

# Rosedale Village Care Limited

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## Introduction

This report records the results of a Surveillance 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:** Rosedale Village Care Limited

**Premises audited:** Rosedale Village Hospital

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 25 March 2015 End date: 25 March 2015

**Proposed changes to current services (if any):** Proposed changes are to increase rest home beds by 10 and hospital beds by 10.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 38

# 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

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	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

Rosedale Village provides rest home and hospital level of care for up to 54 residents. On the day of the audit there were 38 beds occupied. This partial provisional audit and surveillance audit included all aspects of both audit requirements.

There were no areas identified as needing improvement and previous areas for improvement have been addressed.

## 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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Staff communicate with residents and family/whanau members following any incident, change in the resident's health/wellbeing or treatment in a manner that is reflective of open and honest communication.

Processes have been changed and residents advance directives are now assessed and documented in a manner that meets the standards.

There is a complaints process which is in line with the requirements of the Code of Rights and evidence is seen of complaints being completed in a timely manner.

## 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.

Systems are established and maintained which define the scope, direction and objectives of the service and the monitoring and reporting processes. The organisation's governance systems for clinical care, staffing, operational and financial aspects of the service are monitored monthly and reported to staff.

The service is managed by an appropriately experienced and qualified registered nurse who is responsible for the overall running of the service. There are additional registered nurses who provide clinical support to the staff. The general manager reports to the owner of the service directly.

The service has established and documented quality and risk management systems. Quality outcomes data is analysed to improve service delivery. A comprehensive internal auditing programme is in place, which is linked to the clinical governance monitoring and reporting system for the early identification of potential areas that could be improved. The adverse event reporting system is a planned and coordinated process, with staff documenting adverse, unplanned or untoward events. Policies and procedures describe all aspects of service delivery and organisational management.

The human resources management system provides for the appropriate employment of staff and on-going training processes. The education programme is available for all staff and education records reviewed documented staff attendance.

There is a clearly documented rationale for determining service provider levels and skill mix in order to provide safe service delivery to the residents. Rosters sighted documented an appropriate number of skilled and experienced staff were allocated each shift and this met the requirements of the provider's contract with the district health board and standards for safe staffing in residential care.

The owners and general manager reported that the plan to increased bed numbers will be a gradual process. The human resource and quality systems in place are sufficient for the increased bed numbers.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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All residents' files sighted provided evidence that needs, goals and outcomes are identified and reviewed on a regular basis with the resident, and where appropriate their family/whanau. Resident and family/whanau members interviewed reported that they are very satisfied with the services provided.

The assessment, provision of care and review of care is provided within timeframes to safely meet the needs of the residents. Services are coordinated in a manner that promotes a multidisciplinary team approach and continuity of care; this includes appropriate input from the gerontology service at Waitemata District Health Board. Care planning is based on assessment findings.

Planned activities provided reflect residents' strengths, interests and level of ability.

Medicine management policies and procedures are implemented by staff and reflect safe medicine management practices. Medications are given as prescribed and medication records are sufficiently detailed, addressing the areas identified for improvement in the previous audit.

The menu has been reviewed as meeting nutritional guidelines by a registered dietitian. Residents' special dietary requirements and cultural needs are met. The areas identified for improvement in the previous audit now meets the standards. Recipes are in use, refrigerated food is covered and dated, the temperature of food items are assessed on delivery and staff involved with food handling have completed appropriate food hygiene training.

## **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.

The building warrant of fitness expires in October 2015. The environment is maintained to a standard that meets legislative requirements for both rest home and hospital level of care. Evidence is seen of a new approved fire evacuation scheme implemented since the opening of the new hospital wing in 2014.

All rooms are suitable for rest home beds the rooms allocated for hospital level care are all suitable for increased numbers.

## **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.

Restraints are in use and staff follow the correct process. Staff understand the difference between enablers and restraint. The facility is designed to allow maximum freedom of movement while promoting the safety of residents. The general manager is actively working towards the reduction of all restraints.

