QUALITY HEALTH
NEW ZEALAND
TE TAUMATA HAUORA
A DIVISION OF TELARC SAI LIMITED

Glenbrook Rest Home

Surveillance Audit Report

10 – 11 December 2009

Conflict of Interest

This is to certify that the auditors conducting this audit do not have any conflict of interest with regard to this audit.

Specifically they:

1. Do not have a personal relationship with any principals or staff of this organisation which may bias their audit opinions in any way.
2. Have not in the two years prior to this audit carried out any consulting work on this organisation's quality system, policies or procedures.
3. Have not in the two years prior to this audit been employed or contracted in any capacity by this organisation.

Disclaimer

The information contained in this report and associated audit tools is based on the best information available to the auditor at the time of the audit visit. The audit was carried out in accordance with Quality Health NZ a division of Telarc SAI's standard operating procedures which comply with the requirements of relevant national and international guides and standards such as the ISO 19011 series.

The report has been prepared with care and diligence and the statements and opinions in this report are given in good faith and in the belief on reasonable grounds that such statements and opinions are not false or misleading.

CONTENTS

Provider Information

Provider Name	Peter Mathyssen and Sharon Jordan		
Premise Name(s)	**Street Address**	**Suburb**	**City**
1. Glenbrook Rest Home	131 Wymer Road	Glenbrook	Franklin

Type of Audit	Surveillance		
Services Audited	Rest Home		
Start Date of Audit	10 December 2009	**End Date of Audit**	11 December 2009
Total Number of Beds	19	**Number of Beds Occupied on Day of Audit**	17

Audit Team Information

Audit Team	Name	Qualifications	Audit Hours on Site	Auditor Hours off Site
Lead Auditor	Jackie White	RN, Lead Auditor	12.00	8.00
Peer Review Auditor	Joanna Harper			2.00

Staff Records Reviewed	7	**of**	
Client Records Reviewed	6	**of**	17
Client/Family Interviews	7	**of**	

Executive Summary

NZS 81434:2008 Health and Disability Sector Standards

1.1: Consumer Rights

Resident's rights are upheld as per the open disclosure policy. Residents are made aware of their right to complain and information is given upon admission including the right to advocacy services. There is an up to date complaints register which confirms there have been no complaints made over the past two years. Residents and family interviews confirm they are very happy with the services provided.

1.2: Organisational Management

The service is owned and operated by a husband and wife team who are suitably qualified and experienced. One owner manager is a registered nurse who works clinically at the site and oversees each stage of clinical service provision.
There are regular resident meetings which enable participation and consultation as required. Family/whanau involvement is sought and encouraged as appropriate.
The service develops and implements policies and procedures that are aligned with current good practice and service delivery and that meet the requirements of legislation. They are reviewed two yearly or as required. Incident/accidents, infection control, complaints management, health and safety and restraint minimisation are key components of service delivery and are intrinsically linked to the quality management system.
Quality improvement data are collected, analysed and evaluated and the results communicated to caregivers and where appropriate to residents. Any areas of deficit are addressed accordingly via use of a corrective action plan. Actual and potential risks are identified, monitored, analysed, evaluated and reviewed at the quarterly management meetings. There is an up to date risk management register. Adverse, unplanned or untoward events, including service shortfalls, are documented in order to identify opportunities to improve service delivery and to identify and manage risk.
The service implements human resource systems that meet current good practice and legislative requirements. It vets new staff to ensure they are suitable for the position offered and identify, plan, facilitate and record ongoing education for caregivers to ensure they are capable of delivering safe and effective services to residents. The service meets contractual requirements regarding recommended staff numbers for rest home care

1.3: Continuum of Service Delivery

Each stage of service provision is overseen by a registered nurse. The residents and their family/whanau are involved in all aspects of care planning and review. Services are coordinated in a manner that promotes continuity of delivery and there is good communication between all providers involved in residents' care. Staff deliver care in a safe and respectful manner. Residents' progress is monitored to match timeframes stated in policy and where progress is different from expected, the service responds by initiating appropriate change and involving specialist services as required. Staff, residents and family/whanau are kept informed of any required changes to care in a timely manner. Residents' dietary requirements are overseen by a dietician. There is a four weekly rotating summer/winter menu, signed off by the dietician on 03.04.09, which is adhered to by the cook. This was evidenced on the day of audit. Residents likes and dislikes are identified during the admission assessment processes and updated as required. An up to date list is available to staff at all times. All medication is prescribed by a medical practitioner. It is dispensed by the pharmacy in Douglas blister packs.

Staff who administer medications have signed annual competencies. Six monthly stock takes are undertaken last performed in December 2009.
Medication is securely stored in a locked cupboard in the nurses station. No discontinued or expired medications were sighted. All non used stock is sent back to the pharmacy for appropriate disposal.
There is a controlled drug register and medication charts are legible and signed by a GP. GP's undertakes three monthly medication reviews as evidenced on the medication charts.

1.4: Safe and Appropriate Environment

Glenbrook Rest Home is a 19 bed rest home. It is situated in a rural area close to Waiuku there are four double bedrooms and eleven single rooms.
Nine of the bedrooms have hand washing facilities. The shower area has been refurbished using material that is easily cleaned. The building material was chosen jointly by the owners one of whom is the infection control coordinator.There is a current building warrant of fitness that expires 31.05.10 and an approved evacuation plan which was updated 06.02.06.

