety. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. There are specific policies related to mental health. There are regular two monthly staff meetings at Hoon Hay House and quarterly staff meetings at Hoon Hay rest home. Staff and quality meeting minutes sighted, evidenced staff discussion around accident/incident data, health and safety, infection control, internal audit outcomes, concerns and

		survey feedback. The service collates accident/incident and infection control data. KPIs are identified. Monthly comparisons/benchmarking include detailed trend analysis and graphs. The staff interviewed were aware of quality data results, trends and corrective actions. An internal audit programme covers all aspects of the service and completed at both sites. Any areas for improvement are identified and implemented. A monthly summary of internal audit outcomes is provided to the staff and quality meetings for discussion. Corrective actions are developed, implemented and signed off by the quality assurance manager. There is an implemented health and safety, and risk management system in place including policies to guide practice. The managers are responsible for health & safety and accident/incident investigations with clinical follow-up provided by the registered nurses. There are current hazard registers. Staff confirmed they are kept informed on health and safety matters at staff and quality meetings. Annual relative surveys are conducted for the dementia care families with an overall rating of 98% in 2018. Results have been collated and results fed back to relatives and staff as evidenced in meeting minutes and newsletters. A 2019 resident and relative survey was completed in regard to the mental health unit. An 86% outcome was achieved following the resident survey and 92% outcome from the relative survey. Corrective actions were established where required. Fall prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. MHA24: The quality plan meets the mental health contract requirements with specific goals for Hoon Hay House. Golden Healthcare Group (GHG) has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, regular resident and family satisfaction surveys, monitoring of outcomes, and management of clinical incidents including infections, falls and medication. Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the GHG organisation's management team, quality and risk team and

		registered nurses meeting, and Golden Age, Camellia Court and Albarosa quality and risk team and staff meetings. Staff reported their involvement in quality and risk management activities through learning and development, audit activities, meeting attendance and incident reporting. Relevant corrective actions are developed and implemented to address any shortfalls and a corrective action register is maintained. Resident and family satisfaction surveys are completed annually. The most recent survey completed in 2019 showed overall satisfaction with all aspects of the service provided at each of the three facilities. Corrective actions have been taken for all areas with a rating below 100% satisfaction, and feedback on these provided to the resident's meetings along with the survey results. Policies reviewed were current and cover all necessary aspects of the service and contractual requirements. The document control system ensures a systematic and regular review process, approval, distribution and removal of obsolete documents. It is intended that GHG policies and procedures will be retained. The GHG corporate services manager and three facility managers described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. Managers are familiar with the Health and Safety at Work Act (2015) and GHG has implemented requirements. New Provider Interview September 2019: The new company to be known as Heritage Lifecare (GHG) Limited will continue to operate the current GHG quality plan and reporting systems within the group. Reporting to the HLL board will be via the Heritage Lifecare CEO by the Heritage Lifecare (GHG) Limited General Manager (currently the GHG Corporate Services Manager).
Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.	FA	Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the quality and risk management programme and discussed in quality management and staff meetings. Ten incident forms for Hoon Hay House were reviewed and twelve from Hoon Hay rest home. Clinical assessment and review have been completed in a timely manner by a registered nurse. Accidents/incidents were also recorded in the resident

		progress notes. Neurological observations were completed where required in nine incident forms reviewed. The service reports incidents to the staff meetings and the quality and risk management meeting. Staff interviewed confirmed that incident and accident data is discussed at the staff meetings and information and graphs are made available. Incidents are analysed and corrective actions established where above the benchmark. Discussions with the management team confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications. The service provided an example of appropriate reporting for two serious incidents and also outbreaks to public health. New Provider Interview September 2019: There are no known legislative or compliance issues impacting on the service. The prospective owner is aware of all current health and safety legislative requirements and the need to comply with these. The General Manager Clinical and Quality interviewed was able to verbalise knowledge and understanding of actions to meet legislative and DHB contractual requirements.
Standard 1.2.5: Consumer Participation Consumers are involved in the planning, implementation, and evaluation at all levels of the service to ensure services are responsive to the needs of individuals.	FA	The services consumer participation policy outlines active ways to promote and support involvement of residents in the service. Residents have access to the services consumer consultant. Interviews with residents, satisfaction and activity survey questionnaire responses, indicate resident opportunity to give specific feedback. The consumer consultant is employed in a part time paid position with a position description. Resident participation also occurs via house meetings where they are able to give feedback and discuss issues. Minutes of resident meetings are provided to the manager of Hoon Hay House, who then provides the report to the quality management and senior staff meeting. Resident feedback was sighted as being presented at relevant meetings and included the implementation of resident feedback. Resident satisfaction surveys are implemented annually. Residents said they felt comfortable to talk to staff at any time.

