

# Heritage Lifecare (GHG) Limited - Hoon Hay

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## Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

**Legal entity:** Heritage Lifecare (GHG) Limited

**Premises audited:** Hoon Hay

**Services audited:** Dementia care; Residential disability services - Psychiatric

**Dates of audit:** Start date: 29 September 2020 End date: 30 September 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:** 76

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
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

Hoon Hay rest home and Hoon Hay House provide dementia care services – rest home for up to 60 residents as well as long term residential mental health services for up to 20 residents. The service is operated by Heritage Lifecare Limited, Golden Healthcare Group (HLL (GHG)). A general manager who is mostly based in another area of the city, an HLL (GHG) clinical manager, a quality and risk manager and a facility manager, contribute to management of the facility. Feedback from residents and families was resoundingly positive with an overall high level of satisfaction expressed.

This certification audit was conducted against the Health and Disability Services Standards and the service's contracts with the district health board. The audit process included review of policies and procedures, review of residents' and staff files and of organisational records, observations and interviews with residents, family/whānau members, managers, staff and one general practitioner.

There was sufficient evidence available to confirm that the requirements of all criteria and standards have been fully attained.

## Consumer rights

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

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

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. There is 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 resident's needs. The support to the service from the consumer advisor, mental health service shows evidence of best practice.

Staff inform residents and family/whānau members at the time of admission about how to make a complaint. A complaints register outlines the nature of any verbal or written complaint and the actions taken towards resolution.

## 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.

A strategic plan includes the scope, mission, vision, values, goals and monitoring systems within the organisation. Monitoring reports from each facility are provided to the executive management team on a regular basis. An experienced and suitably qualified person manages this facility.

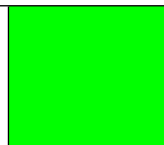
The quality and risk management system is described within a quality plan and allied documentation. This is implemented in each facility, including Hoon Hay Village, independent of each other, but outcomes are shared with all HLL (GHG) facilities. The system includes collection and analysis of quality improvement data from which trends are identified and improvements are made. Feedback processes from staff, residents and families are in place and staff are involved in the quality and risk system. Incidents and accidents are documented, related information is analysed, and corrective actions implemented when indicated. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support safe service delivery and management processes. These are reviewed regularly and were current.

The appointment, orientation and management of staff at Hoon Hay Village are based on current good practice. Staff are supported to undertake both internal and external ongoing training opportunities. Topics intended to support safe service delivery are identified and arrangements for delivery made. Regular individual staff performance appraisals are being completed. Staffing levels and skill mixes meet the changing needs of residents in both the dementia and mental health services at Hoon Hay Village.

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.

Access to the facility for people requiring dementia care and for long term mental health support is appropriate and efficiently managed with relevant information provided to the potential resident/family. In the dementia services, the multidisciplinary team, including a registered nurse and general practitioner, assess residents' needs on admission, while in mental health services a key worker assists with the assessment process. In all services, 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.

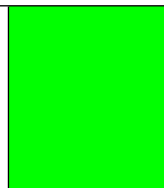
The planned activity programmes provide residents with a variety of individual and group activities and maintain their links with the community.

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 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.




Standards applicable to this service fully attained.

Hoon Hay Village is divided into the Hoon Hay rest home where dementia services are provided and the Hoon Hay House where long term residential mental health services are provided in one half and aged care dementia services in the other half. The environments meet the needs of the residents in the respective sections of the village, all of which were clean and well maintained. There was a current building warrant of fitness covering the entire village. Electrical equipment has been tested as required and hot water temperatures are safe. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are managed according to policies and procedures. Staff use protective equipment and clothing as appropriate. Chemicals, soiled linen and equipment are safely stored. Personal laundry is undertaken onsite, while the laundering of towels and bedlinen is contracted out. All laundry processes are evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire evacuation drills. Call bell systems are in place and response timeframes are internally audited. Security systems are 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.
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The organisation has a suite of policies and procedures that support the minimisation of restraint. These include assessment, approval, monitoring and review processes should a restraint be required. There are not currently any enablers or restraints in use in any of the services at the Hoon Hay rest home or Hoon Hay House. Staff demonstrated a sound knowledge and understanding about restraint and enabler processes and were especially familiar with de-escalation strategies.

## 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 experienced and trained infection 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)
<b>Standards</b>	0	48	0	0	0	0	0
<b>Criteria</b>	0	115	0	0	0	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Hoon Hay Village 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. 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>Mental Health</p> <p>Staff were observed addressing residents respectfully and knocking on private bedrooms before entering. A detailed list of signed consents is on resident's files. There is signage on use of CCTV in the home. The consumer advisor delivered staff training on recovery principles on 16 July 2020 and there are staff self-learning tools on consumer rights. Attendance of the latter was sighted on staff files.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of</p>	FA	<p>Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies have been fully reviewed and updated and provide relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form. Specific consent forms were also in residents' files, for example, disclosure of information, influenza vaccinations, admission agreement.</p>

<p>choice are provided with the information they need to make informed choices and give informed consent.</p>		<p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented.</p> <p>Relevant documentation is in residents' records, including for those in the dementia services. All files reviewed in the dementia services included applicable enduring power of attorney documentation.</p> <p>Staff were observed to gain consent for day to day care and offer choices.</p> <p>Mental Health</p> <p>Some residents recalled signing their consent and others did not, possibly due to the long-term nature of the residents' stays at the service. One resident reported their family/whānau member reviewing documents requiring consent. No advance directives were sighted on mental health residents' files.</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, for both the dementia and the mental health service, residents are given a copy of the Code. This also includes information on the advocacy service, plus a brochure on the Nationwide Health and Disability Advocacy Service. Posters and brochures related to the Advocacy Service were displayed and available in each facility. Family members spoken with were aware of the Advocacy Service, how to access this, and their right to have support persons. There were no examples of the advocacy service having been involved and family interviewed expressed that they had not felt the need as staff and management were available and approachable.</p> <p>Mental Health</p> <p>The Nationwide Health and Disability Advocacy Service representative is due to visit the service on 5 October 2020 and this had been delayed due to Covid restrictions. Management reported that the district inspector visited two residents the week prior to the audit.</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, activities, and entertainment. Local churches, schools, entertainment groups and clubs also link with the residents at Hoon Hay rest home when this option is available. Family members confirmed the visiting restrictions that occurred during Covid-19 were difficult, but staff kept in contact with what the residents were doing.</p> <p>The facility normally has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff. All were affirmative about the managers and staff in the various services.</p> <p>Mental Health</p> <p>The consumer advisor held staff training on consumer participation and family inclusiveness on 16 September</p>

