

J A Crossley Holdings Limited

Introduction

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

The audit has been conducted by Health Audit (NZ) 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:

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| Legal entity: | J A Crossley Holdings Limited |
| Premises audited: | Crossley Court Holiday and Retirement Home Orewa Beach Home |
| Services audited: | Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 1 December 2015 End date: 2 December 2015 |
| Proposed changes to current services (if any): | None |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 41 |

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

| Indicator | Description | Definition |
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| | 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

The J A Crossley aged care facilities incorporate Crossley Court and Orewa Beach Rest Home and are located on adjoining properties in Orewa. The service provides rest home level care for up to 44 residents. There were 41 residents on the day of the audit across the two facilities. This certification audit was undertaken to establish compliance with the health and disability services standards and the district health board contract.

The audit process included the review of the policies and procedures, the review of residents and staff files, observations and interviews with residents, family, management, staff and a general practitioner.

An expected level of care and support was being provided. The environment is comfortable and safe for residents.

Four areas requiring an improvement were identified.

Consumer rights

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| 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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Evidence gathered indicates the residents are being treated with respect and dignity and have their rights upheld. Residents are communicated with in an open manner. Sufficient information is communicated and explained to support informed consent. Values and beliefs are respected.

The complaints process is easily accessible and communicated to residents and families. The complaints register has been maintained.

Organisational management

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. | | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |
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The rest home is a family run business. The purpose, values, scope, direction and goals are displayed, monitored and reviewed to ensure that services remain appropriate to resident's needs. A suitably qualified and experienced facility manager and a registered nurse clinical coordinator are employed to manage all day to day operations and maintain best practice in resident care.

There is a quality and risk management system that is understood and implemented by all staff. Quality related data is analysed and opportunities for improvements identified. There is a system in place to document, investigate and monitor adverse events in a timely and open/transparent manner. Improvement is required to ensure that the system is consistently fully implemented.

Human resources are well managed in accord with good practice principles. There are suitable training and performance review processes in place to ensure staff are performing competently at all times. Staffing levels exceed minimum contractual requirements for rest home level of care.

Two improvements are required regarding the management of adverse events.

Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. | | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |
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Residents receive timely, competent and appropriate services that meet their assessed needs and desired outcome/goals. The residents are admitted with the use of standardised risk assessment tools. Short term care plans are consistently developed and evaluated when acute conditions are identified. The long term care plans are reviewed every six months. Planned activities are appropriate to the needs, age and culture of the residents.

Meal services meet the individual food, fluids and nutritional needs of the residents. Resident's weights are stable.

Improvements are required to the medication management system to better ensure the system meets legislation and practice guidelines.

Safe and appropriate environment

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| 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. | | Some standards applicable to this service partially attained and of low risk. |
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Services are delivered across two building. Both have a current warrant of fitness. There have been no alterations to the buildings since the last audit. The environment is safe and well maintained. Equipment is maintained in safe condition.

One improvement is required regarding the provision of sufficient personal protective equipment.

Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. | | Standards applicable to this service fully attained. |
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There are clear and comprehensive policies and procedures that meet the requirements of the restraint minimisation and safe practice. There are residents using enablers and these are voluntary. There is a current restraint register. Staff have demonstrated good knowledge regarding restraints and enablers.

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.

Infection prevention and control policies and procedures are clearly documented and implemented to minimise risk of infection to residents, staff and visitors. The type of surveillance is appropriate to the size and complexity of the service. Infection rate data is collected, recorded, analysed and reported. Recommendations to reduce the infection rates are discussed during staff meetings. All staff received education on infection control.

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) |
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| Standards | 0 | 42 | 0 | 1 | 2 | 0 | 0 |
| Criteria | 0 | 89 | 0 | 1 | 3 | 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) |
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| Standards | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 0 | 0 | 0 | 0 |

Attainment against the Health and Disability Services Standards

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

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

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

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

| Standard with desired outcome | Attainment Rating | Audit Evidence |
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| <p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p> | FA | <p>Resident and family interviews, and observations, confirmed that care is provided in accord with consumer rights legislation. Review of staff training records indicated that all staff receive annual training in the application of the Code. Staff interviews confirmed that they understand their obligations under the Code.</p> |
| <p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p> | FA | <p>There are documented policies defining the requirements for informed consent that comply with regulations, including those relating to advanced directives and powers of attorney. Review of resident files indicated that the required signed records of consent and power of attorney are maintained and acted on.</p> <p>Resident and family interviews confirmed that a detailed resident information pack is provided and explained on admission. Review of resident files indicated that specific information and explanations are provided and records maintained for sharing of resident information with other health care providers, van outings, photography, flu vaccination and administration of subcutaneous fluids.</p> <p>All residents sign a service agreements which outlines the services to be provided.</p> |

