

Maungaturoto Residential Care Limited - Maungaturoto Rest Home

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:	Maungaturoto Residential Care Limited
Premises audited:	Maungaturoto Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 March 2021 End date: 30 March 2021
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:	9

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Maungatoroto Rest Home provides rest home level care for up to 16 clients. The service is operated by Maungatoroto Residential Care Ltd (a charitable trust) and managed by a nurse manager. Clients and families spoke positively about the care provided.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of client and staff files, observations and interviews with clients, family, management, staff, board members, a volunteer and a general practitioner. This audit identified six areas of improvement relating to risk management, human resources, care plans, infection control and medication.

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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A complaints register is maintained with complaints resolved promptly and effectively.

Clients 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. The services provided support personal privacy, independence, individuality, and dignity. Staff interact with clients in a respectful manner.

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

There is a Maori health plan to guide staff to ensure that clients who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect, or discrimination.

The service has linkages with a range of specialist health care providers to support best practice and meet clients’ needs.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Business and quality and risk management plans include the mission statement, philosophy, goals and objectives of the organisation. Monitoring of the services provided to the governing body is regular and effective. An experienced and suitably qualified person manages the facility.

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

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

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

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Access to the facility is appropriate and efficiently managed with relevant information provided to the potential client/family.

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

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

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

The food service meets the nutritional needs of the clients with special needs catered for. Food is safely managed. Clients 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.
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The facility meets the needs of clients and is clean and maintained. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

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

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

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation has implemented policies and procedures that support the minimisation of restraint. No enablers or restraints were in use at the time of audit. A comprehensive assessment, approval and monitoring process with regular reviews occurs when

relevant. Use of enablers is voluntary for the safety of clients in response to individual requests. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Some standards applicable to this service partially attained and of low risk.
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The infection prevention and control programme, led by the infection control coordinator, aims to prevent, and manage infections. 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. There has been no infection outbreak reported since the last audit.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	39	0	4	2	0	0
Criteria	0	87	0	4	2	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Maungaturoto Rest Home has developed policies, procedures, and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). The interviewed staff understood the requirements of the Code and were observed communicating respectfully with clients. Clients were encouraged to be independent, options were provided, and privacy and dignity was maintained. 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.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	The interviewed RN/Manager and care staff understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Informed consent has been gained appropriately using the organisation's standard consent form. Signed consent forms were sighted in the clinical files reviewed. Resuscitation treatment plans were sighted in the reviewed clients' records. Staff were observed to gain consent for daily cares.
Standard 1.1.11: Advocacy And Support	FA	Clients or family/EPOAs are given a copy of the Code, which includes information on the advocacy service during admission. Posters and brochures related to the advocacy service were

Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.		displayed and available at the reception area. Family members and clients spoken with were aware of the advocacy service, how to access this and their right to have support persons.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Clients are assisted to maintain links with their family and the community by attending to a variety of organised outings, visits, shopping trips, activities, and entertainment. The facility has unrestricted visiting hours and encourages visits from clients' family members and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to clients and families on admission and those interviewed knew how to do so. The complaints register reviewed showed that no complaints had been received over the past year but there was a DHB investigation instigated. This was investigated and a satisfactory resolution reached. Because of the low numbers of clients, the nurse manager reported she interact regularly with them one on one and any little issues are resolved at the time. Any concerns would be documented and follow the required process with improvements made. The nurse manager is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Clients and family interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and from discussions with staff on admission. The Code is displayed at the reception area together with information on advocacy services, complaints, and feedback forms.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and	FA	Clients receive services in a manner that respects their dignity, privacy, sexuality, spirituality, and choices. The interviewed clients and family confirmed this. Clients' personal belongings are labelled for easy identification and residents reported that they receive back their clothes after laundering. Staff maintained privacy during cares throughout the audit. Clients are supported to attend to community activities by family and staff when required. The care plans included documentation related to the clients' abilities, and strategies to maximise

