

The Greenwoods House Limited - Epsom South Retirement Home

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

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

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

The specifics of this audit included:

Legal entity: The Greenwoods House Limited

Premises audited: Epsom South Retirement Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 16 June 2020 End date: 16 June 2020

Proposed changes to current services (if any): The prospective provider intends to take ownership of the rest home on 21 July 2020 depending on the outcomes of the provisional audit.

Total beds occupied across all premises included in the audit on the first day of the audit: 19

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Epsom South Retirement Home (referred to as Epsom South) is privately owned and operated. The rest home provides rest home level of care for up to 27 residents. On the day of the audit there were 19 residents. A change in ownership is anticipated to occur 21 July 2020.

This provisional audit was conducted against the relevant Health and Disability standards and the contract with the District Health Board. The audit process included a review of policies and procedures and other documentation; the review of residents and staff files; observations and interviews with residents, staff, management; an interview with the general practitioner and the potential owner.

The prospective provider (business manager) owns two other aged care facilities. There is a general manager appointed to oversee two of the facilities owned by the prospective provider including Epsom South. There are quality systems and processes being implemented. The prospective owner will continue to implement these systems.

There are no improvements required as a result of this audit.

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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Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed at reception with pamphlets given to residents and family on entry. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy, and informed consent. Care planning accommodates individual choices of residents and/or their family. Residents are encouraged to maintain links with the community and family/friends. Complaints processes are implemented, and complaints and concerns are managed appropriately. The prospective provider confirmed knowledge of implementation of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code).

Both the prospective provider and operational manager interviewed confirmed knowledge of the Code.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The operational plan includes a transition plan that outlines the focus for the potential owner. There are quality indicators documented to provide direction with an overarching mission and vision statement. The goals, indicators, policies and procedures are documented and reviewed. Key components of the quality management system include management of complaints,

implementation of an internal audit schedule, annual satisfaction surveys, incidents and accidents, review of infections, review of risk and monitoring of health and safety including hazards.

Day to day operations are currently the responsibility of the nurse manager and the operational manager appointed by the prospective provider intends to provide oversight of all operations. The prospective owner has the required knowledge and skills to manage a rest home.

Human resource processes ensure that a sufficient number of staff are available at all times. There is a defined process for orientation and training. Competencies are monitored. The current nurse manager will continue at this point in the 40 hour a week and on call role.

Resident information is held securely and meets all requirements for health records management.

There will be no changes to the quality system and policies/procedures initially.

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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There is an admission package available prior to or on entry to the service. The nurse manager is responsible for each stage of service provision. The nurse manager assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans viewed demonstrate service integration and are reviewed at least six monthly. Resident files include medical notes by the contracted general practitioners and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for the administration of medicines. Medication charts are reviewed three monthly by the GP.

The diversional therapist implements the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations.

All meals are cooked on site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated.

Residents commented positively on the meals. ‘

There are no intended changes envisaged to the kitchen, medication services or to service delivery during the transition phase.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. The building holds a current warrant of fitness. External areas are safe with shade and seating available. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are monitored through the internal auditing system. Systems and supplies are in place for essential, emergency and security services. The prospective provider has noted an intention to refurbish the facility.

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.

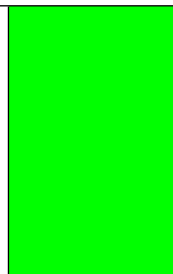


Standards applicable to this service fully attained.

The service maintains a restraint-free environment. There are policies and procedures to follow if restraint or enablers are required. There were no residents using restraints or enablers during the audit and the service has maintained a restraint free environment since the last audit. The prospective provider wishes to maintain a restraint free service.

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 control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (nurse manager) is responsible for the collation of infections and orientation and education for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. The nurse manager has implemented Ministry of Health policies, procedures and guidelines during the pandemic. There have been no Covid 19 cases at the rest home and no outbreaks since the last audit.

