

Heritage Lifecare Limited - Princes Court Lifecare

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:

Legal entity:	Heritage Lifecare Limited	
Premises audited:	Princes Court Lifecare	
Services audited:	Dementia care	
Dates of audit:	Start date: 18 February 2020	End date: 19 February 2020
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:	28	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Princes Court Lifecare provides dementia rest home level care for up to 35 residents. The service is operated by Heritage Lifecare Limited and managed by a care home manager. 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 family members, management, staff and a general practitioner.

This audit has resulted in the identification of areas for improvement relating to staff requirements for current first aid certificates, chemical handling and furniture repairs.

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' 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 and families is promoted and confirmed to be effective. There is access to interpreting services if required. Staff provide families with the information they need to make informed choices and give consent.

There were no residents who identified as Māori at the time of audit.

There was no evidence of abuse, neglect or discrimination.

The service has linkages with a range of specialist health care providers to support best practice and meet residents' 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.		Some standards applicable to this service partially attained and of low risk.
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Business and quality and risk management plans included the scope, direction, goals, values 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 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.		Standards applicable to this service fully attained.
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Access to the facility is appropriate and efficiently managed with relevant information provided to the potential family.

The multidisciplinary team, including a registered nurse and general practitioner, assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents' families verified satisfaction with meals.

Safe and appropriate environment

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

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

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

Waste and hazardous substances are well managed. Clinical staff use protective equipment and clothing; there is an area that requires improvement related to housekeeping staff. Chemicals, soiled linen and equipment are safely stored. Resident 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. Families 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 policies and procedures that support the minimisation of restraint. No enablers and no restraints were in use at the time of audit.

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, led by an infection prevention and control coordinator, 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 regular education.

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. 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)
Standards	0	42	0	3	0	0	0
Criteria	0	89	0	3	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Heritage Lifecare Limited (HLL) Princes Court Lifecare has developed policies, procedures and processes 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. Family verified that staff are always respectful and communicate in a dignified manner. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</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>Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form. Advance care planning, establishing, documenting and enacting enduring power of attorney requirements and processes for residents was in all files reviewed. Staff were observed to gain consent for day to day care in a gentle and calm manner.</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>	<p>FA</p>	<p>During the admission process, families are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were also displayed and available in the facility. Family members spoken with were aware of the Advocacy Service, how to access this and their right to have support persons. All verified they have not required the service since the previous audit but were informed at family meetings about the service.</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>	<p>FA</p>	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' family and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with 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>	<p>FA</p>	<p>There is a Complaints and Concerns Policy and associated forms which meet the requirements of Right 10 of the Code. Information on the complaint process is provided to families when a resident is admitted. Those interviewed knew how to make a complaint.</p> <p>The complaints register reviewed recorded complaints raised verbally as well as those received in writing and showed that five complaints have been received over the past year and that actions taken, through to an agreed resolution were documented and completed within the required timeframes. Action plans showed any required follow up and improvements have been made where possible. The care home manager (CHM) 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>	<p>FA</p>	<p>Family interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and by the care home manager (CHM) on an ongoing basis, including at family meetings. The Code is displayed in the facility entrance together with information on advocacy services, how to make a complaint and feedback forms.</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>Families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Residents are encouraged to maintain their independence by continuing to attend community activities, family arranging their own visits to the doctor and participation in clubs or outings. Care plans included documentation related to the resident's abilities, family input and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</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>Staff will support residents in the service who identify as Māori to integrate their cultural values and beliefs. At the time of the audit there were no residents who identified as Māori.</p> <p>There was a current Māori health plan developed with input from cultural advisers. Guidance on tikanga best practice was available and is supported by staff who identify as Māori in the facility.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>Families verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences, required interventions and special needs were included in care plans reviewed. For example, residents with outdoor and gardening preferences were observed tending to the outside and gardens.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or</p>	<p>FA</p>	<p>Family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt their family member was safe at Princes Court Lifecare. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. The registered nurses (RN) and enrolled nurse (EN) have records of completion of the required training on professional boundaries. Staff are guided by</p>

other exploitation.		policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Heritage Lifecare Limited (HLL) and Princes Court Lifecare encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, the diabetes nurse specialist, wound care specialist, psychogeriatrician and mental health services for older persons, and education of staff. 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 external education and access their own professional networks to support contemporary good practice.</p> <p>Other examples of good practice observed during the audit included routine two monthly family meetings. Two RNs and the EN all have been interRAI trained.</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 any changes to their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent and routine medical reviews. All family interviewed were very complimentary about communication since the appointment of the current care home manager (CHM). This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>An observation during the audit of the EN interaction with a resident during meal service demonstrated clear, calm and effective communication skills.</p> <p>Staff knew how to access interpreter services, although reported this was rarely required due to all residents speak English as their first language.</p>
<p>Standard 1.2.1: Governance</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, values, scope, direction and goals of the organisation. The documents described annual and longer term objectives and the associated operational plans. A sample of monthly/quarterly reports to the operations manager showed adequate information to monitor performance is reported including financial performance, occupancy, human resources, health and safety, incidents, accidents and emerging risks and issues.</p>