independence.		<p>independence.</p> <p>Records reviewed confirmed that each client's individual cultural, religious, and social needs, values and beliefs had been identified on admission, documented, and incorporated into their care plan.</p> <p>Interviewed 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. The interviewed general practitioner (GP) and family have not witnessed or observed any abuse nor neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There were no clients who identified as Maori on the days of the audit. There was a current Māori health plan developed with input from cultural advisers. The Maori health policy reflects the principles of the Treaty of Waitangi and the registered nurse/ manager (RN/Manager) stated these would be incorporated into daily practice when required. Guidance on tikanga best practice was available. The interviewed RN/Manager understood the Treaty of Waitangi and the need to acknowledge cultural values and beliefs for individual people who identify as Maori. Staff have received education on cultural safety and Maori health.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Clients' individual culture, values and beliefs were identified during the admission assessment. Interviewed clients and family/enduring power of attorney (EPOA) confirmed that they were consulted on individual values and beliefs and staff respected these. Clients' individual preferences required interventions and special needs were included in the care plans reviewed. The client satisfaction survey confirmed that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Clients, family members and the GP interviewed stated that clients were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. These are included in the employee handbook and are discussed with all staff during orientation period. The RN/Manager demonstrated knowledge and understanding of professional boundaries. 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>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service encourages and promotes good practice through evidence-based policies, internal audits, input from external specialist services and allied health professionals, for example, wound care specialist, mental health services for older persons, and education of staff. The annual education planner included mandatory training topics. The GP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>The RN/Manager has access to external education through the local hospital board, though this was limited over the past year due to COVID-19 pandemic restrictions.</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>Clients and family/EPOAs stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in the reviewed clients' records. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff knew how to access interpreter services, although reported this was rarely required due to all staff able to speak English and the use of family members if required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The strategic and business plans, which are reviewed annually, outline the mission, scope, direction and goals of the organisation. The documents describe annual and longer term objectives and the associated operational goals and plans. A sample of monthly trust board meeting minutes showed adequate information to monitor performance is reported including financial reporting, occupancy numbers and relevant issues. The service is managed by a nurse manager who holds relevant qualifications and has been in the role for 11 years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The nurse manager confirms knowledge of the sector, regulatory and reporting requirements and maintains currency through her annual practising certificate, some online training and also support from the DHB.</p> <p>The service holds contracts with the DHB for rest home level care and respite. Nine clients were receiving permanent services under the rest home contract at the time of audit.</p>
<p>Standard 1.2.2: Service Management</p>	<p>FA</p>	<p>When the nurse manager is absent, a senior HCA carries out all the required duties under delegated authority. During those absences, the clinical management is overseen by the RN and</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>		<p>doctor at the co-located medical centre, with afterhours coverage by the on-call doctor, who are experienced in the sector and able to take responsibility for any clinical issues that may arise. The Wellsford medical centre is also willing to assist if required. Any prolonged absence would regular registered nursing from an agency. Staff reported the current arrangements work well.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>PA Low</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, audit activities, a regular client satisfaction survey, monitoring of outcomes, clinical incidents including infections, skin tears and falls.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the staff meetings. Staff reported their involvement in quality and risk management activities through the regular discussions at meetings and involvement in audit activity. Relevant corrective actions are developed and implemented to address any shortfalls. Client and family satisfaction surveys are completed annually. The most recent surveys showed there were no concerns identified. Due to the availability of the nurse manager and senior care givers, any issues are discussed promptly and actions taken if required.</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 are current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The nurse manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. However, the risk/hazard register is not always specific to the facility and contains several generalised items that are not required. Refer corrective action in criterion 1.2.3.9</p> <p>The manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by</p>	<p>FA</p>	<p>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 collated, analysed and reported to the board and staff.</p>

<p>the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>The nurse manager described essential notification reporting requirements, including for pressure injuries. They advised there have been no notifications of significant events made to the Ministry of Health, MoH, and other external agencies for example, Worksafe NZ, coroner, or public health since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records and staff interviewed reviewed confirmed the organisation's policies are being implemented but some files are not complete and up to date. Refer corrective action in criterion 1.2.7.3</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed show documentation of completed orientation and regular performance reviews.</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. The nurse manager is the internal assessor for the programme. There is a sufficiently trained and competent registered nurse who is maintaining her annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of clients. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Clients and family interviewed supported this. Observations and review of five weekly roster cycles confirmed adequate staff cover, including 42 hours RN coverage, has been provided with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate.</p>
<p>Standard 1.2.9: Consumer Information</p>	<p>FA</p>	<p>Clients' information is in electronic form for interRAI assessments and GP notes. The interRAI assessment comments are printed and paper copies kept in clients' files. Progress notes, initial</p>