2: Restraint Minimisation and Safe Practice

Policies and procedures in place clearly describe the use of enablers as voluntary. As stated by the RN the service does not have any enablers in use at the present time Staff receive ongoing education, relevant to the service setting, which includes the prevention and/or de-escalation techniques last offered 17.02.09.
The training content was sighted and includes but is not limited to authorities and responsibilities, guidelines for staff, risk and quality management, management of challenging behaviour and identification of risks in care planning.

3: Infection Prevention and Control

Documentation review of surveillance records show collection and analysis of data. As stated by the RN this data is used to look at ways to develop processe to reduce infection. As evidenced in staff meeting minutes and confirmed by staff during interview infection data is discussed on a regular basis.The home had a recent noro virus outbreak which was handled according to infection control standards. Appropriate notification was evidenced

1: HEALTH AND DISABILITY SERVICES (CORE) STANDARDS

OUTCOME 1.1 – CONSUMER RIGHTS

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, minimizes harm, and acknowledges cultural and individual values and beliefs.

Standard 1.1.9 – Communication

Service providers communicate effectively with consumers and provide an environment conducive to effective communication.

How is achievement of this standard met or not met.	**Attainment: -** **Met**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.1.9.1	Consumers have a right to full and frank information and open disclosure from service providers.	As evidenced the home has an open disclosure policy which is implemented by staff. Residents are made aware that all information related to their care will be discussed with themselves and/or their nominated family/whanau member or significant other, as appropriate. This was confirmed during resident and relative interviews on the day of audit. All relatives interviewed stated they are informed of any changes to their family members condition or any new treatment or care that has been put in place in a timely manner. This process is clearly documented and residents' progress notes sighted confirm this is an integral part of the care provided. Staff interviews confirm information is appropriately shared with resident's relatives. Management operate an open door system of communication as evidenced during the audit. Relative interviews confirmed all aspects of care are discussed with them in a manner that is	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
		meaningful and open. For example on the day of audit a resident had a fall. All appropriate paper work was completed, the registered nurse undertook a full assessment of the resident and documented her findings, the family were notified and the resident was monitored. A small skin tear that the resident sustained at the time of the fall was appropriately adressed. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐			

Standard 1.1.13 – Complaints Management

The right of the consumer to make a complaint is understood, respected, and upheld.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.1.13.3	An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.	There is an up to date complaints register and as evidenced there have been no complaints since the last certification audit. Resident and family/whanau interviewed stated they have nothing to complain about. All relatives interviewed stated they understand the complaints process and that if they had any concerns they would go directly to either one of the owner/managers who are on site Monday to Friday and contactable at any time. There are regular resident meetings and as shown in the minutes residents are asked if they have any issues they would like to discuss. The minutes show that apart from meal sizes, which were addressed at the meeting, residents have not complained about any aspect of care. The complaints register is formally reviewed at the three monthly management meetings and as evidenced signed off as having no complaints received. The owner/manager stated she is aware that all complaints must be followed up as per policy and procedure and that follow up must be documented. Staff interviews confirm that staff are aware of the correct procedure if a complaint is received. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☒ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

OUTCOME 1.2 – ORGANISATIONAL MANAGEMENT

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

Standard 1.2.1 – Governance

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.2.1.3	The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.	The home is owned and operated by a husband and wife team. One of the owners is a registered nurse and looks after the clinical side of business and the other owner has a background in staff management and was self employed for many years prior to entry into the rest home. The owner manager registered nurse has a job description for all of her roles including infection control coordinator, restraint coordinator and as the privacy officer. As evidenced in her training folder she has undertaken all relevant training related to these roles. She maintains her required training session hours in all aspects of clinical care. For example she holds a certificate in infection control from Wararikì Polytechnic. She has attended Elder abuse and neglect, cardiovascular disease, NZNO gerontology study day and first aid training during a three month period in 2009. Staff interviews confirm that she shares her knowledge and leads the team in a professional manner and is available at any time if they have any concerns. Relatives and residents interviewed all stated that	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
		the management operate an open door policy and that if they wish to speak to either of them they are always available. None of the relatives spoken to said they had any concerns but if they did they would be happy to approach management at any time **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☐ CI ☒ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐			

Standard 1.2.3 – Quality and Risk Management Systems

The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.2.3.2	Management and service providers enable consumer participation and consultation wherever appropriate.	Resident interviews confirmed that they are involved in all aspects of care planning. The care plans sighted are individualised and reflect the care requirements of each person. Relative interviews confirmed that they are involved in care planning as appropriate and that if there is any change to their relatives condition they are notified in a timely manner. Family/whanau involvement and communication is well documented in the resident's progress notes. Staff interviews confirm that all aspects of care are developed with the resident's permission and that family/whanau are and integral part of care planning and delivery. Communication is maintained by staff during each shift handover and as evidenced in the morning-afternoon handover attended on the day of audit all aspects of care are discussed and noted including any discussions had with family/whanau. Minutes of resident meetings sighted confirm that any issues that may arise are dealt with appropriately by management and actioned accordingly. For example food portion sizes were discussed and followed up with dietician, resident, relative and the cooks input. Any changes to meal portion size has been documented on the residents care plan under nutritional needs/wants.	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
		There is a portion size chart on display in the kitchen to ensure all staff are aware of how to dish meals according to sizes required by residents. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐			