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	45	0	0	0	0	0
Criteria	0	93	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The service has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Staff interviewed (two healthcare assistants, the nurse manager, owner, cook) can describe how they incorporate resident choice into their activities of daily living.</p> <p>Five residents (including two residents identified as young people with a disability) and one relative interviewed confirmed that information has been provided around the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). They all state that their rights are respected when receiving resident related services and care. Residents and family confirm that they received information around the Code on entry to the service.</p> <p>The prospective provider was interviewed and was familiar with the code of rights.</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</p>	FA	<p>The service has in place a policy for informed consent. Completed general and resuscitation consent forms were evident on all resident files reviewed (five including one young person with a disability (YPD) and one Maori). Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for</p>

<p>and give informed consent.</p>		<p>entering rooms and personal care. All files reviewed had advanced care plans. Enduring power of attorney (EPOA) evidence was filed in four out of five files reviewed. The fifth was a new admission and EPOA is being followed up.</p>
<p>Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Residents and families are provided with a copy of The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) and advocacy pamphlets on entry. Resident advocates are identified during the admission process. Pamphlets on advocacy services are available at the facility entrance. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy services.</p> <p>The Health and Disability Advocate visits the service at least annually to train staff and to talk with residents. Staff receive education and training on the role of advocacy services annually. Care staff interviewed were aware of the resident's right to advocacy services and how to access the information.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>The service has an open visiting policy and family and friends are encouraged to visit the home and are not restricted to visiting times. Rest home residents interviewed confirmed that family and friends can visit at any time, however, were restricted during lockdown.</p> <p>Residents verified that they have been supported and encouraged to remain involved in the community. Group outings are provided and individual residents are supported to access the community.</p>
<p>Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the nurse manager using a complaints' register. There have been no complaints for 2019 or 2020. The nurse manager is able to describe how complaints would be managed in line with Right 10 of the Code.</p> <p>Residents and the family member advised that they were aware of the complaint's procedure. Discussion around concerns and compliments were evident in facility meeting minutes. Concerns/complaints forms are available at the front entrance. Residents stated that if they had a concern, then this was able to be discussed and</p>

		was always resolved in a timely manner.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The service has available information on the Code of Health and Disability Services Consumers' Rights. The Code of Rights (in English and Māori) is clearly displayed at the main entrance to the rest home. There is a welcome information folder that includes information about the Code of Rights. The resident, family or legal representative has an opportunity to discuss this prior to entry and/or at admission with the nurse manager.</p> <p>The owner and nurse manager are available to discuss concerns with residents and families at any time. Residents and the relative interviewed state they receive enough verbal and written information to be able to make informed choices on matters that affect them or their relatives.</p> <p>The prospective provider has been involved with aged care services since 2016. They currently own two other rest homes (Awanui Rest Home and Greenwoods House). The potential owner is part of the New Zealand Aged Care Association and is familiar with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code).</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has policies which align with the requirements of the Privacy Act and Health Information Privacy Code. The residents' personal belongings are used to decorate their rooms. There are three double rooms with all others identified as being for a single occupant. One double room is occupied by two residents and curtains are up to give privacy. There are curtain tracks ready to put curtains in place for privacy if required in the other double rooms. Adequate space is available for discussions of a private nature.</p> <p>Care staff interviewed report that they knock on bedroom doors prior to entering rooms, and ensure doors are shut when cares are being given. Staff were observed knocking on doors before entering the resident rooms during the audit. All residents interviewed confirmed that their privacy is being respected.</p> <p>All resident's private information is kept in a secure area when not in use.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff have received training on abuse and neglect prevention in 2019 and 2020. The nurse manager and owner state that there is no evidence of any abuse or neglect by staff and there were</p>