Standard 1.2.6: Family/Whānau Participation Family/whānau of choice are involved in the planning, implementation, and evaluation of the service to ensure services are responsive to the needs of individuals.	FA	The service has a family participation policy and family provide feedback to the service through next of kin satisfaction surveys, verbally, and through compliment/comment/complaint forms that are readily available. Staff and family/whānau interviewed stated they are encouraged to be involved as much as possible with their family/whānau at an individual level and to attend admission, and reviews of care plans. They also attend social gatherings from time to time such as a mid-winter Christmas gathering recently in which informal feedback is gathered. Families can receive additional support when required from Supporting Families in Mental Illness. Family interviewed stated that staff have good links with them; keep them informed and they have found the service meets their expectations. All family stated staff are friendly, approachable and communicative.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	There are human resources policies to support recruitment practices. Nine staff files sampled (one service manager, four registered nurses, three caregivers and one diversional therapist) contained all relevant employment documentation. Current practising certificates were sighted for the registered nurses and allied health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed advised that new staff were adequately orientated to the service on employment. An education planner covers compulsory education requirements over a two-year period. Three registered nurses have completed interRAI training. Clinical and care staff complete competencies relevant to their role. Education is provided either as face-to-face sessions, from visiting external providers, as self-directed learning tools or staff are facilitated to access external training such as walking in another's shoes programme. There is a Careerforce trainer across Golden Healthcare Group that supports staff to complete qualifications. Hoon Hay rest home There are 18 caregivers, one diversional therapist (DT) and one activity therapist employed across the dementia care units. Fifteen caregivers and one DT have completed the required dementia unit standards, two caregivers are in the process of completion and one is newly employed.

		Hoon Hay House Village There are 13 caregivers, and one diversional therapist (DT) employed across the 10-bed dementia care unit (one 10-bed unit currently remains closed). Six caregivers and one DT have completed the required dementia unit standards, three caregivers are in the process of completion and four are newly employed. MHA24: The service has focused on ensuring that all staff meet minimum training qualification expectations, for example, support staff in mental health services are facilitated to achieve the national certificate level four. Of the nine support workers employed across the mental health units, four hold level four mental health certificates, one with level three and two in process.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	Golden Healthcare Group has a documented rationale for determining staffing levels and skill mixes. Care staff reported that staffing levels and the skill mix was appropriate and safe. Residents and family members interviewed advised that they felt there was sufficient staffing. The service has a staffing levels policy implemented, which determines there is a registered nurse either on duty, or on call at all times, and that at least one staff member on duty will hold a current first aid qualification. Golden Healthcare Group also has a senior registered nurse who oversees three facilities (South Group) and provides clinical support out of hours. Hoon Hay Rest Home (2 x 20-bed dementia units) The manager of the dementia unit is employed 40 hours a week, Monday to Friday and on call for non-clinical issues. There is an RN rostered on the AM shift Monday to Sunday on day shifts 0800 – 1630. Each of the two dementia units (North wing has 19 residents and South wing has 17 residents). Both units two caregivers on duty for the AM shift and the PM shift and three caregivers across the two dementia units at night. There is a diversional therapist five days a week and an activities

		coordinator on Saturday to Sunday 0700 - 1530 Hoon Hay House (2 x 10-bed mental health and 2 x 10-bed dementia unit, with one 10-bed currently closed) The service manager (RN) of Hoon Hay House works 40 hours per week has been in the role for two years (was an RN in the unit for eight months before this role). The service manager is a comprehensive training nurse with many years' experience working in aged care and dementia units. A further RN is employed 25 hours a week. For the dementia unit 7 of 10 residents: 2x caregivers 0700 - 1530 Housekeeper 0730 – 1330 Tuesday - Friday. DT hours - 40 hours. 2x caregivers 1500 - 2330 Caregiver 2315 - 0745 (will complete personal laundry in laundry that is part of the unit) The staffing levels meet contractual requirements for the 20-bed mental health unit (20 residents). Administrator: Monday to Friday AM: Monday to Friday: two - three support workers, and one RN. Weekends two support workers. PM: two x support worker. Night: one support worker MHA24: All residents have an allocated key worker and residents interviewed reported that they have some choice over their key worker and that their key worker is acceptable to them. There are staff available to residents 24 hours per day. The RN/services manager is always on call.