## 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.

There is a documented infection control programme which is implemented and reviewed on at least an annual basis. Residents are offered annual influenza vaccinations.

Surveillance for residents' infections is occurring and is appropriate to the service setting. Episodes of infection are being communicated to the resident, family, general practitioner and staff in a timely manner and treatment provided. An outbreak of Norovirus in October 2014 was contained.

## 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	26	0	0	0	0	0
Criteria	0	60	0	0	0	0	0

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

# Attainment against the Health and Disability Services Standards

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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 1.1.10: 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	Processes were implemented to evaluate if residents have an advance directive or living will. Where one exists this was clearly identified in the residents' files sampled and a copy is included in the file. The advance directives sighted have been signed by a resident who is deemed competent in decision making. While family are consulted about treatment plans, they are not able to sign the advance directive. This practice now meets the standards. Staff interviewed confirm there are effective processes in place to alert them on individual resident's choices.
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The service has appropriate systems in place to manage the complaints processes and a complaints register is maintained. Residents and family members interviewed confirmed they are advised about the complaint processes and the Code of Health and Disability Services Consumers' Rights (the Code) on entry to the service and they understand how to raise concerns. There is detailed information in the admission agreement and in service information about the complaints process.  Review of residents' meetings minutes and the satisfaction survey demonstrate evidence of the complaints process being part of the quality system. There has been one external complaint from a staff member to the Health and Disability

		<p>Commissioner in November 2014. Evidence is seen of the complaint being investigated and no further action was required. Complaint forms are readily accessible and/or displayed. Information and education about the Code, including the service complaints process, was presented to staff in 2014.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family/whanau confirmed they are communicated with in an open and honest manner. Staff interviewed confirm they understand and implement policy to ensure communication reflects the principles of open disclosure. Residents and their family/whanau members are consulted, included and involved in care provision changes and reviews undertaken by nursing staff. Communication with family/whanau documentation was sighted in all residents' files reviewed. Incident/accident forms identify family/whanau are informed when an incident occurs.</p> <p>The RN and clinical coordinator advise the service utilises interpreters as and when required. An example of interpreter involvement in care was sighted. Cue cards have been developed to help residents and family members effectively communicate with staff.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The quality and risk management plan/policy clearly describes the service objectives and scope of service delivery. This is included in an information folder displayed in the foyer. The service specific goals for 2014/2015 are time framed and realistic.</p> <p>The general manager is on site most days during the week and is supported by a clinical coordinator. The facility is privately owned and monthly meetings with the general manager and owners review both operational and clinical issues. There are sufficient registered nurses and care staff presently employed to ensure safe and best practice.</p> <p>Staff interviewed reported they are supported by management and services meet the needs of residents. Residents and family members report on interview they feel safe and are happy with the service provided.</p> <p>There will be no change to governance when the planned rest home and hospital bed numbers are increased.</p>
<p>Standard 1.2.2: Service Management</p>	FA	<p>The facility is managed by the General Manager for day to day operational issues. During the time of her absence from the facility the Quality Coordinator is</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>responsible for this role. There are two other senior staff (care facilitator and senior RN) who are able to support management on a daily basis.</p> <p>The General Manager has a weekly meeting with the owners and is supported with all areas of facility management.</p> <p>Staff reported they are supported by senior staff and are able to provide quality and safe care to residents. Residents and family interviewed reported they are more than satisfied with the care they receive.</p> <p>There are no planned changes to organisational management when the planned rest home and hospital bed numbers are increased.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Policy and procedures meet the criteria relating to quality and risk management. Meeting minutes reviewed demonstrate that the number and type of accidents and incidents are discussed as well as all received complaints and concerns, internal audit outcomes, infection control matters, and any other health and safety issues.</p> <p>Risks are identified by the annual review of risk management which incorporates review of monthly audits identification of clinical risk, human resources risk, and legislative and contractual risk. Following up on areas for improvement and reporting to staff at monthly meetings. As part of the risk management process the GM oversees the hazard reporting system and maintains the sighted Hazard Register which is current and identifies all potential risks.</p> <p>Care staff interviewed also confirm quality improvement data is fed back to them via staff meetings. They report that the specific areas of infection prevention and control, falls management, meals and resident complaints are discussed.</p> <p>Evidence is seen of the areas for improvement relating to quality and risk management being followed up as part of the quality programme. This includes falls, medication and challenging behaviour.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></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>	FA	<p>Evidence is seen of accident/incident reports and interviews with the general manager, clinical coordinator and care staff, confirm the event reporting process is understood and that all events are documented. The incident/accident reports record who has been notified (eg, family and/or general practitioner, or the RN on call). Family members interviewed stated they are kept informed about any events that impact their relatives. Staff reported they are kept informed about events at shift hand-overs and the communication book.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>The skills and knowledge required for each position within the service is documented in job descriptions which outline accountability, responsibilities and authority. This is confirmed by review of staff files along with employment agreements, completed police checks, orientation and competency assessments. Practising certificates are sighted for all staff requiring registration to practice.</p> <p>An orientation/induction programme covers the essential components of the service provided and components specific to the role. The orientation programme includes information about the organisation, the quality and risk systems, policies and procedures, health and safety requirements, the physical layout of the facility, authority and responsibility of their individual position, emergency preparedness and tasks specific to the role. An interview with the most recently employed registered nurse confirmed the orientation process is thorough and provides enough information and support for safe practice to occur. Medication competencies are overseen by the general manager and clinical coordinator. The registered nurse attend palliative care seminars at the hospice.</p> <p>The records of staff education for 2014 sighted have evidence that on-going education is provided in subject areas relevant to the services provided (eg, consumer rights, health and safety, infection prevention and control, restraint minimisation, cultural safety, emergency training, including first aid and fire evacuation procedures, and a range of subject specific education sessions on the clinical/physical and personal care of older people). Staff interviewed confirms their attendance at on-going in-service education. Staff performance appraisals are occurring and evidence of this is sighted in staff files reviewed.</p> <p>There are sufficient numbers and qualified staff employed to provide safe staffing levels for the planned increase of rest home and hospital level of care residents.</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 are sufficient staff on duty to meet safe staffing levels. This includes registered nurses who are on site twenty four hours a day and seven days a week. The general manager reported if a resident is unwell there is the availability of an extra staff member.</p> <p>There is a chef on site for sufficient hours each day to provide meals and ensure a</p>