		<p>The service is managed by a care home manager who holds relevant qualifications and has been working in adult mental health and care of people with dementia for over ten years and in this role for seven months. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The care home manager confirmed knowledge of the sector, regulatory and reporting requirements and maintained currency through study days, interaction with other health providers and the organisation's training programme.</p> <p>The service holds contracts with the DHB for long term care and respite for residents with a diagnosis of dementia. Twenty eight residents were receiving services at the time of audit; 26 long term and two respite.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>When the care home manager is absent, the enrolled nurse supported by a registered nurse at a neighbouring facility, carries out all the required duties under delegated authority. During absences of key clinical staff, the clinical management is overseen by another registered nurse who is 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>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The organisation has a planned quality and risk system that reflected the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, clinical incidents including infections, pressure injuries, skin tears, falls, unintended weight loss and behavioural issues.</p> <p>Meeting minutes and reports reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the quality meeting, clinical staff meeting and all staff meeting. Staff reported their involvement in quality and risk management activities through audit activities, and meeting attendance. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Resident and family satisfaction surveys have not been completed since the transfer to Heritage Lifecare, however regular family meetings keep family informed and provide a forum for issues to be raised. Meeting minutes and interviews with family showed a high level of satisfaction with the service. Where issues are identified relevant corrective actions are developed and implemented to address any shortfalls. Satisfaction surveys are planned for May 2020.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including</p>

		<p>reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The organisation's document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The care home manager, enrolled nurse and health and safety representative described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. A hazard and risk register is maintained and visible to staff. The requirements with the Health and Safety at Work Act (2015) are understood by the care home manager who is responsible for implementing these.</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 General Manager Clinical and Quality who reports to the executive team and the Board.</p> <p>The care home manager described essential notification reporting requirements, including for pressure injuries. They advised there have been eight notifications of significant events made to the Ministry of Health since the last audit. Documentation related to these events showed appropriate actions were taken including investigation, reporting and follow up.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<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 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 and a performance review after a six week, and three-month period.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB; 18 carers have completed the required dementia care education and three are enrolled and have commenced the training supported by the registered nurse who is the internal assessor for the programme.</p>

		<p>The care home manager is responsible for interRAI assessments supported by the enrolled nurse. Both are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</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>	PA Low	<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. 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. Family members interviewed supported this. Observations and review of six-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. Not all shifts have a staff member on duty with a current first aid certificate.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</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>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Specialist referral to the service was confirmed and EPOA consent for admission sighted in all files reviewed. Prospective residents' families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. The organisation seeks updated information from NASC and the GP for residents accessing respite care.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual</p>