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.2.3.3	The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.	As evidenced there are appropriate up to date policies and procedures that are aligned with current good practice and service delivery that reflect Health and Disability Sector Standards requirements. For example restraint and minimisation and open disclosure. Policies and procedures include but are not limited to challenging behaviour, complaints procedures, continence management, infection control including health education and disease management, medicine management, pain management protocols, resident rights, health and safety and restraint. There are appropriate assessment tools in place for ensuring residents needs are assessed, managed and monitored at a minimum of six monthly as stated in policy. Clinical procedures cover aspects of care at a level which matches the requirement of care provision for rest home level. Staff interviewed have a good working knowledge of policies and procedures in place and implement them accordingly. This is confirmed by regular audit results which are followed up as required. Resident care planning is undertaken according to policy and covers all aspects of care provision. Resident interviews confirm the care they receive meets their needs. Resuscitative status sighted meets current legislation and is only signed by the resident. The manager demonstrated a good understanding of gaining informed consent as required including signed consent for the transportation of residents. Signed consent is evident in resident's records. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☐ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.2.3.5	Key components of service delivery shall be explicitly linked to the quality management system. This shall include, but is not limited to: (a) Event reporting; (b) Complaints management; (c) Infection control; (d) Health and safety; (e) Restraint minimisation.	As evidenced key components of service delivery are linked to quality management. The minutes of the three monthly management meetings show that incidents and accidents, infection control and hazards are discussed and reviewed. The complaints process requires any complaints received to be discussed. There are no recorded complaints. Both owner managers stated they have received no complaints. A hazard register was sighted which identifies both actual and potential hazards. Staff interviewed are aware of issues that they are required to report such as all incident, accidents and infections, hazards and potential hazards. The service has policies and procedures in place related to restraint minimisation. The service is currently restraint free. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☐ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.2.3.6	Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	The service has a quality policy statement with stated objectives on how to continuously improve the service they provided. These aspects cover a resident focus, commitment to certification, risk management and continuous improvement objectives which are measurable. A nominated person is accountable for ensuring each objective is met and most objectives are time lined. As evidenced all data collected is related to bed days to show consistency in reporting and evaluation results. Quality information is shared with staff at monthly meetings as evidenced in the minutes. Residents and family/whanau are informed of quality improvements via residents meetings and the quarterly newsletter which is sent out to residents families and posted on the internet for anyone to access. **Evaluation method(s) used:** D ☒ SI ☐ STI ☐ MI ☒ CI ☐ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**
1.2.3.7	A process to measure achievement against the quality and risk management plan is implemented.	The quality and risk management plan clearly states who is accountable for ensuring objectives to be met and how they will be reported. For example one objective is that resident's rights information is made available to all residents and these are explained upon entry. This is then recorded in the resident's record. This task is undertaken by the manager and checked against the residents satisfaction survey results. There is a documented internal audit programme that is kept up to date and results are acted upon as required. The audit programme sighted is maintained by the manager. **Evaluation method(s) used:** D ☒ SI ☐ STI ☐ MI ☒ CI ☐ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.2.3.8	A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.	As evidenced corrective action plans are put in place and changes to service are made as required. For example the last certification audit partial attainments have all been addressed and signed off by management such as the resident's files are now maintained in a secure manner that is not publicly accessible. Staff interviews confirmed any new quality improvement is discussed both informally and formally with them and that they feel their input is listened to and taken into account when developing appropriate actions. Staff support implementation of corrective actions **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☐ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**
1.2.3.9	Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whanau of choice, visitors, and those commonly associated with providing services. This shall include: (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; (b) A process that addresses/treats the risk associated with service provision is developed and implemented.	Actual and potential risks are identified, documented and communicated to staff, residents and visitors as appropriate. The risk plan sighted covers loss or major change in contract specifications, death or sudden illness to key personnel, loss of electronic data, fraud/theft, personal grievance, failure to comply with Health and Safety legislation, fire, natural disaster and resident related risks around physical health, behavioural, lack of insight, residents rights and privacy. All risks have stated actions, who is responsible for undertaking the task and time lines listed. The plan is evaluated at quarterly management meetings which are minuted. Risk related to provision of services is maintained by ensuring up to date emergency planning, ongoing business planning as evidenced in the business plan, meeting contractual requirements and having up to date policy and procedures and practices related to occupational health and safety, human resource management and recruitment and maintaining good communication as per the open disclosure policy.	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
		Risk of potential harm occurring to residents is reduced by maintaining staff training and staffing ratios to ensure all staff can deliver service to a level that is required to keep residents safe. The environment, including equipment is maintained to a safe level and the building has a current warrant of fitness which expires 31.05.09. There is an updated approved fire evacuation plan dated 06.02.06. Residents are involved in care planning. Infections are monitored. Residents cultural and spiritual values are catered for. Exit, discharge and transfer of residents is performed as per policy and procedure. The opportunity for potential harm is minimised via gaining appropriate informed consent, the use of specific risk assessment tools, ensuring referrals are made to appropriate providers to monitor resident wellness and open disclosure of information is practiced. The quality programme, staff education and training, communication, cultural, ethnic and spiritual values and beliefs are analysed using audits, assessments and discussion. Staff interviews confirm that they are aware of risks associated with service provision and how the risk management system works. All staff training is documented, the contents are kept and staff meeting minutes show that quality and risk is a standing heading for every meeting. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☐ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐			