		<p>2020.</p> <p>All family interviewed were happy with the service and its ability connect the service, the resident and themselves. One family/whānau member reported that their family/whānau member were “thriving at Hoon Hay Home”. Another family/whānau reported that they were “very pleased with the service and cannot identify any areas for improvement”. Family/whānau reported attending mid-Christmas, Christmas, and other special occasions (with a limit of five attendees per resident). The next of kin survey looks at: staff; nursing and medical; activities; food services and other cleaning services. High levels of satisfaction were lodged and all the family/whānau interviewed had completed the survey. An extensive list of activities for residents to attend within the community was sighted including: Latnam 826; Saint Lukes; car wash; Mens’ group. A manager reports that the service aims for “lifetime integration into the community” – the contentment and self-esteem of the residents could be a reflection of this.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints and compliments policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The complaints register reviewed showed that during 2020, four verbal complaints have been received for the Hoon Hay rest home and thirteen for the Hoon Hay House dementia service, eight of which were written and five verbal. Four people in the Hoon Hay mental health service reported complaints; however, three of these were withdrawn almost immediately and the fourth person chose not to take their complaint further after the investigation process commenced.</p> <p>The information on file confirmed that each complaint had been independently investigated. Actions to remedy the problems have been identified and followed through with quality and risk records demonstrating corrective actions had been raised, quality improvement processes implemented, or staff education provided, as relevant. Efforts to inform the complainant of the outcome and to seek their approval of the resolution were on file, however these were not all acknowledged by the complainant. Expected timeframes for each stage of the complaints process had been upheld in all instances. The HLL (GHG) clinical manager, the registered nurses, the facility manager and even the general manager are responsible for complaints management and follow-up, depending on the issue raised. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p> <p>No complaints have been received from external sources since the previous audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service</p>	FA	<p>Family/whānau of residents in the two dementia units interviewed report receiving information on the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and had opportunity to discuss it with the facility manager. The Code and information of advocacy</p>

<p>Delivery</p> <p>Consumers are informed of their rights.</p>		<p>services is displayed in the dining room areas and by reception. Resident entry packs include a copy of the Health and Disability Commissioners' Code of Health and Disability Consumers' Rights (the Code).</p> <p>Mental Health</p> <p>Both posters on the Code and pamphlets on the Health and Disability Advocacy Service were sighted within reception. Both the Code and pamphlet of the Nationwide Health and Disability Advocacy Service were also included in the entry packs.</p> <p>All family/whānau interviewed felt the rights of their family/whānau were held in high regard. Complaint/feedback/suggestion forms were available at reception as well as a flowchart for processing them.</p> <p>Some residents interviewed were aware of their rights under the Code while others were not. For action to be taken to ensure all residents are aware of their rights, see 1.2.5.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>Residents and 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 through knocking on bedroom doors before entering. All residents have a private room except for a married couple.</p> <p>Residents are encouraged to maintain their independence by doing as much as they can for themselves during personal cares and are encouraged to walk to maintain mobility. There is a calendar of daily activities that residents can choose to attend as they wish. Care plans included documentation related to the resident's abilities, 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. Any resident from another culture had additional information about general beliefs and values from that country.</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. Each residents' personal programme is tailor-made around their interests and abilities.</p> <p>Mental Health</p> <p>The unit is unlocked during the day and residents were sighted entering and exiting as they wished. Private bedrooms can be locked from the inside and unlocked by staff in an emergency. Full privacy is attained by use of private bedrooms and the "quiet room" (the latter shared with the dementia wing). Most family/whānau and residents' report a preference to mingle with other residents rather than have total privacy.</p> <p>Staff complete self-taught learning tool on discrimination, abuse, and neglect and this was evidenced on staff files.</p>

		No other forms of abuse or neglect were identified by residents' or family/whānau interviewed.
<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 was one resident who identified as Māori, who staff supported to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are described in these policies and procedures, as is guidance on best practice/tikanga, Māoritanga, an overview of basic te reo Māori and a list of Māori organisations that would facilitate staff access to any additional information and support that may be required. The organisation currently has no named cultural advisor, though evidence of negotiations to provide one was available but has been a drawn-out process due to restrictions of Covid-19. Cultural safety training occurs during orientation and bi-annually on an ongoing basis. There is a staff learning tool that is completed by staff called Māori culture questionnaire. A Māori health plan is in place.</p> <p>Mental Health</p> <p>The manager reports that a cultural support person, from community mental health services, visits and support Māori residents' that request cultural support. Residents can korero in te reo Māori and sing. The manager reported that a new Kaumatua has just been accessed for all the Golden Healthcare Group. A te reo Māori version of the poster on the Code was sighted.</p>
<p>Standard 1.1.5: Recognition Of Pacific Values And Beliefs</p> <p>Pacific consumers have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>Mental Health</p> <p>Management report current links with Etu Pacifica health hub (as two years ago links with Pacific Trust ended when the service was disbanded) Contact has been made to an Etu Pacifica advisor to provide staff training in the future.</p> <p>There is a draft policy and procedure on recognition of pacific values and beliefs which states the service will provide cultural screening on assessment, developing relationships with Pacifica services such as Etu, residents to have Aiga, fanau, magafaoa involvement on assessment and family/whānau to be given information on Hoon Hay House and support to residents to engage in cultural activity or elders/matua, religious groups or the community.</p> <p>There is a church service held at Hoon Hay Home in the bellbird lounge and management report that 6-7 residents attend. Residents are also able to attend church off-site should they wish.</p>
<p>Standard 1.1.6: Recognition And Respect Of The</p>	FA	<p>Residents verified that they were consulted on their individual culture, values and beliefs and that staff respect these. This was confirmed by a family member in the dementia services. This information was especially evident in the social profile developed for each resident prior to and on entry to the services completed by family members.</p>