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| <p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p> | FA | <p>Resident and family interviews and review of the admission information pack confirmed that pamphlets from the national advocacy service are included in the pack and explained by the registered nurse on admission. The pamphlets are also available in communal areas in the facility. Review of staff training records indicated that all staff receive annual training relating to advocacy.</p> |
| <p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p> | FA | <p>There is open visiting and instructions for after hours are included in the resident information pack and clearly displayed at the entrance to each residence. Staff, resident and family interviews confirmed that residents may receive visitors at any time. The facility has an eight seater van and takes residents on trips out into the community each week. Observations and resident and family interviews confirmed that residents' outings with family are facilitated by the staff. The facility will arrange transport for residents who need to attend appointments at other health services.</p> |
| <p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p> | FA | <p>The documented complaints process meets the requirements of Section 10 of the Health and Disability Consumers Code of Rights. Complaints information and forms are available in communal areas and a locked drop box is provided in the foyer. A complaints register is maintained.</p> <p>Residents and family interviewed were aware of their right to complain and the process by which they may do this. They confirmed that they would feel comfortable raising any issues with the manager and staff.</p> <p>There has been one complaint since the last audit. This was referred to the Health & Disability Commissioner but was not substantiated.</p> |
| <p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p> | FA | <p>Observations confirmed that the Code is displayed in English and Maori. Pamphlets about the Code and the national advocacy service are included in the admission pack.</p> <p>Registered nurse and resident interviews confirmed that they are explained by the registered nurse during the admission process. Residents and family interviewed were aware of their rights and confirmed that they are respected by staff.</p> |

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| <p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p> | <p>FA</p> | <p>There are suitable policies and guidelines relating to maintaining the independence, privacy and dignity of the resident. Resident interviews and observation confirmed that residents' privacy and dignity is preserved. Residents also confirmed that they are treated with respect and supported to make their own decisions about their life.</p> <p>The environment is set up to enable residents to maintain as much physical independence as possible. Residents have single rooms and privacy is assured. Review of resident files confirmed that Individual values and preferences are identified on admission and incorporated into their individual care plan as far as possible.</p> <p>There are suitable processes defined for management of potential or actual abuse. Suitable policies are defined and staff receive training in recognizing possible abuse and neglect. Refer to the corrective action issued under 1.2.4.2 regarding reporting requirements.</p> |
| <p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p> | <p>FA</p> | <p>There is a Maori Health Plan and policies in place in relation to recognition of the Treaty of Waitangi, tikanga guidelines for staff and access to Maori cultural advice and support staff. Staff interviews and training records confirmed that they receive annual training in cultural safety that includes caring for Maori residents.</p> <p>There were no residents who identify as Maori at the time of the audit.</p> |
| <p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p> | <p>FA</p> | <p>There is access to resources and documented procedures to ensure recognition of individual values and beliefs for residents. There are documented policies providing guidelines for staff in relation to visual, auditory and personal privacy, responding to the needs, values, cultural and spiritual beliefs of residents. Staff training is provided in Maori and Pacific cultural needs. Observations and interviews with residents and staff, and results of resident and family surveys confirmed that residents are treated with dignity and respect. Spiritual care from various denominations is available.</p> |
| <p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other</p> | <p>FA</p> | <p>There are documented processes forbidding any discrimination, harassment or coercion of any kind. Resident property is identified and respected. Staff training records indicated that all staff receive training in ethics and boundaries annually. Staff and resident</p> |

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| exploitation. | | interviews indicated that such exploitation does not occur. |
| Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard. | FA | Documented policies and procedures comply with relevant legislation and reference relevant good practice sources. There is a clinical coordinator registered nurse who reviews all clinical protocols annually. The clinical coordinator has access to the district health board clinical advisers as necessary. The organisation belongs to the Care Association of NZ and receives regular updates on clinical practice and management related to aged care. Review of the monthly quality meetings minutes confirms that clinical and management issues are regularly reviewed and strategies to improve standards developed. |
| Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | There are documented guidelines for communication with residents and families and they report satisfaction with the level of communication from staff and management. Guidelines for open disclosure are also documented. The current residents all speak English but translation services are available if required. |
| Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The organisation is privately owned/operated and governed by a group of directors. The mission, vision and goals of the organisation are documented in the Business Plan and displayed in the residences. Organisational performance is monitored regularly through internal audits and monthly facility manager/director meetings. These report on all quality related data, staffing, occupancy, risks and key components of service delivery. Day to day operations are the responsibility of the facility manager who is an experienced registered nurse with a back ground in aged care (clinical management), preceptor for foreign registered nurses and leadership training. There is evidence that the facility manager has undertaken the required training and professional development activities. The facility manager's job description confirms relevant accountabilities, authorities and responsibilities. The facility manager's performance is monitored by the directors and the annual performance appraisal was sighted. |
| Standard 1.2.2: Service Management The organisation ensures the day-to-day | FA | The previous deputy manager role has been disestablished and the organisation now employs two registered nurses instead. One is the clinical coordinator who is responsible |