Standard 1.2.4 – Adverse Event Reporting

All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whanau of choice in an open manner.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.2.4.3	The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.	As evidenced there are written records for incidents and accidents, adverse clinical events, infections and notifiable diseases. There is policy and procedure in place for complaints and suggestions of which the owner manager stated she has had none to date. Staff are aware of their responsibilities related to reporting and documenting all adverse events as confirmed during interviews. One example given during interview was that following a resident fall in-service training was undertaken to refresh staff knowledge related to manual handling. All adverse events are reported and discussed at staff meetings as evidenced in minutes. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☐ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.2.4.4	Adverse, unplanned, and untoward events are addressed in an open manner through an open disclosure policy.	As evidenced the home has an open disclosure policy which is implemented by staff. Residents are made aware that all information related to their care will be discussed with themselves and/or their nominated family/whanau member or significant other, as appropriate. This was confirmed during resident and relative interviews on the day of audit. All relatives interviewed stated they are informed of any changes to their family members condition or any new treatment or care that has been put in place in a timely manner. This process is clearly documented and residents' progress notes sighted confirm this is an integral part of the care provided. Staff interviews confirm information is appropriately shared with resident's relatives. Management operate an open door system of communication as evidenced during the audit. Relative interviews confirmed all aspects of care are discussed with them in a manner that is meaningful and open. For example on the day of audit a resident had a fall. All appropriate paper work was completed, the registered nurse undertook a full assessment of the resident and documented her findings, the family were notified and the resident was monitored. A small skin tear that the resident sustained at the time of the fall was appropriately adressed. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Standard 1.2.7 – Human Resource Management

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.2.7.5	A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	Residents interviewed expressed their satisfaction with all areas of care and service delivery. Staff interviewed stated they have access to education programmes that are relevant to the care they provide. All seven staff files reviewed confirmed that staff attendance at training exceeded the required 8 hours. Staff have signed off processes related to orientation and the training they receive. This covers all aspects of care including sensory, physical, psycho-social and practical skill. New staff have three monthly review assessments as part of the appraisal process have been completed by the owner manager. Clinical staff are required to undertake ACE training. The owner/manager is an ACE assessor and assists and encourages staff with their study. One new member of staff confirmed during interview that she has commenced ACE training and has completed the first nine papers. This was evidenced in staff training files. All staff have annual appraisals which help to identify areas of interest, need and required training. Staff members who administer medication all undergo annual medication competencies as evidenced in staff training files.	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
		In-service training offered during 2009 includes restraint minimisation, safe use of chemicals, six monthly fire drills, back care, elder abuse and neglect, medication, skin management and documentation, open disclosure, infection control, delirium and providing essence care. Off site education included but is not limited to first aid, caregiver study day (NZNO) and attending a continence education workshop put on by the NZ Continence Association. The owner manager maintains her practice competencies and skills as a member of the Counties Manukau DHB portfolio training programme for RN's in the community. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☒ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐			

Standard 1.2.8 – Service Provider Availability

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.2.8.1	There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.	On the day of audit staff on site reflected the roster sighted. There was the owner manager who is a RN, two caregivers on morning and two caregivers on afternoon. There is a cook and a cleaner who work Monday to Friday. Night duty is covered by one senior caregiver with the owner manager on call as and when required. The roster confirms sufficient staff are rostered as per rest home requirements. The owner manager stated staff are rostered to ensure a mix of skills. Staff work all shifts and are not rostered on night duty until they have completed appropriate training and are deemed to be competent to provide the care required to ensure residents cares are met by the owner manager. The total number of staff is 18. This includes the two owner managers one of whom is a registered nurse and the other works as the maintenance person and office manager. One staff member works as registered nurse cover one weekend out of four and covers annual leave, sickness and study days. Two staff are casual on call caregivers. The activities coordinator works Monday to Friday. As witnessed on the day of audit residents are supervised with activities of daily living and assisted with personal care needs such as showering as required. Resident interviews confirmed staff are responsive	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
		to their needs and wants and that they are happy with the care provided. Staff interviewed felt that staffing levels were appropriate. They stated that in the weekends they are very busy as they undertake care giving duties as well as kitchen and cleaning duties as per their contracts. The owner manager stated they are reviewing the weekend workload and looking at increasing care giver hours over the lunch period. If extra staff are required or if staff require assistance the owner manager responds as needed. Staff interviews confirmed the assistance they receive. As evidenced in documentation the service had a recent norovirus outbreak and extra staff were rostered as required during this time. As observed during the audit, staff responded in a timely manner to assist residents as required. Communication between residents and staff was appropriate at all times. Residents were nicely dressed and appeared to be a good state of general wellbeing. The lay out of the building allows staff to work from a centralised area which gives them easy access to both the upper and lower levels allowing quick response to residents needs. As witnessed, one resident who is early stage of dementia, was managed well by staff when she began to wander around after lunch. She was spoken to appropriately and gently guided to her room for a rest. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐			