<p>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>Personal preferences required interventions and special needs were also included in the action sections in care plans reviewed.</p> <p>Interdenominational services are provided, and residents assisted to attend if they desire. The resident satisfaction survey confirmed that individual needs are being met.</p> <p>Mental Health</p> <p>Manuka House is accessible for those women who wish the company of women only. Some residents reported being part of the local "café culture", being familiar with and being respected by "the locals". There is are online staff training tools on: spirituality/values and beliefs/death and dying.</p> <p>A summary of resident's interests and daily preferred activities is written on residents' daily timetables. Cultural needs are updated within the MDT meetings every six months. Mental health goals and supports, including relapse prevention and attention to daily living, are updated likewise every three months. Family/whānau feel well informed and able to meet with staff when required.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed from both the dementia wings and the mental health home stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. There were no examples of such actions evident in the incident reports reviewed. The orientation process for staff includes education related to professional boundaries, expected behaviours and the code of conduct. All registered nurses have records of completion of the required training on professional boundaries and all staff sign the code of conduct when they commence employment. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p> <p>Mental Health</p> <p>The consumer advisor delivered staff training on barriers to recovery, reducing discrimination, identify language and recovery principles on 16 July 2020. Staff complete a self- learning tool on intimacy and sexuality, as evidenced in staff files. House rules are signed on entry to the service, for example; rules around storage of valuables, residents' agreement to post their name on private bedroom doors, transportation. The manager reported that staff do openly disclose should any error be made in service delivery.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an</p>	FA	<p>The service encourages and promotes good practice through accessing advice and assistance from external specialist services and allied health professionals, including dietitians, physiotherapists, needs assessors, and wound care specialists. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical interventions requested. All policies and procedures were referenced using professional sources of information to guide their content.</p>

<p>appropriate standard.</p>		<p>Registered nurses reported they receive management support for external education and access their own professional networks to support contemporary good practice. A typical example of this was 'healthLearn' used for professional development.</p> <p>Other examples of good practice observed during the audit included the availability of self-learning tools that all staff can access for such topics as challenging behaviours and nutrition for the elderly.</p> <p><b>Mental Health</b></p> <p>The service has a well-managed way of wrapping the service around the residents' individual culture and needs. They make the service fit the resident and not vice versa. The care plans are individualised and varied to suit the resident. Residents appeared comfortable within their home and their feedback was extremely positive. There was only positive reporting from the family/whānau interviewed.</p> <p>The resident questionnaire is well designed and covers such things as trust and hope; identity and self-esteem; relationships and social networks; physical health and self-care; work and activities. It has been collated and analysed to a satisfaction percentage for each resident interviewed and percentages fall between 80-100%.</p> <p>Consumer advisor is making contact with the residents within the residents' meetings in a steady manner to build trust. The consumer advisor reported providing staff training, teaching, e.g., recovery principles and documentation confirmed this. The consumer advisor also discusses recovery with the residents and includes Te Whare Tapu Wha (a holistic model of health including physical, mental/psychological, family/whānau and spiritual principles). The consumer advisor also had input into the design of the questionnaires which gathers useful information for the service and for the residents and family/whānau.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Family/whānau members of residents in the dementia services stated they were kept well informed about any changes to their relative's status.</p> <p>They were also being advised about any incidents or accidents and about outcomes of regular and any urgent medical reviews in a timely manner. This was evident in the communication logs in nine residents' records reviewed, which included copies of emails when this form of communication had been used. Staff interviewed understood the principles of open disclosure, which is supported by organisational policies and procedures that meet the requirements of the Code.</p> <p>Managers and registered nurses knew how to access interpreter services, although reported this was not usually required as family members generally stepped in when necessary. Some staff can communicate in residents' preferred language and use this to communicate when needed.</p> <p><b>Mental Health</b></p> <p>Staff were observed communicating with residents in an open and respectful way. Family/whānau reported good</p>



		<p>information flow between themselves and staff. A resident reported that the service refers them to their general practitioner every three months. Residents can choose their own general practitioner or one from the service itself. There is a newsletter produced for the residents and their family/whānau. All family interviewed reported filling out the next of kin questionnaire.</p>
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Hoon Hay rest home and Hoon Hay House (known as the Hoon Hay Village) are operated by Heritage Lifecare (Golden Healthcare Group) Limited, otherwise referred to as HLL (GHG). Currently the facilities under the HLL (GHG) management structure use Golden Healthcare Group policies and procedures and have their own strategic business plan. The strategic plan 2020 – 2025 is reviewed annually. This provides an overview of the organisation and states its purpose as being to provide a high standard of quality care in modern, purpose-built facilities. The scope of services provided in the various facilities is described and a set of goals refers to the achievement of external audits, ideal occupancies and ongoing monitoring of the various services provided. There is an overview of the structure of the organisation noting the executive team is comprised of the general manager; operations manager/human resources and compliance manager; administration manager; clinical manager and quality assurance manager. The maintenance manager and head gardener are responsible for managing all maintenance and gardening requirement, including Hoon Hay Village. A strengths, weaknesses, opportunities and threats (SWOT) analysis has been undertaken and included in the strategic plan, which also includes a marketing strategy.</p> <p>A sample of minutes of executive team meetings, meetings of all GHG facility managers with the executive team and meetings with clinical staff, facility managers and the executive team were reviewed. The general manager confirmed during interview that these meetings complement monthly reports which enable him to maintain awareness of financial performance, emerging risks and any issues a facility may be dealing with. In addition, the general manager described the ongoing links with the management of Heritage Lifecare. A mental health consumer representative has direct links with the manager of the mental health service at least monthly and attends the senior management group meetings once a month.</p> <p>Hoon Hay Village has an overall facility manager who works alongside a mental health service manager and a senior registered nurse who are responsible for ensuring the smooth and efficient management of the facility. Its mission is to provide quality care for the residents, catering for their physical, mental, spiritual, social, emotional and cultural needs, in a residence where they are cared for as unique individuals who merit the highest respect. The facility manager holds relevant management qualifications and has been in the role for seven months. This person was previously a relief manager within Golden Healthcare Group following management and education roles in other aged care facilities. Responsibilities and accountabilities are defined in a job description and individual employment agreement. Knowledge of the sector, regulatory and reporting requirements were confirmed during interview and in the manager's personnel file, which included their involvement in the aged care sector since 2000. Records also demonstrated the manager's competence as a New Zealand Qualifications assessor and their attendance at a range of in-service education in addition to attending contract related meetings with the DHB,</p>