<p>Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>admission assessments and admission agreements, initial care plans and evaluation forms are paper based. Records were legible with the name and designation of the person making the entry identifiable. All necessary demographic, personal, clinical and health information was fully completed in the clients' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system. Clients' files are held for the required period before being destroyed. No personal or clients' private information was on public display during the audit. The clients' files were kept in the locked nurses' station.</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>Admission enquiries are managed the RN/Manager. Clients enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective clients 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. All clients admitted required rest home level of care.</p> <p>Maungaturoto Rest Home's brochure and information on the facility's website have detailed information on the services provided by the service. 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>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>The RN/Manager and the caregivers manage the exit, discharge, or transfer, with an escort provided as appropriate. The service uses the DHB's 'yellow envelope' transfer system to facilitate transfer of clients to and from acute care services. There is open communication between all services, the client and the family/EPOA. At the time of transition between services, appropriate information is provided for the ongoing management of the client. All referrals were documented in the progress notes. A patient recently transferred to the local acute care facility showed adequate information was shared to allow continuity of care. Family of the client reported being kept well informed during the transfer of their relative.</p> <p>The RN/Manager reported that if the needs of a client change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the client and family. There is a clause in the access agreement</p>

		related to when a client's placement can be terminated.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy was current and identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The medicine management system in use is paper based. The caregiver who was observed administering medicines demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had current medication administration competencies.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN/Manager checks medications against the prescription and conducts medication reconciliation when clients return to the facility from acute services or external appointments. The RN/Manager reported that expired and unwanted medicines are returned to the pharmacy for disposal. Clinical pharmacist input is provided on request. The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The three-monthly GP reviews were consistently recorded on the medicine charts. The paper prescription charts had current photos for clients' identification and allergies were documented.</p> <p>There were no clients who were self-administering medicines at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required.</p> <p>Medication errors were documented, and corrective actions were implemented.</p> <p>Stock checks for controlled drugs were not completed six -monthly as required. Refer corrective action in criterion 1.3.12.1</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by three main cooks and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns on a four weekly cycle and has been reviewed by a qualified dietitian on 14 December 2020.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the local city council. Food and fridge temperatures, including for high-risk items, are monitored appropriately, and recorded as part of the plan. The</p>

		<p>cooks have completed relevant food handling training.</p> <p>Nutritional assessments were completed for each client on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet clients' nutritional needs, was available.</p> <p>Evidence of client satisfaction with meals was confirmed by client and family interviews and satisfaction surveys. The food was served in the dining room and clients were offered extra servings if desired. Clients were given enough time to eat their meal in an unhurried fashion.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The RN/Manager reported that if a referral is received but the prospective client does not meet the entry criteria or there is no vacancy, the local NASC is advised to ensure the prospective client and family are supported to find an appropriate care alternative. When entry to the facility is declined, the prospective client and/family are informed of the reason for the decline and of other options or alternative services if required.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Information was documented using validated nursing assessment tools, such as a pain scale, falls risk, skin integrity, nutritional screening, and continence, to identify any deficits and to inform care planning. Monthly nursing observations were completed and documented. Six-monthly interRAI reassessments were completed in a timely manner. All clients had current interRAI assessments. The sample of care plans reviewed had an integrated range of client-related information. Clients and families confirmed their involvement in the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Moderate	<p>The initial care plans reviewed reflected the support needs of clients, and the outcomes of the integrated assessment process and other relevant clinical information.</p> <p>The care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Short term care plans were completed for acute conditions and were closed off when conditions resolved. Clients and families reported participation in the development and ongoing evaluation of care plans.</p> <p>The long-term care plans did not address all the clients' identified needs.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The reviewed documentation, observations and interviews verified that the care provided to clients was consistent with their needs, goals, and the plan of care. The interviewed GP verified that medical input was sought in a timely manner, that medical orders are followed, and care was implemented promptly. The caregivers confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the clients' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by the activities coordinator and a volunteer. Clients' needs, interests, abilities, and social requirements are assessed on admission using a social assessment and history form that is completed by the RN with input from client and family.</p> <p>The clients' activity needs are evaluated when there is significant change in their participation in activities and as part of the formal six-monthly care plan review. Daily activities attendance records were sighted.</p> <p>Activities reflected clients' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events were offered. Clients and families were involved in evaluating and improving the programme through satisfaction surveys. The interviewed clients confirmed they find the programme satisfactory. Clients were observed participating in a variety of activities on the days of the audit. The activities on the programme includes short walks, shopping trips, newspaper reading, reminiscing. The activities coordinator reported that the activities are flexible and can be changed to meet the needs of the clients.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The caregivers document in the progress notes in each shift. Any changes noted are reported to the RN/Manager. This was verified in the clients' files reviewed. Routine care plan evaluations were completed six-monthly following interRAI reassessment, or as clients' needs changed (Refer to 1.3.5). Where progress was different from expected, the service responded by initiating changes to the plan of care. Short-term care plans were consistently reviewed, and progress evaluated as clinically indicated. Completed short-term care plans were sighted for wound, urinary tract, and respiratory infections. Clients and families interviewed confirmed being involved in evaluation of progress and any resulting changes.</p>