		MHA24: Staff have easy access to clinical/professional mental health practitioners employed within the service, to support service/staff development and quality outcomes. On-call clinical advice is available at all times. The support workers interviewed reported clinical advice is easy for them to access. New Provider Interview September 2019: The prospective owner intends to maintain the current GHG staffing levels and skill mix. The representative for HLL interviewed was able to confirm understanding of the required skill mix to ensure rest home and dementia care residents needs are met. The organisation already provides the range of levels of care (geriatric/medical, dementia, rest home, subacute mental health and psychogeriatric services) and recognises the competencies and contractual obligations to be met when delivering these services.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Other residents or members of the public cannot view sensitive resident information. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas. Residents' files demonstrate service integration. Entries sighted were legible, timed, dated and signed by the relevant support worker, caregiver or registered nurse.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	Dementia: The service has admission policies and processes in place. Residents and family receive an information pack outlining services able to be provided, the admission process and entry to the service. The manager and registered nurse screen all potential residents prior to entry and document's all admission enquiries. Dementia resident's family/whānau interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not

		included in the agreement. Mental Health Services: The service manager/RN for mental health confirmed entry to the service is discussed at the residential option group (ROG) meeting. The person referred visits Hoon Hay House, with their referrer and family/whānau if appropriate. Then arrangements are made to facilitate an admission. The manager reported that when necessary a transition plan that best suits the resident and the service is agreed too. This includes an initial plan and mutual agreement around moving in. The paperwork and processes are appropriate. Potential residents receive an information pack that is part of the admission agreement. The resident information includes information around the code of rights, health and disability advocates, information on how to make a complaint, and consent form.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Dementia care: There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition. Mental health: The residents at the service are long-term mental health residents. Those who discharge, either move to a different level of care or transition to another residential facility to have greater opportunity to gain independent living skills. There is a Hoon Hay House discharge plan, which was completed in the files reviewed. The service manager advised that for a person to be discharged they must be referred to the Residential Options Group where a package of care and/or links to a community support worker are allocated to support the resident to transition into the community.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice	FA	The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Medications are provided by the pharmacy and are delivered pre-packed on a four-weekly

guidelines.		basis. The facility uses a blister pack medication management system for the packaging of all tablets. The RNs reconcile the delivery, and this is documented. Medication administration practice complies with the medication management policy for the medication rounds sighted. Medication prescribed is signed for correctly for the sample of fourteen medication charts reviewed in the dementia units and four from the mental health unit. Registered nurses and caregivers administer medicines in the dementia units and mental health units. Staff who administer medication have been assessed as competent. Electronic medication charts are documented by medical practitioners and there was evidence of three-monthly reviews by the GP. All medications are prescribed and charted in line with guidelines. There is photo ID for all residents. There were no residents self-administering medicines. Standing orders are not used. There are no controlled drugs in current use.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	The service employs a cook and kitchenhands to provide meals for aged care/dementia and mental health residents. Kitchen staff have completed food safety training. There is a four-weekly rotating menu which has been reviewed by a dietitian. All meals are prepared in the main kitchen and served from the kitchen directly to the residents' in the North dementia unit dining room and in hot boxes to other dining rooms. The kitchen is large, clean and well equipped. There is a four weekly rotational menu for summer and winter. A dietitian reviews the menu. Dietary requirements are provided for and any changes are communicated to the cook through the registered nurse. Fridge and freezer temperatures are recorded and monitored. There are additional snacks available in the dementia unit 24 hours. There was fresh fruit and hot and cold drinks available to residents in mental health. Residents and family/whānau stated the meals are nutritious and enjoyable. Residents in the mental health units interviewed stated the food was good. The recent 2019 satisfaction survey in Hoon Hay House received a 94% outcome from residents. The 2018 satisfaction survey completed by relatives of residents across the dementia units resulted in 97% outcome.

Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.	FA	Dementia: The service records the reasons for declining service entry to potential residents should this occur, and this decision is communicated to potential residents/family/whānau. Anyone declined entry is referred back to the referring agency for appropriate placement and advice. Mental health service: The service manager/RN for mental health confirmed entry to the service is discussed at the residential option group (ROG) meeting and therefore it would be unusual for the service to decline entry. A declined entry may result from the potential resident changing their mind following a visit to the service. Should this occur the resident is referred back to the referrer. All declined entries are discussed with the referrer.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Dementia care: All residents are admitted with an interRAI assessment completed by the need's assessment and service coordination team prior to admission. Personal needs information is gathered during admission that formed the basis of resident goals and objectives. Files reviewed identified assessments have been reviewed at least six monthly. The registered nurses (RN) have completed interRAI training and the assessment tool was evident in resident files. The resident files evidenced discharge/transfer information from the DHB (where required). Residents with dementia have a behaviour assessment completed. Mental health: MHA24: There is a process around documentation of a nursing admission assessment and crisis prevention plan. Residents interviewed confirmed that they are part of the assessment process. My ADL assessment identifies what the resident can and cannot do. This links to the 'Goal Plan' which includes specific goals around what the resident would like to achieve such as (but not limited to); showering independently, to catch a bus independently. Risk assessments and identification of early warning signs are also completed by the DHB case manager.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused,	FA	Dementia care: Resident files reviewed included all required documentation. The long-term care plan records the resident's problem/need and objectives. Long-term care plans reviewed identified that interventions

integrated, and promote continuity of service delivery.		documented supported current resident needs. Short-term care plans have been used for short-term issues, and transferred to the long-term care plan, if issues continue. Regular GP care is implemented, as sighted in current GP progress reports. Resident files reviewed identified that family were involved in the care plan development and ongoing care needs of the resident. Families interviewed confirmed their involvement in the care planning process. Residents with dementia have a behaviour management plan in place, which includes triggers, diversional therapies and behaviour management strategies. These cover a 24-hour period. Mental health: The crisis prevention plan, support plan and treatment plan outlines management of individual risk. This includes documentation of early warning signs and relapse prevention when the person enters the service. This is reviewed six monthly or as required. The plan is developed in partnership with the resident, and files reviewed indicate that there is an initial risk assessment and documentation of early warning signs with ongoing review as planned. Staff interviewed reported that they complete the goal plans together and find them easy to follow and that they reflect the resident wishes. Residents said they are involved at an appropriate level in the planning and management of their care.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Dementia care: Care plans are current, and interventions reflect all of the assessments conducted. Interviews with staff (registered nurses and caregivers) and relatives confirmed involvement of families in the care planning process. Dressing supplies are available and treatment rooms in each facility were stocked for use. Continence products are available and resident files included a urinary continence assessment, bowel management and documented continence products identified for day use, night use and other management. The GP documentation and records were current. Specialist continence advice is available as needed and this could be described. Wound assessment and wound management plans were in place for six residents with eight wounds. Wounds included two long-term ulcers, four skin tears, one graze and a stage one pressure injury. All wounds documentation included management plans, progress and evaluations

		including regular photographic updates. The RNs interviewed advised that they have access to external wound specialists as required. Progress notes and observation charts are maintained. Staff confirmed they were familiar with the current interventions of the residents they were allocated. Monitoring charts/forms are in use to monitor progress including vital observations, neurological observations, weight, food and fluid, pain monitoring, blood sugar levels behaviour reporting chart, and 24-hour whereabouts charts for residents as required. Mental health: Service provision and interventions meet the medical, mental health needs of the residents as described in individual plans. 'My Goal plan' has a focus around improving independence. Residents receive services that are aligned with their needs and were confirmed at staff and resident interviews. Interviews with two support workers described understanding the residents' needs and triggers and supporting them to meet their goals. MHA24: Individual personal profiles, treatment and support plans identify the relative roles of the keyworkers involved in the resident's care including visiting community mental health teams' clinical staff and case workers.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	Hoon Hay rest home: There is one diversional therapist (DT) employed across the two dementia care units Monday – Friday and an activity coordinator Saturday and Sunday. The DTs time is divided evenly between the two 20 bed areas with combined activities taking place for entertainment and church services. Each resident has an individual activities assessment on admission. An individual activities plan which covers the 24-hour period has been developed by the DT. Each resident is free to choose if they wish to participate in the group activities programme or their individual plan. Participation is monitored. Group activities reflect ordinary patterns of life and include planned visits to the community. Relatives interviewed commented positively on the activity programme. Residents are assisted to maintain contacts with community groups. Families are welcome to be involved in the dementia care activities programme. Regular newsletters are provided to family on activities and events that have occurred at Hoon Hay rest home. The results and consequent corrective actions from the last relative survey 2018 was shared with family via the relative survey.