		<p>aged care updates and relevant conferences. Mental health services are specifically led by a manager who has been employed on a temporary basis since October 2020. This person has extensive previous experience in managing a mental health alcohol and other drug residential service and works alongside a part time contracted mental health quality and clinical consultant.</p> <p>The service holds an Aged Related Residential Care (ARRC) – Rest Home Dementia contract, and a long-term residential care contract for mental health services, both of which are with the Canterbury District Health Board (CDHB). It also holds a contract to provide respite care within the dementia service. On the day of audit there were 57 people receiving dementia care services with two of these in for respite care. Nineteen people were receiving long term residential care – mental health.</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>A relief manager for the Golden Healthcare Group team takes over the management of Hoon Hay Village when the manager has a planned absence. For short absences, the manager of the mental health service, or one of the senior registered nurses, takes on management responsibilities and carries out required duties under delegated authority. Specifics of the delegations were provided during interview. Additional support is available from members of the HLL (GHG) executive team and from managers of other facilities within the organisation.</p> <p>During absences of key clinical staff, clinical management is overseen by other registered nurses who work in the facility. The clinical manager of the HLL (GHG) executive team is also available. Registered nurses, caregivers and support workers reported during interview that they feel well supported and 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 it is well documented (last updated 31 December 2019) and reflects the principles of continuous quality improvement. This is coordinated by an experienced quality manager who is also a member of the GHG executive team.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the executive management team meetings, at the organisational quality and risk team meetings for Hoon Hay dementia services and separately for Hoon Hay mental health service management and staff meetings. Quality and risk meeting minutes included area reports as well as reports from each department including housekeeping, clinical, activities for example. Other topics covered include internal and external auditing, incidents/accidents, health and safety/hazard management, training, emergency management and infection control. There was evidence of corrective actions being identified and followed through for any shortfalls; potential and actual risks being identified and managed, and of quality improvement initiatives being instituted. The mental health service manager and the facility manager responsible for covering dementia services are collectively</p>

		<p>responsible for identifying quality improvement opportunities and for following these through to completion with the respective teams; however, the quality manager actively supports these projects.</p> <p>Family/whānau /next of kin satisfaction surveys for the dementia services are completed annually and the information is analysed. The most recent survey undertaken earlier in 2020 showed 98% satisfaction in all areas. Results for the Hoon Hay House dementia service and the Hoon Hay rest home dementia services were analysed separately as well as collectively. A separate mental health service survey has been completed by residents in that service. Issues with the return of clothing and laundry services were emerging themes for some, as were the hot temperature of the facility during summer and the lack of activities for residents. Information obtained through these processes has been used to identify areas for improvement and opportunities for new projects. For example, heat pumps are in the process of being installed to improve the ventilation in summer months and a separate activity survey was subsequently completed. The latter identified three key areas for improvement, which the diversional therapists are currently responding to. Newsletters produced last summer (2019 – 2020) and in July 2020 provided updated information about the facility and described activities within the village.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current with the latest update being February 2020. A document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. The clinical manager for the organisation reported working with HLL on a project towards combining Golden Healthcare Group and Heritage Lifecare Limited policies and procedures.</p> <p>The facility manager has been proactive in implementing continuous quality improvement initiatives related to incidents, poor results in internal audits, feedback processes including surveys and innovative ideas. The documentation and reports associated with these projects were individually reviewed; however, at the time of audit there had not been sufficient time since commencement of the projects for a full evaluation process to be undertaken. As the levels of improvement were not yet measurable, it was not possible to allocate any continuous improvement ratings during this audit, but the strong commitment of the intentions towards quality improvements is acknowledged.</p> <p>A comprehensive risk management register for 2020 includes risk action plans and review processes. All projects and quality improvement initiatives have their own risk action plans. The facility manager and the quality manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. There is a health and safety manual available and the manager is familiar with the Health and Safety at Work Act (2015) for which the requirements have been implemented.</p>
Standard 1.2.4: Adverse Event	FA	Policies and procedures on adverse event reporting are available. Staff document adverse and near miss events on an accident/incident form. A sample of incident 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

<p>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>collated, categorised, analysed and reported by the two managers at Hoon Hay Village, the HLL (GHG) clinical manager as well as by the quality manager at the Golden Healthcare Group level. Quality and risk meeting minutes include summaries of these processes, any trends identified and any recommended corrective action or quality improvement follow-up. Information resulting from these analyses is shared with staff who confirmed during interview that they understand the graphs provided and find the updates useful.</p> <p>The manager described essential notification reporting requirements, including for significant infections, unexpected deaths and pressure injuries, for example. They advised there have been three notifications since the last audit that required completion of a Section 31 form, each of which involved a police investigation. One related to two people on the one day who visitors inadvertently permitted to leave the facility one related to an aggressive incident and the third was following a physical assault. Each has been investigated and strategies have been developed that are expected to prevent, or reduce the likelihood, of a recurrence.</p> <p>There has been liaison with the CDHB, especially the public health unit, regarding information related to the Covid-19 pandemic.</p>
<p>Standard 1.2.5: Consumer Participation</p> <p>Consumers are involved in the planning, implementation, and evaluation at all levels of the service to ensure services are responsive to the needs of individuals.</p>	<p>FA</p>	<p>Consumer participation in the mental health service is currently a continuous improvement project within the service. A policy and procedure on consumer participation describes ways in which residents in the mental health service will be involved in planning and decision-making about the service. The service promotes residents' participation in monthly residents' meetings, which are led by a resident representative. According to meeting minutes, these are enabling residents' opportunities to discuss issues of concern and provide feedback on matters relating to the day to day running of the service such as housekeeping. The meeting minutes are approved by the residents and presented to their manager who reviews and addresses the issues as appropriate, such as a request for more barbecues.</p> <p>A mental health consumer advisor, who has lived experience, was contracted in May 2020 to facilitate residents' meetings and to provide residents with training. The consumer advisor leads residents' meetings on alternate months. As the residents become more familiar with the consumer advisor, the advisor intends to hold sessions with residents by choosing one right from the Code and creating a workshop around it to build and extend on current resident knowledge. The consumer advisor reported they created a questionnaire for residents, which included aspects of Te Whare Tapu Wha, and that they intend to include resident representation on interview panels for new staff, for which the representative would be reimbursed for their efforts. A manager from the HLL (GHG) Management Team has requested the consumer advisor attends management meetings at least monthly to ensure the consumer voice is heard at this level.</p> <p>Annual residents' surveys and separate activity surveys are enabling residents in the mental health service to provide direct feedback on issues such as their experience in the service, as well as suggestions for improvements. The mental health manager confirmed residents work one on one with their key worker regarding their activities of daily living, treatment plan and crisis prevention strategies using a recovery focused model as</p>