		no incidents since the last audit around abuse or neglect. Residents interviewed stated that there was no evidence of abuse or neglect.
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There is a Māori health plan and cultural safety policy to guide staff in the delivery of culturally safe care. The staff interviewed could describe how Māori interests, customs, beliefs, cultural and ethnic backgrounds are valued and fostered within the service.</p> <p>Discussions with staff confirm that they are aware of the need to respond to cultural differences. The nurse manager confirmed that they would access providers in the community or through the District Health Board if they need to have additional cultural support or advice.</p> <p>Two residents identified as Māori on the day of the audit. Cultural and spiritual needs were assessed with a plan in place when required to support cultural wishes.</p> <p>Staff last received training on cultural awareness in 2019. Staff value and encourage active participation and input of the family/whānau in the day-to-day care of residents.</p> <p>All care staff interviewed are aware of the importance of whānau in the delivery of care for Māori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service has established cultural policies aimed at helping meet the cultural needs of its residents. All residents interviewed reported that they were satisfied that their cultural and individual values were being met.</p> <p>Information gathered during assessment including resident's cultural beliefs and values, is documented in the care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on.</p> <p>All residents speak English. The nurse manager and staff state that they would use interpreting services through the District Health Board as required and staff themselves speak different languages. Residents are encouraged and supported to attend church services and other community groups as desired.</p>
Standard 1.1.7: Discrimination	FA	Staff describe implementation of policies and processes around boundaries relating to discrimination, abuse and neglect, harassment, and exploitation. Training includes

<p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>		<p>discussion of the staff code of conduct and prevention of inappropriate care. Staff interviewed state that they were aware of the policies and were active in identifying any issues that relate to the policy. The nurse manager has completed Rainbow training and is able to support staff and residents.</p> <p>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the staff files sampled. Staff comply with confidentiality and the code of conduct. Job descriptions include responsibilities of the position with a job description sighted in staff files sampled.</p> <p>The orientation and employee agreement provided to staff on induction includes standards of conduct. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of the healthcare assistant's role and responsibilities.</p> <p>Residents and family interviewed confirmed that they would formally complain to management if they felt that they were discriminated against. There were no complaints recorded in the complaints register since the last audit relating to any form of discrimination or exploitation.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The owner and nurse manager describe being committed to providing services of a high standard, based on the service philosophy of care and shared values. This was observed during the day with the staff demonstrating a caring attitude towards the residents.</p> <p>All residents and family member interviewed spoken with were very positive about the care provided. The general practitioner was very satisfied with the care provided and stated that any issues were escalated in a timely manner. The general practitioner also stated that the staff and general practitioner have been working in the service for a long time and understand any challenges and manage these well. There are policies and procedures which have been developed in the past by an external consultant.</p> <p>Staff have a sound understanding of principles of aged care and state that they feel supported by the nurse manager and owner. Monthly meetings enhance communication between the teams and provide consistency of care.</p>
<p>Standard 1.1.9: Communication</p>	<p>FA</p>	<p>Management promote an open-door policy. The relative interviewed was aware of the open-door policy and confirmed on interview that the staff and management were</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>approachable and available.</p> <p>Residents (and relatives) can provide feedback on service delivery through monthly resident meetings and annual surveys. Meeting minutes evidenced that previous matters are discussed and closed out as concerns are resolved.</p> <p>Accident/incident forms reviewed evidenced that relatives had been informed promptly of any incidents/accidents if family are engaged with the resident (noting that a lot of residents are not engaged with their family or do not have family). The family member interviewed confirmed that they were notified of any changes to resident's health status and were kept well informed.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they must pay that is not covered by the agreement. An interpreting service is available if required.</p> <p>Information is provided around both the rest home for anyone interested in coming to the service. All residents interviewed stated that they had received information on entry to the service both verbally and in a written format.</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>	<p>FA</p>	<p>Epsom South provides rest home level of care for up to 27 residents. On the day of audit there were 19 rest home residents including 15 under the Age-Related Care agreement and four identified as young people with a disability.</p> <p>Epsom South is privately owned and operated by one owner of the company. The service is managed by the nurse manager with a current practicing certificate with support from the owner who is on site on weekdays and as required.</p> <p>There is an annual business plan in place for 2020 which identifies the philosophy of care, mission statement, business objectives and specific aims for the service. The 2020 business goals and objectives have been reviewed.</p> <p>The nurse manager has maintained at least eight hours annually of professional development related to managing a rest home.</p> <p>The potential owner has been involved in aged care since 2016 and owns two other aged care facilities. They have appointed a general manager (registered nurse with extensive experience in management and clinical care in aged care) who was interviewed briefly on the day of audit. They confirmed their appointment and described the role as providing operational oversight of two facilities.</p>