		Activities received a 95% satisfaction outcomes. Mental health: Residents described a range of personal interest, work and community groups they participate in that are based on individual strengths and interests. Residents also have input into and participate in the group activities run within the Hoon Hay House village mental health. Staff discussed how residents' goals, interests and strengths form the basis of the support offered. Residents were able do their own washing and participate in lunch preparation and cooking twice weekly. An activities survey was completed in 2019 with an 88% outcome. This was discussed with residents and corrective actions implemented. Family newsletters are provided. There is a diversional therapist Monday – Friday that works mainly with the residents in the dementia unit. The activity programme is varied. All residents have an individual activities plan which covers the 24-hour period. Group activities are also available for residents to attend in the Hoon Hay rest home dementia units. MHA24: The support staff provide individual cooking lessons with residents twice weekly. All other meals are cooked in the main kitchen. Residents attend to their own laundry with staff support as required. The service employs cleaners to ensure they maintain a high standard of cleaning. Each resident has an individual plan that includes individual their goals.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Dementia care: All initial care plans are reviewed by the registered nurse within three weeks of admission. The long-term care plans were reviewed at least six monthly or earlier if there was a change in health status. Short-term care plans were reviewed by the RN at least weekly and either noted as resolved or added to the long-term care plan and were dated and signed. Evaluations document progress towards meeting goals. There is at least a three-monthly review by the GP. Care staff document progress notes on every shift. There is evidence of GP contact when a resident's condition changes. There was recorded evidence of additional input from professionals, specialists or multidisciplinary sources. Mental health: Reviews are undertaken formally every six months by an MDT, including the service manager, key support worker, registered nurse

		mental health specialist, and resident. Resident goals that have been updated are discussed at handovers and staff notified of reviews and updates, which they are expected to read. Where progress is different from expected, the service in partnership with the resident, changes the plans according to the needs of the residents and this was confirmed by the staff interviewed. Evaluations include input from clinicians, the resident and their family where needed, as stated by residents and family interviewed. MHA24: The individual 'My goal plan" sets out specific plans and goals that are reviewed three monthly and informally at fortnightly one-to-one sessions with key workers. In accordance with their plan, people using the service aim to progress towards more independent living (within the limitations of the service), or, as mutually agreed, will maintain their level of independence by developing skills and supports. Example: One resident goal was to improve physical health by walking 30 minutes a day. Their recent evaluation identified the resident has been meeting this goal.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	The service facilitates access to other services (medical and non-medical) and where access occurred, referral documentation is maintained on the residents file. The registered nurses initiate referrals to nurse specialists, allied health services needs assessment services and psychiatric services for the elderly. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the resident and family as evidenced in interviews, medical notes and family communication sheets. Residents' and/or their family/EPOA are involved as appropriate when referral to another service occurs. Progress notes and care plans document referrals.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	Hoon Hay has processes in place for the management of waste and hazardous substance. There are waste management, hazardous substances and chemical safety policies and procedures. The maintenance person is responsible for waste management. There is blood and body fluid clean up equipment held in the sluice rooms and notices were sighted on safe use of chemicals. Notices were also sighted in the cleaners' locked