		appropriate for the person. Care plans reviewed confirmed the residents are directly involved in these processes.
<p>Standard 1.2.6: Family/Whānau Participation</p> <p>Family/whānau of choice are involved in the planning, implementation, and evaluation of the service to ensure services are responsive to the needs of individuals.</p>	FA	<p>A family participation policy and procedure states that education and support are provided to family/whānau by Hoon Hay House staff and residents are encouraged to involve family/whānau at all levels of their treatment/planning and review. This was confirmed during interviews with residents and with their family/whānau. Family/whānau history is taken in the initial assessment or obtained from a current needs assessment and family/whānau members are invited to six-monthly multi-disciplinary meetings or other meetings, with the resident's informed consent. They are also invited to social events at Hoon Hay House. The manager is involved in ongoing email correspondence with family/whānau who expressed appreciation about being welcomed and involved. Their opinions are sought via both formal and informal feedback processes.</p> <p>If additional support is needed, family/whānau are linked into the organisation 'Supporting Families in Mental Illness'. Staff are trained to develop the attitudes, knowledge and skill base essential to working in partnership with consumers' families.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>A sample of staff records reviewed confirmed the organisation's documented human resources policies and procedures are being consistently implemented and records are maintained. The documentation and processes are based on good employment practice and reflect relevant legislation. Recruitment and employment processes include formal applications and interviews, referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A record of the current status of all health professionals associated with the services shows all are APCs are current.</p> <p>Staff orientation includes all necessary components relevant to the new employee's specific role. During interviews, staff reported that the orientation process prepares new staff well for their role and that the length of time a new staff person orientates depends on their previous skills and experience. Personnel records of staff reviewed showed documentation of completed orientation checklists and competencies and a formal review after approximately three months.</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. A training coordinator assists with the internal assessments and the facility manager is also an internal assessor for the programme. All staff working in the dementia care area have either completed or are enrolled in the required education. The manager described the manner in which she prioritises this training for new staff as soon as they are employed and only three staff have not commenced organisational dementia training requirements and even these three have been enrolled. There are sufficient trained and competent registered nurses who are maintaining their required competencies for their</p>

		<p>APCs. All registered nurses have a current competency for undertaking interRAI assessments.</p> <p>A staff register confirmed that all staff have completed an annual performance appraisal and was further verified in the sample of personnel records reviewed.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Policy and procedure documents include a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). A separate rostering policy details requirements at the service delivery level. Hoon Hay rest home and Hoon Hay House staffing levels are adjusted to meet the changing needs of residents and reports of this occurring were provided, including for mental health services. All new staff are buddied until they are considered to be confident and competent by the respective manager.</p> <p>An after-hours registered nurse on-call roster for clinical issues was viewed. Mental health services are on a separate roster and activities are integrated into the support worker roles. The facility manager is available as a back-up on call 24/7 and this role is delegated to the relief manager in the event of sickness and annual leave. Care staff reported that there is good access to advice when needed.</p> <p>Observations and review of four weeks of rosters for both of the dementia services, and for the mental health services, were reviewed. These confirmed reports that there is adequate staff cover provided to complete the work allocated to them. Family/whānau interviewed supported this. Staff are replaced in the event of unplanned absences and additional casual staff have been employed to reduce the use of agency staff. All except new staff have a current first aid certificate, therefore the facility manager and mental health manager have no difficulty in ensuring at least one staff member on duty has a current first aid certificate. The rosters detail the staff who have a medicine competency, those with a first aid competency and identifies the fire wardens. There are no registered nurses rostered on regular duty in the mental health services; however clinical support is available from the registered nurse in the Hoon Hay House dementia service and from a mental health consultant who provides clinical support and advice on a contract basis. Weekend staff cover diversional therapy duties, and a caregiver covers the diversional therapist to enable them to undertake paperwork.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential,</p>	FA	<p>At all units the 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, CDHB and allied health service provider notes. This included interRAI assessment information entered into the Momentum electronic database in the dementia units, and the Mental Health Act documentation, where relevant, in the mental health unit. The high standard in file content and organisation reflected the recently completed quality improvement project on records, by the mental health manager and quality manager.</p> <p>Whilst the records are integrated, the general practitioner did comment on the "lack of connectivity" for him as</p>

<p>and accessible when required.</p>		<p>regards laboratory reports. Currently these are only possible at his practice and he would prefer he could access the information on his weekly visits to Hoon Hay Village.</p> <p>Records were legible with the name and designation of the person making the entry identifiable. Staff interviewed were familiar with the legislation related to health information management, privacy, and confidentiality.</p> <p>Archived records are held in a locked cupboard in both facilities and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. Residents' records were in locked nurses' stations in each facility and 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>	<p>FA</p>	<p>Residents enter the service when their required level of care and risk have been comprehensively assessed. Mental health admissions are assessed by the residents' options group (ROG). All admissions are confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their 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, GP, family.) 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 requirements. Service charges comply with contractual requirements.</p> <p>Between the Hoon Hay rest home and Hoon Hay House there were 57 residents with dementia, two of whom were receiving respite care. There were 19 residents in the mental health facility home, seven of which were under the Mental Health Act.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Any exit, discharge or transfer of a resident is managed in a planned and co-ordinated manner. Escorts are organised as appropriate with family members asked to assist, or one of the staff will step in when necessary. The service uses the DHB's 'yellow envelope' system to facilitate the transfer of residents to and from acute care services. There is open communication between all services, the resident and the family/whānau, which was confirmed by those interviewed and from file review. At the time of transition between services, appropriate information is provided for the ongoing management of the resident.</p> <p>Any mental health residents for transfer or discharge will have a personalised discharge plan "(my discharge plan)", outlining finances, travel, medications, health and wellbeing, key contacts and appointments, and their crisis plan. This is discussed with the resident and family as well as the receiving service and CDHB community team, if</p>