		<p>safe food service which meets the required standards. An activities coordinator oversees caregivers providing activities. The laundry and cleaning staff provide the house keeping service and there are sufficient staff numbers to cover a quality service.</p> <p>The general manager provides on call for staff and is relieved by the clinical coordinator during leave and other time.</p> <p>Residents and relatives interviewed stated that there are enough staff available on each shift and that staff attend to call bells in a timely manner.</p> <p>The service has the required numbers of registered nurses and experienced care staff to continue the provision of safe service delivery for the planned increase in bed numbers.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Oral medicines are supplied by the pharmacy in a pre-packed administration system except where the medication is a liquid. Non-packaged medicines are individually supplied for each resident. A limited quantity of medication is on site for hospital level residents until the prescribed supply is ordered and delivered.</p> <p>The service has a system in place for the ordering, and checking of medicines when they are delivered to the facility from the pharmacy. The GP conducts medicine reconciliation/review on admission to the service, during three monthly reviews and when the resident has any changes made by other specialists including the gerontology team from WDHB. The pharmacist contributes to each resident's six monthly multidisciplinary review meeting.</p> <p>Safe medicine administration was observed at the time of audit. The medicines, including controlled drugs, are securely stored. The medicine charts sighted are generated by pharmacy and updated when there are changes made by the GP. Records are legible, record the name, dose, route, strength and times for administration. The medicine charts sighted had a current photo of the resident, recorded any medicine related allergies as well as any individualised instructions related to administration and the resident. Sample signature verification is recorded for all staff who administer medicines. Documentation of controlled drugs meets legislative requirements.</p> <p>Medication competencies were sighted for all registered nurses with the exception of one RN who is still orientating to the service. No health care assistants administer medications as there is always at least two RNs on duty. The required</p>