		cupboard on safe use of chemicals and cleaners described safe practices. Chemicals are limited to those in general household use with any potentially hazardous substances stored in locked cupboards. A hazard register and maintenance plan are in place. Protective clothing appropriate to the service risks (gloves, masks and aprons) are available and were sighted being used on the day of the audit. Staff have received training and education to ensure safe and appropriate handling of waste and hazardous substances.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building has a current building warrant of fitness which expires 1 May 2020. The building was observed to be appropriate and suitable for the needs of residents with safe and secure external areas. There is a planned maintenance schedule implemented. An annual test and tag programme is current, with checking and calibrating of clinical equipment annually. Fire drills occur six monthly, the last May 2019. A dedicated organisational role holds responsibility for maintenance management. This included a monthly maintenance check. Records were reviewed. They were thorough and any issues identified could be traced for completion. The dementia units are secure. The mental health units are not secure. Hot water temperatures are monitored and recorded monthly. There is safe access to the building for people needing mobility aids. Visitors' are required to register their arrival and when they leave. The three dementia unit lounge areas are designed so that space and seating arrangements provide for individual and group activities. Seating is appropriate and designed to meet the resident group. There are quiet, low stimulus areas that provide privacy when required. A safe and secure outside area is easy to access. Residents and family interviewed said all aspects of the facilities are comfortable and clean and suitable for their needs. New Provider Interview September 2019: HLL has undertaken a period of due diligence, including building reports, in preparation for purchase of each of the seven GHG facilities. There are presently no plans for any environmental changes in the facilities.

Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.	FA	All residents' single bedrooms include an ensuite. Visitors, toilets and communal toilets are conveniently located close to communal areas. Communal toilet facilities have a system that indicates if it is engaged or vacant. Appropriately secured and approved handrails are provided in the toilet/shower/bathing areas and other equipment/accessories are made available to promote resident independence. Residents and family/whānau reported there are sufficient toilets and showers. Bathroom facilities sighted are appropriate for use and are clean and private.
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	There is adequate personal space provided in bedrooms which allows residents and staff to move around within the room safely. Residents interviewed spoke positively about their rooms. Mobility equipment was sighted in rooms of residents requiring this, with sufficient space for both the equipment, staff and the resident. Rooms are personalised with furnishings, photos and other personal adornments and the service encourages residents to make the space their own. There is room to store mobility aids such as walkers when required.
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	Residents and family interviewed stated the facilities are suitable for visitors with several areas for privacy. The mental health unit has two10-bedroom wings with dining room and lounge. There is also a large games room, TV room and a purpose-built OT room with dining tables and a small kitchen. The dementia unit in Hoon Hay House has a combined lounge/dining area. In Hoon Hay rest home, the dementia care units are divided into two areas of 20 beds in each with dining and lounge areas in both. Both areas have spacious open plan dining and lounge areas that meet the needs of the residents and observational requirements for care staff. There is adequate space for activities persons to provide a group activity. The layout provides for freedom of movement within a safe and secure environment. There are external walking paths and internal spaces to allow wandering that is not obtrusive on other residents. There is sufficient space within the open plan dining and lounge areas to accommodate individual low stimulus activities and group activities. Resident dining can be easily observed and

		supervised.
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	In the mental health unit, the residents have a separate laundry with washing machines and dryer availability. Residents are responsible for their own laundry and are coached and monitored if needed by staff. There are written notices on laundry procedures and on the operation of washing machines and dryers. There are cleaning and laundry policies and procedures in place. The service employs cleaners/housekeepers and laundry staff. Cleaning equipment and chemicals are safely stored in locked cupboards, the laundry and sluice areas. Laundry staff provide the washing service across the dementia care units. There is personal protective equipment available including heavy-duty gloves, aprons, face shields and masks as appropriate. Cleaning schedules are in place and implemented. The cleaners have a daily schedule with additional weekly duties. Ecolab carries out quality control checks and provides relevant training and education for staff.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	The service has an approved evacuation plan 17 May 2012. Fire evacuation drills are held six monthly. Civil defence equipment and resources are available, and this was discussed with the maintenance person responsible. A gas barbecue is also available. The facility has back-up lighting, power and sufficient food, water and personal supplies to provide for its maximum number of residents and staff in the event of a power outage. The emergency plans and security systems meet regulation requirements. The nurse call system is appropriate for the size of the facility and call-bells are accessible in the rooms, lounge and dining areas. Emergency and evacuation notices are displayed at mental health and dementia residential sites. Staff and residents are familiar with emergency procedures. Staff have current first aid training. Residents are aware of how to contact staff if needed. MHA24: The service has a current health emergency/pandemic plan. The service advised that is requested they are available to participate in any