		<p>involved. Any risk identified is discussed and documented with contingencies to minimise potential harm or disquiet for residents. A recent rapid discharge was outlined.</p> <p>Documentation associated with an example of a transfer to acute services was sighted.</p>
<p><b>Standard 1.3.12: Medicine Management</b></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 day of audit. The staff observed in both dementia units and the mental health unit 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. Medication training occurs annually to maintain competencies. A register of competent staff and specimen signatures was sighted in all three areas.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy on a monthly basis. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request. Non packaged items are stored in locked cupboards. Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks.</p> <p>The records of temperatures for the medicine fridges and the medication storage areas reviewed were within the recommended range.</p> <p>Prescribing practices in the electronic system meet requirements with the dates of commencement and discontinuation of medicines recorded and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review is consistently recorded on the medicine chart. Standing orders are not used.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component</p>	FA	<p>Food services are provided on site, by two cooks and kitchen hands, in Hoon Hay rest home and meals transferred via a hot box to Hoon Hay House for the dementia and mental health residents. The menu follows a summer and winter pattern rotating over four weeks and has been reviewed by a qualified dietitian (21 July 2020). The residents receive a light lunch and the main meal in the evenings. Hot and cold drinks are available for mental health residents and extra snacks are provided for the dementia units at any time.</p> <p>All aspects of food procurement, production, preparation, storage, transport, delivery and disposal comply with current legislation and guidelines. The services operate with approved food safety plans and registrations issued by Ministry of Primary Industries with expiry dates of June 2021. Documentation sighted confirmed that food temperatures were monitored and within recommended range. The kitchens were clean, tidy and showed evidence</p>



<p>of service delivery.</p>		<p>of stock rotation. Safe food handling certificates were undertaken by staff as evidenced in staff files.</p> <p>A nutritional assessment is taken for each resident on admission and used to develop a dietary profile which is updated six monthly or earlier if needs change and the kitchen receives updated copies. Personal preferences, allergies, modified texture requirements are made known to the kitchen staff and accommodated in the daily meal plan.</p> <p>Evidence of resident satisfaction with meal variety and temperature was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. The meals observed showed that residents were given time to eat their meals, options were offered and those requiring assistance were given so in a respectful manner.</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>The RN interviewed in dementia care stated that the NASC assessments were accurate and no one had been declined entry to the service.</p> <p>For those referred to mental health, anyone declined entry is offered alternative suggestions of which their family are informed, if appropriate. The referrer and NASC are also notified. If the needs of any resident changes 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 the resident and whānau/family. Examples of this occurring were discussed. There is a clause (sighted) 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 assessment tools that include an initial comprehensive nursing assessment on admission, nutrition assessment, pain scale, falls risk, continence, skin integrity, cognitive functioning and cultural assessment in conjunction with Kaupapa Māori or Pacifica services. A challenging behaviour tool is also utilised if necessary. These assist the registered nurses in identifying any issues and provide direction for care planning.</p> <p>The sample of nine dementia care plans reviewed had an integrated range of resident-related information sourced from use of the assessment tools, interRAI outcomes, medical assessments, information from needs assessors and referrers, relatives and where relevant from the residents themselves. All residents have current interRAI assessments completed by one of three interRAI assessors. Triggers from the interRAI were incorporated in the LTCP and were the focus of interventions.</p> <p>Six mental health files were reviewed. The comprehensive needs and support requirements of the residents were identified in consultation with the resident. These were documented according to policy timeframes.</p>

		Family members confirmed their involvement in the assessment process on admission.
<p><b>Standard 1.3.5: Planning</b></p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>All care plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information.</p> <p>For dementia care, as the framework of each care plan is based on the interRAI format, the links between the assessment and care plan processes were transparent. Additional plans had been developed for specific medical concerns, or behaviour management for example, and these complemented care plans. Behavioural assessments had been completed in the files. Specific behaviour management plans had been developed and were being reviewed as applicable. These plans covered 24 hours with triggers, behaviour, and suitable interventions specific to the resident documented.</p> <p>Mental health goal and support plans and ADL ability and support needs plans reviewed were based on the information gathered from assessments in conjunction with the resident and their family, where appropriate. The personal profile and relapse prevention plan contribute to resident focussed, integrated documentation which describes the goals and support required to achieve identified outcomes. These promote continuity of service delivery along with the current progress notes and the fortnightly 1-1 key worker/resident meetings.</p> <p>All dementia care and mental health plans reviewed demonstrated service integration with progress notes, diversional therapist notes, medical and allied health professionals' notations clearly written, signed, informative and relevant.</p> <p>All care plans sighted were current. Any change in care required had been documented as an update and verbally passed on to relevant staff. Families interviewed reported participation in the development and ongoing evaluation of care plans, and many attended multidisciplinary meetings on a six-monthly basis. Family input was evident on the family consult form in individual files.</p>
<p><b>Standard 1.3.6: Service Delivery/Interventions</b></p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Documentation, observations, and interviews verified that care provided to residents was consistent with their needs, goals and the plan of care. Attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision in all units. The GP verified during interview that medical input is sought in a timely manner, that medical interventions are followed, and care is of a high standard and residents are treated with respect. Care staff confirmed that care is individualised and is provided as outlined in the care plan documentation, as did those residents interviewed.</p> <p>A range of equipment and resources was available, suited to all the levels of care provided, and in accordance with the residents' needs. This included other agencies and community inclusion whenever practicable. As noted from observation and file review, mental health residents care and support was provided in the least restricted and intrusive way to limit the onset of further mental distress and promote health and wellbeing, in collaboration with</p>

		<p>the resident and their family.</p> <p>Residents in all services were treated in a respectful manner. Staff consistently demonstrated consideration for their safety and competence at using distraction and de-escalation techniques.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities programme across both dementia units is provided by two trained diversional therapists holding a national Certificate in Diversional Therapy. There is an emphasis on de-escalating challenging behaviour as documented in the individual 24-hour interventions section of the care plan and the programme runs over seven days and is supported by care staff who actively engage with the residents during activities.</p> <p>A social assessment and history are completed on admission to ascertain residents' needs, interests, abilities and social requirements, which contributes towards individualised personal profiles and associated activity plans. The managers ask the families of prospective residents to complete the assessment prior to the person being admitted. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. Participation records are completed daily, and monthly progress notes written. The resident's overall activity needs are evaluated as part of the formal six-monthly care plan review. Monthly activity programmes are developed. These demonstrated a diverse range of activity related options are being organised. The activities listed and reported reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Where applicable, residents and families/whānau are involved in evaluating and improving the programme through residents' meetings, satisfaction surveys and informal feedback. The diversional therapists also use the residents' levels of response to an activity to determine how and if an activity will be repeated. Residents in the rest home confirmed they find the programme interesting and said there is usually something on offer most days. On the day of audit, the residents in the dementia units were actively participating in an exercise session. A recent initiative has been to combine with the organisations other facilities in a project called 'Lets Connect' but has been interrupted by the restrictions of Covid-19.</p> <p>The mental health unit bases all resident activities on the individual resident assessments, their personal profile, and their activities and interest profile. These are all completed with the resident, and family if appropriate, as evidenced by file review, and staff and tracer interview. Each resident has their personal weekly timetable and a weekly activity attendance record. These were all current in the files reviewed. The resident interviewed as tracer, verified his involvement and support of the profile documents, to assist activity planning. He also liked having a personal timetable which he could detail at interview. He reported this supported what he wanted to do and achieve.</p>
<p>Standard 1.3.8: Evaluation</p>	FA	<p>For all services resident care is evaluated on each shift and reported to the RN and documented in the progress notes. There are medical and allied health progress notes also evident across all files reviewed.</p>