Standard 1.2.9 – Consumer Information Management Systems

Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.2.9.1	Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.	Client files are now in a secure cabinet and are not publicly accessible. **Evaluation method(s) used:** D ☐ SI ☐ STI ☐ MI ☒ CI ☐ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**
1.2.9.6	Management of health information meets the requirements of appropriate legislation and relevant professional and sector Standards where these exist.	Client files are now in a secure cabinet and are not publicly accessible. **Evaluation method(s) used:** D ☐ SI ☐ STI ☐ MI ☒ CI ☐ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**
1.2.9.7	Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.	Client files are now in a secure cabinet and are not publicly accessible **Evaluation method(s) used:** D ☐ SI ☐ STI ☐ MI ☒ CI ☐ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

OUTCOME 1.3 – CONTINUUM OF SERVICE DELIVERY

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.

Standard 1.3.3 – Service Provision Requirements

Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.3.3.1	Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.	Resident interviews confirm that the owner manager who is a registered nurse undertakes their assessments upon entry and six monthly reviews. Residents stated they see their doctor as and when required either at the home or in the local doctors surgery. During the audit it was noted by a caregiver that one residents had swollen ankles, the RN assessed the resident, made a doctors appointment for her, the family were notified and they choose to take their mother to see the GP for the scheduled appointment. Staff stated that the RN is very responsive to any concerns they have related to residents' care. They have phone access to the pharmacist and referrals are sent if a resident requires specialist care such as mental health input. The documentation review confirms that all assessments are undertaken by a RN. Long and short term care plans sighted have been completed and they are individualised to ensure care provision is appropriate to the resident. Referrals sighted include mental health, dietician,	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
		gerontology, cardiology, respiratory medicine, general medicine, continence nurse, alcohol and drug service for the older person and various surgical and out patient appointments. Staff requiring annual practicing certificates have an up to date copy in their staff files. For example registered nurses, pharmacist and GP's **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐			
1.3.3.2	Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is developed with the consumer, and where appropriate their family/whanau of choice or other representatives as appropriate.	Resident interviews confirmed that they are involved in all aspects of care planning. The care plans sighted are individualised and reflect the care requirements of each person. Relative interviews confirmed that they are involved in care planning as appropriate and that if there is any change to their relatives condition they are notified in a timely manner. Family/whanau involvement and communication is well documented in the resident's progress notes. Staff interviews confirm that all aspects of care are developed with the resident's permission and that family/whanau are and integral part of care planning and delivery. Communication is maintained by staff during each shift handover and as evidenced in the morning-afternoon handover attended on the day of audit all aspects of care are discussed and noted including any discussions had with family/whanau. Minutes of resident meetings sighted confirm that any issues that may arise are dealt with appropriately by management and actioned accordingly. For example food portion sizes were discussed and followed up with dietician, resident, relative and the cooks input. Any changes to meal portion size has been documented on the residents care plan under nutritional needs/wants. There is a portion size chart on display in the kitchen to ensure all staff are aware of how to dish	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
		meals according to sizes required by residents. Residents and their family/whanau members confirmed during interview that they are encouraged to be part of the planning process. Family members said that the RN keeps them fully informed at all times and that they are always made aware of planning outcomes even if they have not been able to attend on the day it occurs. Residents stated their views are listened to by staff and that the RN discusses all aspects of care with them. Staff stated that if family have any concerns about their relative they contact the RN who then speaks to the relative. All current residents have family members but some staff could recall one resident a few years ago who used a consumer representative during care updates. As evidenced family/whanau communication is well documented in resident notes. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐			

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.3.3.3	Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.	Upon admission residents are assessed by the RN using appropriate assessment tools which cover physical, psycho-social, spiritual and cultural aspects of their care. As evidenced long term care plans are developed within three weeks of admission. Care plans are updated six monthly or if there is any changes in the resident's condition, needs or wants. The changes are evidenced in care plans reviewed. Residents are examined by the GP of their choice within two working days of admission. Residents are then seen by the GP as required at a minimum of three monthly if they are clinically stable. As evidenced in resident's notes the GP documents that the resident is clinically stable and that three monthly visits are appropriate. The service has good communication with the local doctor surgeries and there is a GP on call as required. If the RN assessment undertaken determines that hospital treatment is required then the resident is transferred as required. The GP is notified accordingly. Residents and relatives interviewed confirm they are satisfied with the service provided. The RN has a documented process to ensure the care planning updates are undertaken on time. The document review confirmed that care plans are updated six monthly or if there is any change in the resident's condition, needs or wants. The interventions sighted to assist residents to reach their desired goals reflect current good practice. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☒ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.3.3.4	The service is coordinated in a manner the promotes continuity in service delivery and promotes a team approach where appropriate.	Resident services ordered by a GP are carried out as evidenced. For example INR results are followed up accordingly and medication is given as directed. Each shift write in the resident's progress notes and any concerns are well documented. There is a handover between each shift. As witnessed on the day of audit handover is given for each resident and all aspects of care are discussed. Staff interviews confirm they are aware of any changes required to residents' care and that they work closely with specialist providers such as the mental health team or the wound care specialist. Any concerns staff have are discussed with the RN and followed up accordingly. All providers write in one set of clinical notes as evidenced during the document review. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☐ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Standard 1.3.6 – Service Delivery/Interventions

Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.3.6.1	The provision of services and/or interventions are consistent with, and contribute to, meeting the consumer's assessed needs, and desired outcomes.	The care plans reviewed during audit evidence that the RN follows the service philosophy of 'Make our home your home' and objectives are written to ensure all aspects of residents needs are met. The care plans are individualised and include eating and drinking, personal hygiene and dressing, skin integrity, elimination, mobility including footwear, sleeping patterns including what time the resident goes to bed and what time they like to get up, controlling pain, breathing and circulation, expressing sexuality, cultural needs, spirituality, grieving and dying, language, communication, behaviour and mood and maintaining a safe environment. There is also a lifestyle care plan which is updated by the activities coordinator six monthly. This identifies the resident's personal preferences related to activities, likes and dislikes. Care plans focus on actual and potential problems and as confirmed during staff interview they are used by to guide the interventions put in place to assist residents to reach their identified goals. As sighted during audit there are appropriate dressing and continence supplies for resident use. Specialist advice is sought as required and the specialist wound care nurse and Tyco continence representative are accessed by staff as and when required. The only wounds being dressed on the day of audit were several minor skin tears. The	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
		dressings applied are appropriate to the type of wound. Products are readily available to staff as and when required as confirmed during interview. Residents interviewed are extremely happy with the care interventions they receive. Relatives interviewed stated they are always kept informed. Relatives of one resident who had a fall the morning of audit stated they were informed in a timely manner and a full explanation was given. The fall was clearly documented, an incident form was completed, the RN assessed the resident and it was discussed during the handover. The resident stated during interview that he slipped when getting out of bed. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐			
1.3.6.4	The consumer receives safe and respectful services in accordance with current accepted good practice, and which meets their assessed needs, and desired outcomes.	The care observed on the day of audit was provided in a respectful manner. Staff knocked on resident's doors prior to entering their bedrooms; they spoke to residents in a respectful manner using their preferred names, and responded to call bells in a timely manner. Resident's privacy was respected and when staff assisted residents to undertake personal cares, bedroom and bathroom doors were closed. Staff assisted residents by ensuring mobility aids were handy and the work areas were non cluttered. Resident and relative interviews confirmed residents needs and wants are met and that staff are courteous and thoughtful at all times. Relatives stated they are always made to feel welcome and that staff are always available if they with to discuss any issues with them **Evaluation method(s) used:** D ☐ SI ☐ STI ☐ MI ☐ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Standard 1.3.7 – Planned Activities

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.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.3.7.1	Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.	The activities coordinator has worked in the role for 18 months. She has a background in working with dementia clients in the United Kingdom where she worked as a Registered Social Worker. As evidenced in resident's files each person is assessed upon entry and information is gathered related to their past and current social activities. The activities programme is inclusive of resident's wants, needs and likes. For example, attendance documentation shows that residents enjoy housie and bowls so this is a standing item on the monthly planned agenda. A monthly programme is planned around general activities and weekly changes are made as required. For example, on the day of audit a kindergarten group came to the home to present a Christmas drama. This was attended by all the residents. Residents and family/whanau are kept informed of the weekly programme. It is clearly displayed on the main notice board outside the dining room. The activities programme includes but is not limited to crafts, quiz times, darts, scrabble, movies, board games, flower arranging (one resident was a florist), manicures, bowls, housie, mini gulf, daily walks according to the residents capabilities, and Anglican and Presbyterian church services. There are outside entertainers who come	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
		to the home and the residents are taken on regular outings. For example on the day of audit residents went to see the Christmas display in Waiuku. The home has a seven seater mini bus which is used to transport residents. Relatives are encouraged to partake in activities and as confirmed during interview. They are always made to feel welcome. As stated by staff during interview, they assist with activities as required. This was evidenced on the day of audit when staff became very involved with the kindergarten children interacting with residents. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☐ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐			
1.3.7.2	Activates reflect ordinary patterns of life and include where appropriate the involvement of family/whanau of choice, or other representatives and community groups where appropriate.	Planned activities reflect ordinary patters of life such as going shopping, out for coffee, visits to local events and items of interests to residents. This was confirmed during resident interviews. Observation of the activities programme confirms the content reflects patterns of ordinary life. For example one resident who used to like painting has now commenced painting again. She has had several paintings sold and is undertaking paintings on a commission basis for members of the local community. She had not painted for many years prior admission to the home. **Evaluation method(s) used:** D ☒ SI ☐ STI ☐ MI ☐ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Standard 1.3.8 – Evaluation