<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Clients are supported to access or seek referral to other health and/or disability service providers. If the need for other non-urgent services is indicated or requested, the GP or RN/Manager sends a referral to seek specialist input. Copies of referrals were sighted in clients' files, including to the dietitian, eye specialists and wound nurse specialist. The client and the family are kept informed of the referral process, as confirmed by documentation and interviews. The GP confirmed that any acute/urgent referrals were attended to immediately, such as sending the client to accident and emergency in an ambulance if the circumstances dictated. Referral documentation was sighted in the reviewed records.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. 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 and staff were observed using this.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness (expiry date 22-7-21) is publicly displayed.</p> <p>Appropriate systems are in place to ensure the clients' physical environment and facilities are fit for their purpose and are generally maintained. The present building is dated but plans are in place to upgrade the whole area which will mean less on-going maintenance which is currently challenging. A discussion with maintenance and management highlighted some areas that would benefit from some attention. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. Efforts are made to ensure the environment is hazard free, that clients are safe, and independence is promoted. Current construction work on a new dementia unit is presenting some challenges but these are being well managed.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting. There are a number of outside areas currently under construction and once these changes are completed it will result in improvements in the outside environment for clients.</p> <p>Clients confirmed they know the processes they should follow if any repairs or maintenance is</p>

		required, any requests are appropriately actioned and that they are happy with the environment.
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes four toilets, two showers and two rooms with full ensuites. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident 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>	FA	<p>Adequate personal space is provided to allow clients and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. While there are four rooms that are certified for double occupancy, these are only used if couples request these. Rooms are personalised with furnishings, photos and other personal items displayed.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas are available for clients to engage in activities. The dining, lounge and sunroom areas are spacious and enable easy access for clients and staff. Clients can access areas for privacy, if required. Furniture is appropriate to the setting and client needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Laundry is undertaken on site in a dedicated laundry or by family members if requested. Duties are carried out by both care and the cleaner/ laundry person and they demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Clients interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>The one cleaner employed has completed training in safe chemical handling. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme.</p>

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on 3 December 2020. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 21 December 2020. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for the nine clients. Adequate emergency supplies of water are kept on site in both bottles and large containers. The amount of water stored meets the Ministry of Civil Defence and Emergency Management recommendations for the region. There is access to a generator off site. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to clients requiring assistance. Call system monitoring is completed on an ongoing basis and clients and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and checked regularly.</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 client rooms and communal areas are heated and ventilated appropriately. Rooms have natural light and opening external windows. Heating is provided by central heating in the client's rooms and wall heaters in communal areas. All client rooms also have fans for use in the summer months. Areas were cool and well ventilated throughout the audit and clients and families confirmed the facilities are maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>PA Low</p>	<p>Maungaturoto Rest Home has implemented an infection prevention and control (IPC) programme to minimise the risk of infection to clients, staff, and visitors. The programme is guided by a comprehensive and current infection control manual, with input from external expert services.</p> <p>The RN/Manager is the designated infection control coordinator (ICC), whose role and responsibilities are defined in their job description and in the infection control policy. Infection control matters, including surveillance results, are reported monthly to the staff, and tabled at the staff meetings.</p> <p>There is signage at the main entrance to the facility that requests anyone who is, or has been</p>

		<p>unwell in the past 48 hours, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. The interviewed staff understood these responsibilities.</p> <p>There was a COVID-19 pandemic plan in place and current information on infection control measures and contact tracing requirements were implemented.</p> <p>An improvement is required to ensure the infection control programme is reviewed annually.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The ICC has appropriate skills, knowledge, and qualifications for the role. The ICC has attended relevant study days, as verified in training records sighted. Additional support and information are accessed from the infection control team at the DHB, the community laboratory, the GP and public health unit, as required. The coordinator has access to clients' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>Adequate resources to support the programme and any outbreak of an infection were available on the days of the audit.</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 infection prevention and control policies reflect the requirements of the infection prevention and control standard and current accepted good practice. The policies included appropriate referencing.</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 were readily available around the facility. The interviewed staff 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>	PA Low	<p>Staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is provided by the ICC. The last staff education was completed on 8 November 2020. Content of the training is documented and evaluated to ensure it is relevant, current, and understood. A record of attendance was maintained. When an infection outbreak or an increase in infection incidence has occurred, there was evidence that additional staff education has been provided in response. An example of this occurred during the beginning of</p>