<p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>In dementia care, formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, and as residents' needs change. Where progress is significantly different from expected, the service responds by initiating changes to the plan of care.</p> <p>Examples of STCPs being reviewed, and progress evaluated as clinically indicated, were noted for challenging behaviour and wound care.</p> <p>Families/whānau interviewed provided examples of involvement in evaluation and review processes. Six monthly multidisciplinary meetings which family/whānau are always invited to attend which was evidenced in the family/whānau contact sheet. If family are unable to attend the option is offered to discuss over the phone and then have care plan sent out for signing.</p> <p>The mental health service has a range of evaluations which are maintained for all residents, as noted from staff interview and file review. In addition to the daily progress notes and medical /allied progress notes, each person has a 1-1 review every fortnight with their key worker which may be undertaken in an informal setting if preferred by the resident for example, walking, listening to music. They also have a documented review of goal progress every three months by the key worker and a six-monthly MDT review now combined with and the annual SPAR review. Medical review is three monthly. Consent is reviewed annually. Programme for the Integration of Mental Health Data (Primhd) is also completed. All achievements are discussed with the resident and family, where appropriate, and documented with any changes incorporated into the updated plan. All were completed in the files reviewed. There had been a delay in the SPAR reviews due to COVID-19, however this was addressed between the funder and service with the initiative to combine meetings to assist ROG resource and family having to attend two meetings in close timeframe. Family contact and input is recorded in the family consult form.</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</p>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor', residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or registered nurse sends a referral to seek specialist input. Copies of referrals and appointment outcome advice were sighted in residents' files, including to dietitians, older person's mental health services, CDHB specialists and non-government agencies.</p> <p>The resident and the family/whānau are kept informed of the referral process, as verified by documentation and interviews. Family/whānau of residents reported being kept well informed about referrals to other services that were made on behalf of their relative.</p> <p>Any acute/urgent referrals are attended to immediately, such as sending the resident to the emergency department in an ambulance if the circumstances dictate.</p>

choice/needs.		
<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>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. Recyclable cardboard is flat packed and removed weekly by a contractor, while other recyclables are placed in council bins with yellow lids for council collection. General waste is also removed by a contractor according to a schedule. Various contractors are also used for cleaning of the grease trap every three months, pest control and exchange of filled sharps containers. Clear labelling of general kitchen waste and recycling was observed in the mental health service area.</p> <p>An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment including plastic aprons, face shields, rubber gloves and masks. Staff were observed using these.</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 for the entire Hoon Hay Village (expiry date 1 May 2021) was publicly displayed by both main front entrances.</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. Similarly records of monthly hot water temperature show these are safe and residents related equipment including weighing scales and wheelchairs have been serviced and checked as safe. The environment was hazard free and resident safety was promoted. Maintenance schedules are documented according to requirements with monthly, quarterly, six monthly and annual requirements being checked off.</p> <p>External areas are safely maintained and were appropriate to the resident groups and setting with no ramps or steps for people to negotiate. There is an internal and an external courtyard for the rest home and there are courtyards and pathways around the building of Hoon Hay House, although a gate and fence separate the external areas for the residents in the mental health service from those in the dementia service. An outdoor patio area of Hoon Hay House has a shade sail, and its configuration provides shelter from the elements. Raised gardens have been built for residents' use.</p> <p>Staff confirmed they know the processes they should follow if any repairs or maintenance are required and that requests are actioned. This was confirmed in a maintenance and repair record book. Residents and family/whānau members were overall happy with the environment.</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>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Additional handbasins are in the hallways of Hoon Hay rest home. All resident's rooms have an ensuite with a toilet, handbasin and shower that have easy to clean surfaces in both Hoon Hay rest home and Hoon Hay House. Additional communal toilets are in each of the rest home wings, one in the dementia wing of Hoon Hay House and one in the wing for people with mental health concerns. Resident's privacy is ensured as internal door locks are installed, although staff are able to unlock in an emergency. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence.</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>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely, which are generous in size. All bedrooms provide single accommodation, although one married copy share a room together and use a second bedroom beside it as their lounge. Rooms are personalised with furnishings, photos and other personal items displayed in the dementia service areas and personal effects such as arm chairs, televisions, cd players, soft toys, books, pin boards and ornaments were evident in the rooms of residents in the mental health service areas. Staff inform that the area of placement of the beds are decided on by the resident.</p> <p>There is room to store mobility aids and wheelchairs. Staff and family/whānau members reported the adequacy of bedrooms, as did the residents in the mental health services area.</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</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. The dining and lounge areas are of varying sizes. All enable easy access for residents and staff in the respective areas. Each wing of the four wings in Hoon Hay rest home has a lounge and a dining area. Furniture is appropriate to the setting and residents' needs.</p> <p>Both groups of five residents in the mental health service have a lounge, dining and kitchen area, which was clean and tidy. There were lounge chairs and a television in both lounges. The large bellbird lounge is accessible by all residents and contains comfortable couches, a piano, and a soccer game table. Residents and their family/whānau reported that although there is no family room, there is usually somewhere to go to socialise. Some join in with the other residents using the bellbird lounge, which provides a "home environment" within this long-term mental health unit. A house cat provides tactile comfort to residents.</p>