		<p>improvements identified at the last audit (ensuring pro re nata (PRN) medication records are sufficiently detailed and that non packaged medications are given as prescribed) have been addressed.</p> <p>The current medication management processes would be able to be implemented for any increase in resident numbers.</p> <p>There are no residents currently self-administering medications in the rest home or hospital.</p> <p>Family/whanau interviewed and documentation in residents' files confirmed changes to medications are notified to family/whanau by the manager when this occurs.</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>	FA	<p>The service uses a menu which has been reviewed and approved by a registered dietitian as suitable for the older person living in long term care. Four seasonal menus are in use each year. The summer menu is in use until the 1 April 2015. The food services are now provided by employed staff and not contractors.</p> <p>Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets have these needs met. Nutritional supplements are provided to applicable residents. Kitchen services receive a copy of the residents' nutritional profiles, with the residents' preference and special diets recorded which are updated as required. Where appropriate, the dietitian reviews residents' needs and develops individual food and nutrition plans. The residents and family/whanau interviewed report that the meals are very good and that they always have fluids available. Likes and dislikes are well managed.</p> <p>All aspects of food procurement, production, preparation, delivery and disposal complies with current legislation and guidelines. The areas identified for improvement in the previous audit related to the storage of refrigerated foods, use of recipes, and monitoring the temperature of frozen or chilled food on delivery have all been addressed. All staff involved with food handling have completed food safety training.</p> <p>The cook confirmed during interview that residents' needs can be met and this includes with the planned increased number of rest home and hospital level care beds. The same process will be utilised to identify individual resident's dietary needs.</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>	<p>FA</p>	<p>The files reviewed contained documentation that guides staff actions. The information was up to date and clearly described the interventions required to meet each resident's holistic needs. This includes the use of any mobility devices/aids, what the resident is able to complete themselves and when assistance or supervision is required, thereby maximising the residents' independence and capabilities. The care plans reviewed were individualised and personalised to meet the assessed needs of the resident. Service delivery is resident focused.</p> <p>Residents and family/whanau interviewed confirmed they are actively involved in decision making and the services they receive meet their needs.</p>
<p><b>Standard 1.3.7: Planned Activities</b></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>Activities are planned in a manner which is reflective of residents' strengths and interests. This is confirmed during resident and family interviews. Information from residents' social assessments and physiotherapy assessments have been used to guide the activities offered. The activities programme covers seven days a week and includes a broad range of meaningful activities that promote fun, interaction, and encouraged the resident's abilities. The activities programme is displayed for residents and family/whanau viewing.</p> <p>The activities programme is facilitated by two designated staff. Attendance records sighted identify most residents participate in some activities. An evaluation summarising each resident's participation over the week is documented in individual resident's files. Staff and residents confirmed during interview participation is voluntary. Individual activities are provided where appropriate.</p> <p>Planning identifies that the activities are modified according to the preferences, capability and cognitive abilities of the residents. The activities programme covers physical, social, cultural, spiritual, recreational and emotional needs of the residents. Residents are transported by the service to attend off site social activities (eg, picnics) and to undertake personal tasks, such as shopping.</p> <p>A hairdressing salon is located on site and residents utilise this service.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The evaluations of care are conducted at least every six months and indicate the degree of achievement or response to the support and/or interventions, and progress towards meeting the desired outcomes. Evaluations occur more frequently if there is a change made to a resident's care requirements. Changes are clearly identified in progress notes, in short term care plans, and via the shift handover. Short term care plans are in place for temporary changes to health status, such as an infection, episodes of challenging behaviour, weight loss/gain,</p>