		The prospective provider plans to take over on 21 July 2020.
<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>The owner supports the nurse manager to provide day-to-day operational management. The nurse manager provides clinical oversight and hands-on support for residents. The current owner has a second facilitator and the nurse manager at that facility provides cover for the nurse manager when they are on leave. The nurse manager has completed at least eight hours of training relevant to the role and they provide cover for the owner when on leave. The owner states that they would also remain in phone contact with the nurse manager if they are on leave.</p> <p>The prospective provider has appointed a general manager who is a registered nurse. There are also senior nurses at two other facilities and all are confirmed to be able to provide support for the service if the potential owner or nurse manager is on leave. The prospective provider stated that another registered nurse from one of their other facilities will also work two days a week at Epsom to get to know systems and to provide cover for the nurse manager.</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 service has a quality risk management plan in place that is reviewed annually. The service has in place a range of policies and procedures to support service delivery that have been developed by an external consultant. This have been reviewed regularly and are current.</p> <p>The quality programme includes an annual internal audit schedule that has been implemented. Audit summaries and corrective action plans are documented where a noncompliance is identified. Issues and outcomes are reported and discussed at the monthly meeting. Corrective action plans reviewed showed documentation of resolution of issues with these closed out in a timely manner.</p> <p>The monthly meeting includes discussion around all aspects of the quality programme including incidents, accidents, complaints, health and safety, infection control, clinical issues, staffing, survey results and discussion of improvements. The meeting serves as a forum to review progress towards goals documented in the quality plan. Discussions with the nurse manager, the owner and staff confirms their involvement in the quality programme.</p> <p>Resident/relative meetings are held monthly. Residents interviewed stated that they find the meetings useful and they confirm that residents do raise issues and discuss</p>

		<p>opportunities for improvement. All stated that they were kept well informed of any risks or improvements and if issues, these were resolved in a timely manner. Meeting minutes showed evidence of resolution of issues.</p> <p>There is an annual satisfaction survey for residents and relatives. The 2019 results showed that all residents and relatives who responded were very satisfied with the service provided. This correlates with the responses from residents and relative interviewed during the audit.</p> <p>The service has a health and safety management system. There are implemented risk management and health and safety policies and procedures in place, including accident and hazard management. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. The service collects information on resident incidents and accidents as well as staff incidents/accidents and provides follow up where required. Sound health and safety procedures have been put in place to manage the service during the pandemic currently in New Zealand.</p> <p>The potential owner confirmed that there will not be any changes to the quality and risk management system initially.</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>As part of the risk management and health and safety framework, there is an accident/incident policy. All four incidents from January 2020 to date were reviewed. All incident forms identified timely review by the nurse manager both of the incident and of the resident. Corrective actions to minimise resident risk were documented if relevant. Incident forms had been signed off with evidence that appropriate actions had been put in place.</p> <p>The healthcare assistants interviewed could discuss the incident reporting process. The nurse manager interviewed could describe situations that would require reporting to relevant authorities. There have been no reportable events to any external authorities since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Five staff files were reviewed (two health care assistants, the nurse manager, diversional therapist, and the cook) and all included all appropriate documentation. Staffing levels are stable with some staff</p>