		requirements. Service charges comply with contractual requirements.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses a documented transfer system to facilitate transfer of residents to and from acute care services. There is open communication between all services and the family. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred to the local acute care facility showed documentation and processes completed. Family of the resident reported being kept well informed during the transfer of their relative.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy is 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 days of audit. The staff 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>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided monthly on request.</p> <p>Controlled drugs, if in use, are stored securely in accordance with requirements and checked by two staff for accuracy when administering (verified in register). The controlled drug register provided evidence of previous weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review is consistently recorded on the electronic medicine chart.</p> <p>Self-medication is not appropriate for this service.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</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 a qualified pastry chef and kitchen team and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the Ashburton District Council on 2 March 2019. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The chef has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken 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. Residents always have access to food and fluids to meet their nutritional needs 24 hours a day, seven days a week. Special equipment to meet resident's nutritional needs was available.</p> <p>Evidence of resident satisfaction with meals was verified by family interviews and family meeting minutes. 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>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>If a referral is received but the prospective resident does not meet the entry criteria 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 the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with family. Examples of this occurring were discussed. There is a clause in the access agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Information is documented using validated nursing assessment tools such as behaviour, pain scale, falls risk, skin integrity, nutritional screening, continence and depression scale, 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 had current interRAI assessments completed by one of the trained interRAI assessors on site. Families confirmed their involvement in the assessment process.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed. Behaviour management plans including triggers and strategies were included in files reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff. Families reported participation in the development and ongoing evaluation of care plans.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Documentation, observations and interviews verified the care provided to residents was consistent with their 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 of a very good standard. 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 one trained diversional therapist holding the national Certificate in Diversional Therapy, two assistants and volunteers.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated monthly and as part of the formal six-monthly care plan review.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Families are involved in evaluating and improving the programme through individual discussions, family meetings and satisfaction surveys. Families interviewed confirmed they find the programme varied and appropriate.</p> <p>Activities are specific to the needs and abilities of people living with dementia. Activities are offered at times when residents are most physically active and/or restless. This includes in the evenings. A 24 hour seven day a week approach to activities is included that incorporates the resident's life, preferences and past routines.</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>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short-term care plans being consistently reviewed, and progress evaluated as clinically indicated were noted for infections, wounds, continence, behaviour, mobility and poor nutrition. When necessary, and for unresolved problems, long term care plans are added to and updated. Families interviewed provided examples of involvement in evaluation of progress and any resulting changes and were very complimentary of discussions and information provided.</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 disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Residents' families are supported to access or seek referral to other health and/or disability service providers for their relative. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to the optician and podiatrist. The family are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</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>PA Low</p>	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. There are guidelines for the correct disposal of bodily waste, handling hazardous waste and procedures for waste disposal, including the disposal of glass, sharps, and dressings. A contracted company removes onsite waste.</p> <p>An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Chemicals were stored securely, appropriate signage is displayed where necessary, and material safety data sheets were available where chemicals are stored. Staff interviewed knew what to do should any chemical spill/event occur.</p> <p>Personal protective clothing appropriate to the risks associated with the handling of chemicals was available; however, housekeeping staff were not able to describe or demonstrate the correct personal protective clothing/equipment to wear when handling individual chemicals.</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>	FA	<p>A current building warrant of fitness which expires 1 May 2020 was 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 were safely maintained and appropriate to the resident group and setting. Ease of access from internal areas to outside gardens which are safe encourages purposeful walking for residents.</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 hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes 12 rooms with an ensuite toilet and hand basin shared between two rooms and shared shower and toilet facilities for the remaining rooms. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence. There are separate staff and visitor toilets.</p>
<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. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheelchairs and mobility scooters. Staff and families 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</p>	PA Low	<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 their own rooms for privacy or quiet space if required. Furniture is appropriate to the setting and residents' needs. However, it is in need of repair and therefore difficult to clean. This poses a risk to residents.</p>

relaxation, activity, and dining needs.		
<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>Residents' laundry is undertaken on site in a dedicated laundry. Care staff/dedicated laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Family interviewed reported the laundry is managed well and their relative's clothes are returned in a timely manner.</p> <p>Linen is laundered off site by a contracted provider and delivered twice weekly and staff reported no problems with the supply of linen.</p> <p>There is a small designated cleaning team who have received appropriate training as confirmed in interview of cleaning staff and training records. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. Cleaning trolleys are not left unattended; this was confirmed by interview and observation.</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 were displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 11 April 2011 and has been confirmed to remain current. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 22 January 2020. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, torches, batteries and gas BBQs were sighted and meet recommendations for the region. Water is stored in 20 litre containers and replaced annually. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked, and a doorbell alarm notifies staff of visitors.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows and overlook outside gardens. Heating is provided by a gas-</p>

<p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		<p>powered ceiling heating system and heat pumps in the communal areas. Areas were warm and well ventilated throughout the audit and staff 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>	<p>FA</p>	<p>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, developed at organisational level with input from infection prevention and control advisors. The infection control programme and manual are reviewed annually.</p> <p>The enrolled nurse is the designated infection control nurse, whose role and responsibilities are defined in a job description. The enrolled nurse is supported by the care home manager and has access to advice from the DHB. Infection control matters, including surveillance results, are reported monthly to the care home manager, and tabled at the quality committee meeting and at wider staff meetings. This committee includes the care home manager, infection control nurse, the health and safety officer, and representatives from maintenance services and household management.</p> <p>Staff described the process for placing signage at the front door advising of the risk of entry should an outbreak occur and a box of equipment including signage and PPE is available.</p> <p>The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The infection control nurse has appropriate skills, and knowledge for the role, and has been in this role for seven months. Training records sighted confirmed IPC training has been included in facility study days attended by the enrolled nurse. Confirmation of external training booked to commence this year through the local polytechnic was sighted. Additional support and information are accessed from the infection control team at the DHB, the community microbiologist and the GP as required. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The infection control nurse confirmed the availability of resources to support the programme and any outbreak of an infection.</p>
<p>Standard 3.3: Policies and procedures</p>	<p>FA</p>	<p>The infection prevention and control policies reflected the requirements of the infection prevention and control standard and current accepted good practice. Policies are reviewed annually at</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>organisational level and included appropriate referencing.</p> <p>Care delivery, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Housekeeping staff were unsure of the correct PPE to use (refer criteria 1.4.1.6). Hand washing and sanitiser dispensers 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 control programme annual plan and the education plan reviewed. Interviews, observation and documentation verified staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is provided by a registered nurse or the infection prevention and control nurse. Content of the training is documented and evaluated to ensure it is relevant, current and understood. Education has included hand washing and topics identified as relevant through the infection surveillance programme; an example of this is the increased focus on urinary infection prevention and treatment identified as relevant from the increased numbers of infections seen in surveillance reporting. Care staff interviewed confirmed the education was relevant, appropriate and understood. A record of attendance is maintained. There have been no infection outbreaks since the last audit.</p> <p>Education for residents is usually on a one to one basis, for example, reminding residents about handwashing. No residents were in isolation at the time of audit.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long term care facilities and includes all identified infections. Infection identification is based on review of symptoms and clinical judgement and rather than focusing on laboratory results. Infections reported include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. The infection control nurse reviews all reported infections, and these are documented in a summary form. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via the quality committee meeting, regular staff meetings and at staff handovers. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions and this is reported to the care home manager, quality committee and in monthly reports to the operations</p>