		<p>and changes in pain levels, following a fall or for wound/pressure area care. Referrals are made to the dietitian, physiotherapist, wound care specialists, or other health professionals as required</p> <p>The residents and family/whanau interviewed report a high degree of satisfaction with the care provided at the service.</p>
Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	<p>Chemicals were observed to be securely stored in the laundry, cleaners' cupboard and sluice rooms. The laundering of the linen is undertaken by a laundry person seven days a week. The staff who participated in the laundry and cleaning reported that they follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complied with current legislation.</p> <p>There was appropriate personal protective equipment (PPE) and clothing in the laundry, sluice and cleaning areas. The laundry person interviewed reported that they have had training in the handling of waste or hazardous substances, which was conducted by an external agency as part of the ongoing in-service education programme.</p> <p>The management of waste and hazardous substances is sufficient to ensure safe service delivery with increased bed numbers.</p>
Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	<p>The building warrant of fitness expires in October 2015.</p> <p>Evidence is seen of equipment being maintained to ensure safety. Electrical tagging and testing of equipment is conducted routinely on a two year cycle. The calibration of the medical equipment was conducted (includes scales, nebuliser, electric beds, sphygmomanometers, thermometer) annually. The service has a planned and reactionary maintenance programme, with the building maintained in an adequate condition appropriate to the age of the building. The maintenance log noted areas of work required and is signed off when the work is completed.</p> <p>The fittings and furniture installed are maintained to ensure safety and the needs of the residents. The furniture cleaning is part of the planned maintenance and cleaning programme. The physical environment is appropriate for the residents. There is disability access at all entrances. The residents' rooms sighted are personalised with the resident's possessions. Residents are provided with safe and accessible external areas that meet their needs.</p> <p>Hot water temperatures in resident areas are monitored monthly. The</p>

		<p>temperatures sighted were within the safe temperature guidelines for aged care.</p> <p>All rooms are suitable for residents requiring rest home level care and rooms M29-M38 (the additional rooms for use) are suitable for hospital and rest home level care. Rooms M29-M38 are on the same level of existing hospital rooms and staff are allocated to work in this area.</p>
Standard 1.4.3: Toilet, Shower, And Bathing Facilities  Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.	FA	Every room has full ensuite facilities and there are sufficient toilets to service residents in communal areas. The toilets in the communal areas clearly identified with signage of engaged/vacant privacy notices. The bathing and showering facilities sighted have wall and floor surfaces that are maintained to a standard to provide ease of cleaning and compliance with infection control guidelines. The residents and family/whanau reported satisfaction with the toilets and shower facilities. These facilities are suitable for residents requiring rest home and hospital level care.
Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	All rooms sighted are of a suitable size for the needs of rest home and hospital residents. The rooms have adequate space to allow the resident and staff to move safely around in the rooms. Residents who use mobility aids are able to safely manoeuvre with the assistance of their aid within their room. As observed at the time of audit residents could freely move around the facility. The residents and family/whanau interviewed reported satisfaction with their rooms and all stated that they really appreciated the size and outlook of the rooms.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There are lounges and one dining area in the facility. There are quiet areas if required. The lounge and dining area are separate and activities in these areas do not impact on each other. The residents' rooms also have space for family/whanau if the resident wishes to entertain in their room. The residents and family/whanau interviewed reported satisfaction with the lounge and dining facilities. The dining room and lounge is suitable for increased resident numbers.
Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	The laundering of the linen is conducted on site by designated laundry staff seven days a week. The laundry has a dirty to clean flow. The cleaning staff interviewed reported they have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals. The laundry and cleaning equipment observed at the time of audit was stored in safe and hygienic areas. The residents and family/whanau interviewed reported satisfaction with the cleaning and laundry service. The laundry size and numbers of laundry staff are suitable to cope with