Consumers' service delivery plans are evaluated in a comprehensive and timely manner.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.3.8.3	Where progress is different from expected, the service responds by initiating changes to the service delivery plan.	As evidenced in the documentation review, the RN reassesses the resident and amends care plans where necessary. Care plans identify and address residents current needs and health status and are used to guide staff provision of care. Short term care plans were evidenced for wound care treatment and infections. Residents weights and blood pressures are monitored and trended monthly. Any changes are discussed with the registered nurse. Appropriate follow up is evident. For example one resident who was underweight had a weight decrease of two kilograms, she was referred to the GP. A food supplement was ordered and staff sign as given on the medication chart. The resident is now on a weekly weigh which shows she is no longer loosing weight. Wound care is accurately documented in resident's notes including a hand drawn pictorial review of the site. Residents' care plans are updated at least six monthly or if there is any change to the needs or health status. If a resident's health status changes to a level of care that can no longer be managed by the home, NASC are asked to come and undertake a reassessment. As stated by the RN this has occurred when a resident's condition deteriorates and they become hospital level care or require a secure environment.	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
		Residents and relatives interviewed stated that they are kept informed of any referrals sent, in a timely manner. All residents care provisions are discussed at each shift handover and any required changes to care are documented in the progress notes, on the care plan and the diary to ensure all staff are aware. Staff confirmed during interview that any concerns they may have related to a residents care or condition is promptly followed up by the RN. As stated the RN is always only a phone call away and she comes in if staff are concerned about anything at all. They feel well supported by management. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐			

Standard 1.3.12 – Medicine Management

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.3.12.1	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.	As evidenced all medication is prescribed by a medical practitioner. It is dispensed by the pharmacy in Douglas blister packs. Staff who administer medications have signed annual competencies. Six monthly stock takes are undertaken last performed in December 2009. Medication is securely stored in a locked cupboard in the nurses station. No discontinued or expired medications were sighted. All non used stock is sent back to the pharmacy for appropriate disposal. There is a controlled drug register and medication charts are legible and signed by a GP. GP's undertakes three monthly medication reviews as evidenced on the medication charts. Residents interviewed confirmed their medications are administered appropriately and that staff watch them take their medication. This was witnessed during the medication round on the day of audit. There are standing orders for panadol, cough mixture, anti angina spray, antacids, haemorrhoid treatment and creams and lotions signed by the GP on 02.11.09. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.3.12.3	Service providers responsible for medicine management are competent to perform the function for each stage they manage.	Staff who administer medications have a signed annual competence in their files. During the medication round staff demonstrated competence in medication management and knowledge of the medications being given. Staff were aware of their responsibilities in relation to recording and reporting any adverse reactions or residents who refuse to take medication. Staff are aware that they can not give any medication that is not charted. Residents confirmed during interview that if they ask staff for a panadol their request is actioned in a timely manner. As evidenced in medication charts and clinical files, Residents who are on warfarin are monitored as requested by the GP. A copy of the blood test results are sent to the GP and to the home. Prior to medication administration the GP is contacted to ensure he wants the resident to remain on the stated dose or if a change is required. Staff are knowledgeable about the INR readings for residents taking warfarin. Appropriate medicine management policies and procedures are implemented by staff. There is up to date medication information available to staff. They can contact the pharmacist during working hours if they have any questions and the pharmacy undertake regular medication training with the staff. Last offered 02.12.09 **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.3.12.5	The facilitation of safe self-administration of medicines by consumers where appropriate.	There is policy and procedure for self-administration of medicines to guide staff if required. As stated by the RN currently there are no residents who self administer. **Evaluation method(s) used:** D ☒ SI ☐ STI ☐ MI ☒ CI ☐ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**
1.3.12.6	Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.	As evidenced allergies are recorded on residents' medication charts. All medication charts have a current photo of the resident for identification purposes. Medication charts are typed and each entry is signed by a GP. Staff sign for medication following administration as required. Controlled drugs are stored in a locked box inside the medication cupboard. Weekly drug checks are not undertaken but as recommended by Health Cert weekly checks could be implemented as a part of risk management and medication management to reflect best practice. Six monthly stock takes are undertaken. All medication sighted was in the blister packs or the original bottles or packages. Medication management policy and procedure is followed to ensure legislative requirements are met. Staff signature identification is evident on all medication charts. **Evaluation method(s) used:** D ☒ SI ☐ STI ☐ MI ☐ CI ☐ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Standard 1.3.13 – Nutrition, Safe Food, and Fluid Management

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.3.13.1	Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.	Residents' dietary requirements are overseen by a dietician. There is a four weekly rotating summer/winter menu, signed off by the dietician on 03.04.09, which is adhered to by the cook. This was evidenced on the day of audit. Residents likes and dislikes are identified during the admission assessment processes and updated as required. An up to date list is available to staff at all times. Staff can access the kitchen at any time to make residents a drink and make them a snack if requested. As stated by the cook residents' fluids are increased in the summer months and an extra drinks round is undertaken by staff at 1130hrs and ice blocks are made available at any time and offered in the afternoon. As evidenced residents have a jug of fluid in their bedrooms that is easy to access at any time. Resident and family/whanau interviews confirmed the food is adequate and caters for likes and dislikes. Residents meal sizes are displayed in the kitchen. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☐ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.3.13.2	Consumers who have additional or modified nutritional requirements or special diets have these needs met.	The document review of resident's records confirmed that dietician and medical input is sought as and when required. For example low weight residents receive dietary supplements as prescribed. Residents likes and dislikes are catered for as confirmed during interview. As witnesses residents who require a soft diet are catered for by the service. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☐ CI ☒ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

OUTCOME 1.4 – SAFE AND APPROPRIATE ENVIRONMENT

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures 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.

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.