		<p>COVID-19 pandemic.</p> <p>Education with clients was on an individual basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, increasing fluids during hot weather. This was confirmed in the short-term care plans sighted.</p> <p>The infection control coordinator has not attended to any external or online infection control training.</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>	FA	<p>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, skin, upper and lower respiratory tract, eye, ear, and multi-resistant organisms. The ICC reviews all reported infections, and these are documented. New infections and any required management plans are discussed at handover, to ensure early intervention occurs. The interviewed caregivers confirmed this. Internal audits were completed, and corrective actions were implemented as required.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme were shared with staff via regular staff meetings and at staff handovers. Comparisons against previous month were conducted. The sampled surveillance data showed that minimal numbers of infections were recorded, five infections were recorded in the period from March 2020 to March 2021.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The nurse manager will provide support and oversight for enabler and restraint management in the facility when required and demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>On the day of audit, there were no clients using enablers and no restraints were in place. If required, a consistent process will be followed for the use of enablers and restraints.</p> <p>Restraint is used as a last resort when all alternatives have been explored. The last use of an enabler was reported to be in 2019.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.9</p> <p>Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:</p> <p>(a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;</p> <p>(b) A process that addresses/treats the risks associated with service provision is developed and implemented.</p>	PA Low	<p>The risk /hazard register is very detailed and on review it was found to have a number of items that were not relevant or specific to the rest home or the governing body. Also potential risks to the wider organisation are not included. Many of the health and safety components were unnecessary e.g. lift safety, armed holdups and staff related harassment referring to classroom teaching situations. No potential organisational risks referring to activity that may have an effect on the viability of the facility, for example, financial or political, have been identified.</p>	<p>The risk/hazard register is not always specific or relevant to the facility or the trust. A number of documented risks and hazards are not relevant, it is not reported on adequately or reviewed and updated</p>	<p>Review and update the risk register and subsequent management processes. Implement a regular reporting process to the board and staff.</p> <p>180 days</p>

			regularly.	
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>Staff files reviewed were not all complete with a number of required documents not being on file. Of five files reviewed, four did not have copies of the signed code of conduct, two did not have the confidentiality agreement, only one had a copy of the appropriate job description and two had a duty schedule instead. One police check had been received but not filed and was unable to be located. This was subsequently provided.</p>	<p>Staff files reviewed did not have all the required documentation to evidence all the required components of the recruitment policy had been completed.</p>	<p>All staff files need to be reviewed for completeness and to be kept up to date with the relevant documents.</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Moderate	<p>There were controlled drugs kept on site in a secure controlled drugs cupboard that complies with the Controlled drugs storage requirements. Controlled drugs were checked upon delivery from pharmacy. The controlled drugs were checked for accuracy and administered by two staff with medication administration competency. The reviewed records evidenced accurate entries. The required six-monthly stock checks were not completed.</p>	<p>The six-monthly controlled drugs stock checks were not completed as required by the legislative requirements.</p>	<p>Provide evidence of weekly and six-monthly controlled drugs stock checks.</p> <p>90 days</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Moderate	<p>The needs identified by the interRAI assessments were reflected in the long-term care plans reviewed. However, the long-term care plans did not have documentation of all clients' needs identified by the nursing assessments. For example, a client who required prompting and supervision for showering and dressing, the interventions were not documented in the long-term care plan but documented in the initial care plan. The interventions to maintain and</p>	<p>The long-term care plans only addressed the interRAI triggered items, and other care</p>	<p>Provide evidence of long-term care plans that address all the care needs of the client as per standard requirement and</p>

		promote clients' independence were adequate to address the clients' needs, though some were documented on the initial care plan and not added to the long-term care plan. The long-term care plans sampled were reviewed at least six-monthly. Care plans evidenced integration of relevant information, including interRAI assessments outcomes, and client/family input.	needs were not documented.	the organisation's policy. 90 days
Criterion 3.1.3 The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.	PA Low	The infection control programme is included in the infection control policy. The programme includes review of policies and procedures, staff education and surveillance of infection. The infection control programme was not reviewed annually as per organisation's policy and standard requirements.	There was no evidence of an annually reviewed infection control programme.	Provide evidence of a documented infection control programme that is annually reviewed. 180 days
Criterion 3.4.1 Infection control education is provided by a suitably qualified person who maintains their knowledge of current practice.	PA Low	The infection control coordinator is responsible for providing infection control education. The ICC reported that they have not attended to any infection control education. There was no evidence of infection control education/training records in their training file (Refer to 1.2.7.3).	The infection control coordinator has not attended to any education in infection control.	Provide evidence of infection control training/education for the infection control coordinator. 180 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.