<p>practice and meet the requirements of legislation.</p>		<p>having been employed for over six years.</p> <p>A copy of practising certificates is kept on record. The nurse manager has a current annual practicing certificate along with other health professionals who visit the service (general practitioner, pharmacist, podiatrist, physiotherapist).</p> <p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and skills. Reference checks are carried out for new staff. The prospective provider intends to put new contracts in place for all current staff and a job description is documented for the operational manager.</p> <p>The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals are conducted for all staff.</p> <p>There was an in-service calendar for 2020 which exceeded eight hours annually for staff. Completion of training monitored by the nurse manager.</p> <p>The nurse manager is interRAI trained. The owner also confirmed that the nurse manager at the other service they own is interRAI trained and could support the service if required. The prospective provider owns two other facilities and the nurse managers or the operational manager would be able to provide support or complete interRAI assessments if required.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The human resources policy determines staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The nurse manager is on duty during the day Monday to Friday and provides on-call. An experienced healthcare assistant is the day supervisor who coordinates the team of healthcare assistants on duty.</p> <p>Residents and the relative interviewed stated there were always adequate staff on duty.</p> <p>The prospective provider has signed a general manager on to oversee two facilities (Epsom South and Greenwood Home). The prospective general manager (registered nurse) has a background in aged care and in business and clinical management of aged care facilities. At this stage, the prospective provider states that existing staff will remain. The general manager will be on site two days a week with the intention that</p>

		<p>they are there full time for the first six months to support the current nurse manager.</p> <p>The prospective owner is the business manager and will visit weekly with the nurse manager and general manager. The current nurse manager will remain in the role at Epsom South.</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>There are resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and resident register. Resident clinical and allied health records are integrated. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. All entries in the progress notes are legible, dated and signed with the designation.</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>There are policies and procedures to safely guide service provision and entry to services including an admission policy. The service has an information pack available for residents/families at entry. The admission agreements reviewed met the requirements of the ARRC contract. Exclusions from the service are included in the admission agreement. All long-term admission agreements sighted were signed and dated.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Policy describes guidelines for death, discharge, transfer, documentation and follow up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. The facility uses the 'yellow envelope' transfer system. Communication with family is made.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There are currently no residents self-administering. There are no standing orders. There are no vaccines stored on site.</p> <p>The facility uses a paper based and medi- pack system. Medications are checked on</p>

		<p>arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. The nurse manager and medication competent HCA's administer all medications. Staff attend annual education and have an annual medication competency completed. The nurse manager is syringe driver trained by the hospice. The medication fridge and the medication room temperatures are checked weekly. There are currently no residents charted eye drops, but the HCA stated that eye drops are dated once opened.</p> <p>Staff sign for the administration of medications on the paper-based system. Ten medication charts were reviewed. Medications are reviewed at least three monthly by the general practitioner. Photo identification and allergy status was recorded on each resident file. As required medications had indications for use charted.</p> <p>The ambient temperature of the medication room has been recorded and is recorded at less than 25 degrees Celsius.</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 service has two cooks who cover Monday to Sunday. Both cooks have current food safety certificates. The head cook oversees the procurement of the food and management of the kitchen.</p> <p>There is a well-equipped kitchen and all meals are cooked onsite. Meals are served straight from the kitchen on trays. Meals are covered with lids to keep them warm. The temperature of the food is checked before serving. Special equipment such as lipped plates is available. On the day of audit, meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance.</p> <p>Kitchen fridge and freezer temperatures were monitored and recorded weekly. Food temperatures are checked and these were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted. The four weekly menu cycle is approved by a dietitian. All residents interviewed were satisfied with the meals.</p> <p>The food control plan was verified on 4 May 2020.</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>	FA	<p>The service records the reason for declining service entry to residents should this occur and communicates this to residents/family. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. InterRAI assessments (except for the new admission) had been completed for all long-term residents whose files were sampled. Overall the goals were identified through the assessment process and linked to care plan interventions. Other assessment tools in use included (but not limited to) nutrition, pain and continence.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans are resident centred. Interventions documented support needs and provide detail to guide care. Short-term care plans are used for changes in health status. Residents interviewed stated that they were involved in the care planning process. There was evidence of service integration with documented input from a range of specialist care professionals including the dietitian, physiotherapist and mental health care team for older people. The care staff interviewed advised that the care plans were easy to follow.</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>	FA	<p>When a resident's condition changes the RN/nurse manager initiates a GP consultation. Staff state that they notify family members about any changes in their relative's health status. Interventions are documented to meet the needs of the resident and there is documented evidence of care plans being updated as residents' needs changed.</p> <p>Resident falls are reported on accident forms and written in the progress notes. Neurological observations are taken when there is a head 'knock' or for an unwitnessed fall. .</p> <p>Care staff interviewed state there are adequate clinical supplies and equipment provided including continence and wound care supplies.</p>