		DHB requested emergency response exercises. A copy of the services pandemic plan is available to the DHB on request.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	Resident rooms have at least one external opening window of normal proportions and plenty of natural light. Bedroom windows have security stays and there are night light dimmers. There is underfloor heating, heat pumps and additional heaters as required. The residence was warm and comfortable on the day of the audit. Residents and family/whānau interviewed, confirmed the environment is warm and comfortable.
Standard 3.1: Infection control management 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.	FA	GHG Hoon Hay House and Hoon Hay Rest Home have an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The South senior registered nurse is the designated infection control nurse with support from the Golden Health Group Clinical Manager and registered nurses. The infection control team at GHG Hoon Hay are part of the quality and risk team meetings who review infection control matters. Minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually. An MRSA outbreak in April/May was successfully managed with evidence of additional staff training. Staff interviewed were aware of specific precautions. Two residents remain positive for MRSA and appropriate care plan interventions are implemented. An outbreak in July and August 2018 in the dementia units was appropriately managed with notification made, extra resources provided, appropriate management of staff, residents and families and a debriefing post incident.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information	FA	There are adequate resources to implement the infection control programme at Hoon Hay House and Rest Home. The infection control (IC) nurse has maintained practice by attending infection control updates. The

resources to implement the infection control programme and meet the needs of the organisation.		infection control team is representative of the facility. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and wall mounted alcohol hand gel is freely available.
Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated at least two yearly.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The facility is committed to the ongoing education of staff and residents. Education is facilitated by the infection control nurse with support from the registered nurses. All infection control training has been documented and a record of attendance has been maintained. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak had been resolved. Information was provided to residents and visitors that is appropriate to their needs and this was documented in medical records. Education around infection prevention and control has been provided in 2018.
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.	FA	There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided. The GHG infection control and prevention nurse collects the infection rates each month, identifies trends and uses the information to initiate quality activities within the facility, including training needs with support from the GHG quality assurance manager. Monthly infection data is collected for all infections based on signs and symptoms of infections. All infections are entered into the infection/incident summary log in each resident file, and collated monthly. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary.

		The data has been monitored and evaluated monthly and annually at facility and organisational level. Care staff interviewed were aware of infection rates. Systems are in place that are appropriate to the size and complexity of the facility. Infection control is discussed at clinical and staff meetings.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Hoon Hay village maintains a restraint free environment. The service has documented systems in place to ensure the use of restraint is actively minimised. There were no enablers in use. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Enablers are voluntary. Staff education on RMSP/enablers and challenging behaviours has been provided and self-directed learning tools are completed. New Provider Interview September 2019: HLL has policies and procedures in place to guide staff in the safe use of restraint and its minimisation as well as for use of enablers. These policies are implemented across the group and a small number of restraint devices are approved for use following assessment. The prospective provider is experienced in the requirements of the standard, as it pertains to aged residential care and mental health services. HLL GHG will retain their restraint minimisation framework including but not limited to policies, procedures and processes.

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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	Goals are set annually with all Facility Managers, the Executive Management Team and all the Registered Nurses. KPIs are set against last years collated data of the seven Golden Healthcare Group sites. KPIs are set for resident incidents, falls, infection rates, resident satisfaction surveys and pressure injuries. Objectives are also reviewed for the previous year to see if met or not. Facility managers, the executive management team and all the registered nurses have input into setting objectives for the year.	The achievement of the rating that the service collects, analyses, evaluates, and communicates outcomes of quality data is beyond the expected full attainment. The service has conducted a number of quality improvement projects where a review process has occurred, including analysis and reporting of findings has occurred. There is evidence of action taken based on findings that has made improvements to service provision. The projects include reviewing if the improvements have had positive impacts on resident safety or resident satisfaction. Example: a project was implemented in Hoon Hay House as a result of inappropriate resident behaviour in the community. An improvement plan was implemented which included introduction of keyworkers to partner several residents and assisting them to achieving goals. Inappropriate behaviour incidents decreased between 2017 and 2018. Resident survey outcomes

			have increased by 5% in 2018.

End of the report.