How is achievement of this standard met or not met.	**Attainment: -** **Met**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.4.1.1	Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.	Cultural practices of Maori in relation to the management and disposal of biological waste e.g. fingernail clippings, is now included into policy and procedure. **Evaluation method(s) used:** D ☒ SI ☐ STI ☐ MI ☒ CI ☐ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Standard 1.4.2 – Facility Specifications

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.4.2.4	The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.	Repairs have been made to the carpeted areas as required. There are no visible tripping hazards evident. Where carpet is joined a suitable covering has been placed across the join. **Evaluation method(s) used:** D ☐ SI ☐ STI ☐ MI ☒ CI ☐ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

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.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.4.3.2	Hot water for showering, bathing, and hand washing is provided at the tap at a safe and appropriate temperature that minimises the risk of harm to consumers.	Water temperatures are now monitored regularly. **Evaluation method(s) used:** D ☒ SI ☐ STI ☐ MI ☒ CI ☐ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**
1.4.3.4	Fixtures, fittings, floor, and wall surfaces are constructed from materials that can be easily cleaned, which are in line with infection prevention guidelines.	The shower area has been refurbished using material that is easily cleaned. The building material was chosen jointly by the owners one of whom is the infection control coordinator. **Evaluation method(s) used:** D ☐ SI ☐ STI ☐ MI ☒ CI ☐ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

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.

How is achievement of this standard met or not met.	**Attainment: -** **Met**

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.4.6.3	Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.	All cleaning and laundry equipment and chemicals are appropriately stored. Chemicals are kept in locked areas. **Evaluation method(s) used:** D ☐ SI ☐ STI ☐ MI ☒ CI ☐ Mal ☐ V ☒ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Standard 1.4.7 – Essential, Emergency, and Security Systems

Consumers receive an appropriate and timely response during emergency and security situations.

How is achievement of this standard met or not met.	Attainment: - Met

Criterion	HDSS criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
1.4.7.2	Service providers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.	Staff rostering incorporates one staff member who has a current first aid certificate. Fire training is compulsory on an annual basis for all staff. Staff have attended fire training as required. As evidenced in staff training files and confirmed during interview. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☒ CI ☐ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

2: HEALTH AND DISABILITY SERVICE (RESTRAINT MINIMISATION AND SAFE PRACTICE) STANDARDS

OUTCOME 2.1 – RESTRAINT MINIMISATION

Consumers receive and experience services in the least restrictive manner.

Standard 2.1.1 – Restraint Minimisation

Services demonstrate that the use of restraint is actively minimised.

How is achievement of this standard met or not met.	**Attainment: -** **Met**

Criterion	RMSP criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
2.1.1.4	The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.	Policies and procedures in place clearly describe the use of enablers as voluntary. As stated by the RN the service does not have any enablers in use at the present time. **Evaluation method(s) used:** D ☒ SI ☐ STI ☐ MI ☒ CI ☐ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

Criterion	RMSP criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
2.1.1.5	Ongoing education, relevant to the service setting, is provided to service providers, which includes, but is not limited to: (a) The service's restraint definition, restraint minimisation policy and process for identifying and recording restraint use; (b) The service's enabler use policy and procedure; (c) The service's responsibility to meet NZS 8134.2.2 if and when restraint is used; (d) Alternative interventions to restraint; (e) Prevention and/or de-escalation techniques. Threats of restraint or seclusion shall not be used to achieve compliance.	Staff receive ongoing education, relevant to the service setting, which includes the prevention and/or de-escalation techniques last offered 17.02.09. The training content was sighted and includes but is not limited to authorities and responsibilities, guidelines for staff, risk and quality management, management of challenging behaviour and identification of risks in care planning. As confirmed during interview staff are aware of the need to implement policy and procedure if restraint is to be used. Currently the site is restraint free. **Evaluation method(s) used:** D ☒ SI ☐ STI ☒ MI ☐ CI ☐ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐	FA	-	**By When:**

3: HEALTH AND DISABILITY SERVICES (INFECTION PREVENTION AND CONTROL) STANDARDS

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.

How is achievement of this standard met or not met.	**Attainment: -** **Met**

Criterion	IC criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
3.5.7	Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.	Documentation review of surveillance records show collection and analysis of data. As stated by the RN this data is used to look at ways to develop processes to reduce infection. For example as evidenced in one resident's notes owing to recurring urinary tract infections she was referred to the GP, then under went a cystoscopy, and a pelvic ultrasound. All results came back as no abnormalities detected. The home tried monitoring fluid intake and giving the resident cranberry juicy. This did not reduce the number of infections. The resident is now on close monitoring and each episode of urinary tract infection is treated as required. The RN had discussions with the microbiologist who stated long term prophylactic antibiotics are not best practice. As evidenced in staff meeting minutes and confirmed by staff during interview infection data is discussed on a regular basis. The home had a recent noro virus outbreak which was handled according to infection control standards. Appropriate notification was evidenced.	FA	-	**By When:**

Criterion	IC criteria	Audit Evidence:	Rating:	Risk rating:	Corrective Action Required:
		Evaluation method(s) used: D ☒ SI ☐ STI ☒ MI ☒ CI ☐ Mal ☐ V ☐ CQ ☐ SQ ☐ STQ ☐ Ma ☐ L ☐			

REPORT ENDS