		<p>There are currently no wounds or pressure injuries. Previous wound documentation showed that wound assessment, wound management and wound evaluation was completed and wound monitoring took place as documented.</p> <p>Monitoring forms are in use as applicable such as weight, vital signs and wounds. Behaviour charts are available for any residents that exhibit challenging behaviours.</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>There is one diversional therapist (DT) who works twenty hours a week. The DT was not available on the day of audit so the activities interview was with the nurse manager. On the day of audit residents were observed watching sport on TV, listening to music and going for walks outside.</p> <p>There is a weekly programme in large print on noticeboards in all areas and residents may have a copy in their rooms. Residents have the choice of a variety of activities in which to participate and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include (but not limited to) exercises, walks outside, music, arts and crafts, quizzes and games.</p> <p>Those residents who prefer to stay in their room or who need individual attention have one on one visits to check if there is anything they need and to have a chat.</p> <p>Four residents go out to church every Sunday and the facility will take any others who wish to attend.</p> <p>There is a monthly van outing (the van is hired). Special events like birthdays, Easter, Mothers' Day, Anzac Day and the Melbourne Cup are celebrated. Entertainers visit the facility. The facility has two cats and there is also monthly pet therapy.</p> <p>There are community activities such as walking, shopping and movies. Three residents attend the Mt Albert community Centre, two residents attend the Onehunga bowling club, one resident attends Communicare and three residents enjoy going to concerts at Takapuna. The facility uses Driving Miss Daisy for transportation. The young people (YPD) residents particularly enjoy the community activities.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family. Resident files reviewed identified that the comprehensive individual activity plan is based on this assessment. Activity plans are evaluated at least six monthly at the same time as the review of the long-term care plan.</p>

		Resident meetings are held monthly.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Except for the new admission all plans reviewed had been evaluated by the registered nurse six monthly or when changes to care occurred. Short-term care plans for short-term needs are evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Activities plans are in place for each of the residents and these are also evaluated six monthly. The multidisciplinary review involves the RN, GP and resident/family if they wish to attend. There is at least a three-monthly review by the GP. The family member interviewed confirmed that she is informed of any changes to the care plan.</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>	FA	<p>Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where residents had been referred to the ophthalmologist, mental health services for older people and physiotherapy. Discussion with the registered nurse identified that the service has access to a wide range of support either through the GP, specialists, and allied health services as required.</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>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in a locked area. Safety data sheets and product sheets are available. A sharps container is available and meets the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff.</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>The building holds a current warrant of fitness which expires 29 September 2020. There is no maintenance person on site but contractors are contacted as required. The nurse manager has a preventative and reactive maintenance book. A contracted gardener is contacted as required. Contracted plumbers and electricians are available when required.</p> <p>Electrical equipment has been tested and tagged. The scales are checked annually.</p>