		increased numbers of rest home and hospital residents.
Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations.	FA	<p>The service has adequate emergency supplies in the event of an emergency or infection outbreak. The cook reported there is a least two weeks supply of food at all times. The service had stores of drinking and non-drinking water for emergency. There is a civil defence kit with additional food, first aid and emergency supplies. In the case of mains failure the service has access to emergency lighting, and BBQ for cooking.</p> <p>All residents' rooms, bathrooms and lounge areas have a call bell system installed. The call bell system had an audible alert, a light that comes on above the door if the call bell is activated and panels in the corridors. The call bell system is monitored for response times, with no ongoing issues indicated for the timely response to call bells. The residents and family/whanau reported that the call bell was answered in a timely manner.</p> <p>The orientation and ongoing training records sighted evidence the staff receive appropriate information, training, and equipment to respond to identified emergency and security situations. The clinical staff interviewed demonstrated knowledge on responding to emergency situations. Evidence is seen of staff with current first aid qualification and there is at least one staff member on duty at all times who has the current qualification.</p> <p>Evidence is seen of a new approved evacuation scheme being issued for the new hospital wing opened in November 2014. The service conducts six monthly evacuation training, with the last drill conducted in October 2014. The service then conducts a fire and safety questionnaire for staff to complete.</p> <p>The service identifies and implements appropriate security arrangements. The afternoon staff are required to close and lock the external windows and doors before it gets dark. The service has external security lighting. The clinical staff interviewed reported that they feel safe and secure when working afternoon and night shifts. The residents and family/whanau reported they felt safe and secure at night.</p> <p>The emergency and security systems are suitable for increased rest home and hospital residents.</p>
Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light,	FA	Areas used by residents and staff are ventilated and heated appropriately. The service had a combination of wall panelled heating and heat pumps to provide heating in resident areas. All resident-designated rooms (personal/living areas)

safe ventilation, and an environment that is maintained at a safe and comfortable temperature.		had at least one external window of normal proportions to provide natural light and ventilation. The residents and family/whanau reported satisfaction with the natural light, ventilation and heating.
Standard 3.1: Infection control management  There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.	FA	<p>There is an infection control programme dated August 2014. This plan details the requirements of the infection prevention and control programme. The responsibilities for implementing the programme are detailed. The clinical co-ordinator/RN is responsible for facilitating this programme. An annual review of 2014 infection control activities has occurred in January 2015. Overall the organisation is implementing the programme.</p> <p>Residents are offered annual influenza vaccinations. In 2014 all except 11 residents were provided with an influenza vaccine. Planning is underway for the 2015 influenza vaccination programme.</p> <p>The RN advises that visitors with cough, colds, influenza, diarrhoea or vomiting are asked not to enter.</p> <p>The RNs and managers' report having open communication processes in relation to infection prevention and control events.</p>
Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	<p>Surveillance for residents with infections is occurring and is appropriate to the service setting. Health care assistants are required to report to the RN and manager when they suspected a resident had an infection. The health care assistants were able to identify the symptoms they would report to the RN and showed good understanding of infection prevention activities. Where applicable the GP is informed.</p> <p>Suspected infections are reported on template forms and reviewed by the RN responsible for infection prevention and control activities. The number and type of infections are analysed on a monthly basis for the rest home, hospital and village. The results are communicated to the management team and staff.</p> <p>An outbreak of Norovirus occurred in October 2014. The outbreak was contained within 11 days although the manager identifies the facility was closed as a precaution for two weeks.</p> <p>Short term care plans have been developed and implemented when residents were identified as having infections.</p> <p>The residents and family members interviewed confirmed staff keep them well informed of any changes in the resident's health and or changes in</p>

		medication/treatment.
Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised.	FA	<p>There are procedures in place to guide staff should restraint be required. Policy identifies that the use of enablers is voluntary and should be the least restrictive option to meet the needs of the resident to promote independence and safety.</p> <p>Evidence is seen of residents who use of restraint being assessed, monitored and providing consent. Monthly meetings document the process of assessing the restraint and actively reducing the use. The caregivers and RN interviewed demonstrated understanding that enabler use is voluntary and the least restrictive option.</p>