		<p>manager.</p> <p>Examples of infection surveillance reports sighted confirmed reporting is appropriate and demonstrated a process for follow up. Learnings from repeat infections identified have informed residents' care and identified staff education needs. This was confirmed by a review of records and staff interviews.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<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. 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, no residents were using restraints and no residents were using enablers. There has been no use of either since the previous 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 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Low	<p>Policy includes a document ‘Allocation of Staff/Duty Rosters’, which described the process for determining staffing levels and skill mixes. A base roster is set according to the needs of the residents and is adjusted depending on occupancy, acuity and changing needs in order to provide safe service delivery, 24 hours a day, seven days a week. Diversional therapy staff are rostered seven days a week. Care staff reported there were adequate staff available to complete the work allocated to them. Family members interviewed supported this. Observations and review of a six-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence.</p> <p>An afterhours on call roster is in place and when the enrolled nurse is on call she is supported by a registered nurse from a neighbouring facility. Staff reported that good access to advice was available when needed.</p> <p>The care home manager and enrolled nurse have current first aid certificates and in the evening and at night a carer with a first aid certificate is rostered on duty; however, in the roster cycle reviewed</p>	Carers complete a first aid certificate; however, not all shifts in the rosters sighted had a person with a first aid certificate on duty.	<p>Provide evidence that first aid training has occurred and all shifts have a person with a first aid certificate on duty.</p> <p>180 days</p>

		up to five shifts per week did not have a 'first aider' on duty. Training is planned and evidence of this was sighted; however, until this occurs there is a risk to residents and a need for improvement.		
<p>Criterion 1.4.1.6</p> <p>Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.</p>	PA Low	<p>Housekeeping staff are the designated chemical handlers and have received training as confirmed by a review of staff files. Two housekeeping staff interviewed described the chemicals they use in their daily work and correctly identified how to isolate and manage a chemical spill.</p> <p>There is provision and availability of personal protective clothing and equipment which is appropriate to the risks of handling the chemicals used, including gloves, aprons and face shields. However, housekeeping staff were unable to describe or demonstrate the correct personal protective equipment (PPE) to wear when handling individual chemicals. Material data sheets which detail the PPE to be worn when handling each chemical are available where the chemicals are stored; however, the two housekeeping staff interviewed were not aware of this information and could not demonstrate where it would be found. This was confirmed by observation and interview.</p>	Housekeeping staff, have completed chemical handling training; however, they were not aware of the risks of handling chemicals, could not demonstrate where this information can be found and could not demonstrate the correct personal protective clothing to wear.	<p>Provide evidence that all staff involved in the handling of chemicals, are aware of the risks associated with the use of chemicals, know where information related to this can be found and can demonstrate the correct use of personal protective clothing.</p> <p>180 days</p>
<p>Criterion 1.4.5.1</p> <p>Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of</p>	PA Low	<p>Lounge, dining and garden areas are available for residents to engage in activities. The dining and lounge areas are spacious and the lounge areas can be divided into two to enable smaller group activities. There is easy access for residents and staff from within the facility and from the garden areas. Residents can access their own rooms for privacy or quiet space if required.</p> <p>The range of dining and lounge furniture is appropriate to the setting and to residents' needs. However, furniture is worn and soft covering vinyl is split, threadbare or with patches missing. The difficulty of maintaining appropriate standards of cleaning for this furniture poses a risk to residents and the furniture requires repair or replacement.</p>	Dining and lounge furniture is worn with soft covering vinyl split, threadbare or with patches missing. This poses a risk to residents due to the difficulty of cleaning and requires repair or replacement.	<p>Provide evidence that the dining and lounge furniture has been repaired or replaced.</p> <p>180 days</p>

consumers.				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.