		<p>Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The communal lounges, hallways and bedrooms have vinyl or tiled flooring. The corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>The HCA interviewed stated they have adequate equipment to safely deliver care for rest home level of care residents.</p> <p>The prospective provider stated that they are considering upgrading furniture with a view to refurbish and re-paint.</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>All rooms have hand basins. Ten rooms have shared ensuites (toilet only). There are also six communal toilets and showers. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if appropriate. There are signs on all shower/toilet doors.</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>All rooms are single. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are large and small lounges. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. The dining room is spacious. There is a small niche with a stepper for exercise which is for resident use.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the</p>	FA	<p>All laundry is done on site. Laundry is completed by the HCA's. The laundry is divided into a "dirty" and "clean" area. There is a laundry and cleaning manual and safety data sheets in place. Personal protective equipment is available. Cleaning and laundry</p>

<p>setting in which the service is being provided.</p>		<p>services are monitored through the internal auditing system. The cleaner's equipment was attended at all times or locked away. All chemicals on the cleaner's' trolley were labelled. There is a sluice room for the disposal of soiled water or waste and the sluicing of soiled linen if required. The sluice room and the laundry are kept closed when not in use.</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>	<p>FA</p>	<p>There is a fire and emergency manual. There is a civil defence emergency kit in the nurse manager's office. This is checked monthly. A generator would be hired if required. There is an emergency supply of 1080 litres of water available on site. There is annual civil defence training with this completed by all staff.</p> <p>The fire and emergency evacuation procedure was last approved in March 2020 and the Fire Evacuation Scheme is in place. Fire drills are held six monthly. There is a call bell system with call bells available in all bedrooms, toilets and showers. This is checked monthly and call bells checked on the day of audit confirmed that all were operational.</p> <p>The facility is securely locked at night. Staff complete two hourly security rounds. There is security lighting. All staff (except the cook) have current first aid certificates.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All bedrooms and communal areas have ample natural light and ventilation. There is oil column heating in all areas. Staff and residents interviewed stated that this is effective. There is one outdoor area where residents smoke. All other areas are smoke free. Staff and residents have been offered smoking cessation programmes.</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>There is an infection control (IC) coordinator (nurse manager) who is responsible for infection control across the facility. The coordinator liaises with and reports to the owner. The responsibility for infection control is described in the job description. The coordinator collates monthly infection events and reports. The infection control programme is reviewed annually by the IC coordinator.</p> <p>Visitors are asked not to visit if unwell. Hand sanitizers are appropriately placed throughout the facility. Residents are offered the annual influenza vaccine. There have been no outbreaks and the response to the Covid 19 pandemic has been and continues to be in line with the Ministry of Health (MoH) guidelines and policies. The</p>

		nurse manager has maintained effective communication with the MoH representatives during the pandemic with evidence of this documented.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	The IC coordinator is an experienced nurse. They have access to infection control expertise within the DHB, wound nurse specialist, public health, and laboratory. The GP monitors the use of antibiotics.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection; and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies were developed by an external infection control specialist.</p> <p>Policies, procedures and guidelines written by the MoH for the Covid 19 pandemic have been downloaded, read and put in a folder for staff to access.</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>	FA	The IC coordinator is responsible for coordinating/providing education and training to staff. Training on infection control is included in the orientation programme. Staff have participated in IC education in the last year and training for 2020 is also completed. Staff complete an infection control competency with this recorded in their staff file. Resident education occurs as part of providing daily cares and as applicable at resident meeting. Residents interviewed stated that they had been informed at all times of the expectations related to Covid 19 and the facility had been in lockdown during alert level 4.
<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</p>	FA	There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Individual infection reports are completed for all infections. Infections are analysed for trends and quality improvements. Graphs and relevant information are communicated to staff and

control programme.		<p>documented in management and staff/quality meetings.</p> <p>Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GP who advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There have been no outbreaks and no residents have had Covid 19.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. The nurse manager is the restraint coordinators. On the day of the audit there were no residents using restraints or enablers. Restraint education and challenging behaviours is included in the annual training programme and occurred in 2020 for all care staff. The service has been restraint free since 2012.</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.

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, 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.