<p>meet their relaxation, activity, and dining needs.</p>		
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Residents' personal laundry is undertaken on site in a dedicated laundry between the Hoon Hay House and the Hoon Hay rest home. Towels and bed linen are undertaken off site by a contracted provider. A dedicated laundry staff was interviewed and demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. There were minimal reports during family/whānau interviews and only a couple of comments in the surveys regarding the return of personal clothes. These issues were generally attributed to other residents removing clothes from where they had been place.</p> <p>There is a small laundry in the mental health service area of Hoon Hay House. Residents are able to complete their own laundry and those that require help are assisted by staff. The process for use of the washing machine is simple as it has a detergent press button discharge. There is a timetable for the use of the laundry, and this is noted on a whiteboard with residents names and times of the day and week to launder.</p> <p>Housekeeping is undertaken according to a detailed schedule and the housekeeper was aware of the need to take the chemicals with her at all times. Residents in the mental health service undertake the cleaning and tidying of their own rooms as part of their activities of daily life programme and these are monitored by the support workers. Wet area signs were observed to be in use.</p> <p>The laundry staff person and one housekeeper were interviewed. Both informed they receive appropriate training in chemical use, which was verified in staff files reviewed and in training records. As the housekeeper is fairly new to the facility orientation records were checked and these had been completed according to requirements. Records also confirmed that the housekeeping staff undertake the New Zealand Qualifications Authority Certificate in Cleaning (Level 2). Chemicals were stored in a lockable cupboard in rooms locked by a numerical keypad and all were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme. Internal audits on workplace hazards and waste and hazards were inclusive of laundry and housekeeping. Corrective actions have been raised where appropriate and follow-up measures closed out and dated.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during</p>	<p>FA</p>	<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 fire manual was last reviewed February 2020). The current fire evacuation plan was approved by the New Zealand Fire Service on the 5 April 2011 and covers the entire Hoon Hay village. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 1 July 2020. The orientation programme includes fire and security training. Due to the use of gas for hot water and cooking, all staff are required to complete regular gas safety training and</p>

<p>emergency and security situations.</p>		<p>related emergency management. Staff confirmed their awareness of the facility emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet The National Emergency Management Agency recommendations for the region. Its contents are signed off as being present or renewed every three months. Water storage tanks are located in the ceiling and emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed six monthly and observations made during the audit confirmed staff respond promptly to call bells. Relevant staff were aware of the emergency call system that is specific to the mental health service.</p> <p>Appropriate security arrangements are in place with signs noting the presence of security cameras. Viewing of the monitors confirmed these are appropriately positioned and not contravening resident and visitor privacy. Doors are locked and windows closed at a predetermined time, although all windows are on a security latch.</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 residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external double-glazed windows. Ranch slider doors from residents' rooms in Hoon Hay House open onto outside garden or patio areas. Heating is provided by underfloor heating in both Hoon Hay House and the Hoon Hay rest home. Some residents' rooms have electric convention heaters where the underfloor heating failed post the Christchurch earthquake. Although thermostatically controlled, each room can be individually adjusted. Heat pumps have been installed in the lounges of the rest home for ventilation purposes and work is underway for their installation in Hoon Hay House. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p> <p>There is an external designated smoking area for people from the mental health service and one on one end of the Hoon Hay rest home. The manager informed there is not currently any need for others, but this would be reconsidered if the need arose. One for staff is separate.</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</p>	<p>FA</p>	<p>The service implements an infection prevention and control (IPC) programme to control and contain the risk of infection to residents, staff, and visitors. The programme is supported by a comprehensive and current infection control manual. The IPC programme is reviewed annually by the IPC coordinator and IPC clinical manager who oversees the organisation's sites. The programme was last reviewed 12 February 2020.</p> <p>A job description was sighted for the IPC coordinator. All infection control matters including surveillance are reported to the IPC clinical manager monthly and at quality meetings.</p> <p>Staff are aware if they are unwell, they must remain off work until symptom free for 48 hours. Signage in the entrance way asks visitors if they are unwell to not visit. A QR code was available for visitors to scan for tracking of</p>



and scope of the service.		Covid-19.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The IPC coordinator has appropriate skills and training to implement the programme and accesses additional support from the GP and DHB if needed. During Covid-19 restrictions, support was provided through the New Zealand Aged Care Association and the Ministry of Health.</p> <p>The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC coordinator confirmed the availability of resources to support the programme and any outbreak of infection. Stock of personal protective equipment was available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The IPC policies are in line with good practice and meet legislative requirements. Review of policies occurred in February 2020 and the clinical manager stated they were reviewed annually. The policies are available in digital and hard copy in the nurses' station.</p> <p>Care delivery, cleaning, 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. Hand washing and sanitiser dispensers are 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>IPC education has been increased due to Covid-19 with an emphasis on hand hygiene, donning and doffing personal protective equipment, pandemic response with both internal and external audits being performed. The staff interviewed were confident in understanding the requirements in place at this time. Interviews, observation and documentation verified staff have received education on infection prevention and control at orientation and ongoing education sessions. Education is provided by the IPC coordinator and other specialists such as an infection control nurse from the CDHB. Content of the training is documented and evaluated to ensure it is relevant, current and understood. Records of attendances are maintained.</p> <p>Education with residents is generally on a one-to-one or case by case basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, encouraging residents to maintain good fluid intake and good personal hygiene, especially in relation to toileting.</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 of upper and lower respiratory tract infections, skin, gastro, wound and eye infections are monitored monthly and results analysed for possible causes, trends and required actions. New infections and any required management plan are discussed at handover so early intervention can occur. Graphs are produced and comparisons made for same time frame, in previous years, and against other facilities within the organisation. This is discussed at quality meetings and feedback provided to staff at handover.</p> <p>Staff interviewed were aware of the need to report signs or symptoms of infection to the RN.</p> <p>Recent outbreaks of respiratory and/or gastrointestinal illnesses were handled in an appropriate manner using the traffic light system. All documentation was complete, and notifications made.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The documentation includes relevant definitions and states approved restraints include a lap belt on a wheelchair or bedrails on a bed. Policy documentation has a strong focus on de-escalation, distraction strategies and behaviour management. Staff confirmed during interview that they are familiar with the definitions of the different types of restraint and of an enabler, stated they do not use restraints in this facility and provided multiple examples of situations in which they have successfully used de-escalation techniques. Training on restraint use includes a self-learning tool that all staff complete annually, presentations on restraint and enabler use at least two yearly as well as incidental training when a resident requires additional support to help manage their behaviours.</p> <p>The restraint coordinator, who is a senior registered nurse, provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and</p>

		<p>practice and her role and responsibilities. This person is well supported by the HLL (GHG) clinical manager.</p> <p>On the day of audit, there were no restraints and no enablers being used and there had not been any use of any form of restraint for as long as records were available, which was over six years. There is a blank restraint and enabler register form available should it be necessary.</p> <p>Managers reported that restraint would only be used as a last resort to manage the safety of the resident or other people and only as a last resort when all alternatives had been explored. This was evident on review of the restraint approval group minutes, quality and risk management and staff meeting minutes and from interviews with staff.</p> <p>Hoon Hay rest home and the Hoon Hay House dementia services operate as secure units.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

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

No data to display
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End of the report.