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| <p>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>for coordinating day to day activities. The coordinator's CV and training records indicate suitable post graduate experience in aged care and team leadership. The clinical coordinator acts as the manager in her absence. Review of the last written hand over provided indicates that full information is given and the duties and responsibilities required are clearly defined.</p> |
| <p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p> | <p>FA</p> | <p>Policies and procedures are documented to provide guidelines for staff and identify quality outcomes for key components of service delivery. Policy updates are made in consultation with staff, or as changes are needed. Documents are controlled. Staff interviews confirmed that hard copies of the current version of policies, procedures and work instructions are available to staff. Obsolete documents are identified as such and removed from circulation by the manager. Final approval of all policies/procedures is the responsibility of the facility manager.</p> <p>A quality and risk management structure is documented and quality and risk activities are identified. Goals focused on improving outcomes for residents are set by the facility manager and approved by the director. Review of minutes of director/facility manager meetings confirmed that outcomes are continuously monitored and risks and controls are continuously reviewed.</p> <p>Quality and staff meetings are conducted. Staff interviews and review of minutes indicated that these are used to communicate quality related data, complaints, incidents and accidents, health and safety, training, infection control, restraint and outcomes of internal audits. Any changes to service (or new improvements) are also discussed. Satisfaction surveys are conducted annually to confirm the organisation meets the expectations of residents/family.</p> <p>There is an internal audit schedule that is fully implemented. Audits are scheduled at regular intervals to cover the scope of the quality system. Internal audits are completed by the facility manager. Records sighted confirmed that they are conducted as scheduled and include corrective actions, which are then communicated to staff.</p> <p>There is an active hazards management system in place that is formally reviewed annually. A current hazard register is maintained. The facility manager reports that adequate insurances are maintained.</p> |
| <p>Standard 1.2.4: Adverse Event Reporting</p> | <p>PA</p> | <p>There is a policy for the management and recording of accidents and incidents.</p> |

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| <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p> | <p>Moderate</p> | <p>Management and staff interviews and records of adverse events relating to falls and challenging behaviour provided evidence that they are well documented and that communication with family members and the general practitioner had been made in a timely manner, however there was one example where evidence of the required essential notifications had not been made. Improvements are also required to the adverse event policy and ensuring that appropriate assessments are conducted after an event.</p> <p>Minutes of quality meetings provided evidence of discussion of incidents/accidents and actions taken.</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>There was evidence that good employment processes are in place and that suitable staff are employed. Scope of practice and required experience is clearly defined in job descriptions. Credentials are checked annually. New staff receive a full orientation to the organisation and to their role. A suitable staff training program is planned and implemented annually. Mandatory training is clearly defined and there was evidence in staff training that all staff meet these requirements. Annual performance reviews identify where further training is required.</p> |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> | <p>FA</p> | <p>There is a documented staffing rationale that identifies staff numbers and skill mix. The rationale takes account of residents being accommodated in two buildings. There are separate rosters for each residence. Staff and resident interviews and review of rosters indicated that there is adequate staffing for the number of residents, the level of care and the lay out of the facility over the two homes. There is a process for replacing absent staff and a registered nurse is either on site or on call 24 hours a day. Staff interviewed confirmed that assistance is readily available if they need it.</p> |
| <p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p> | <p>FA</p> | <p>Resident information is entered in an electronic resident register by the administrator, on admission and protected by individual passwords. Resident information is recorded in individual integrated paper files and updated at least daily. Files are secured in a locked filing cabinet in an office that is locked when unattended. Review of resident files indicated that the records are identified by name and NHI Number; the entries are legible, dated and signed. A list of staff specimen signatures is maintained.</p> |

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| <p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p> | <p>FA</p> | <p>The entry to the service policy includes requirements and procedures to be followed when a resident is admitted to the service. Admission agreements were sighted in all resident's sampled records. Residents and families reported that the admission agreements were discussed with them in detail by the principal nurse manager or registered nurses. All residents have the appropriate needs assessments prior to admission to the service. A pamphlet containing information about the service is sighted. The principal nurse manager ensures that residents are admitted to the service as per contractual requirements. All enquiries are recorded in the enquiry register.</p> |
| <p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p> | <p>FA</p> | <p>A standard transfer notification form from the district health board is utilised when residents are required to be transferred to the public hospital or to another service. The yellow envelope is utilised with the transfer notification form. The clinical coordinator verbalised that telephone handovers are conducted for all transfers to other services. The resident and their families are involved for all exit or discharges to and from the service.</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> | <p>PA Moderate</p> | <p>Medication charts are legible and photos are present in all reviewed medication charts. Medication charts are reviewed regularly. All discontinued medications are signed and dated by the GP and allergies are well-documented. The controlled drugs register is current and a weekly physical stocktake is conducted by the RNs.</p> <p>Medicine reconciliation is conducted by the RNs when a resident is discharged back to the service. There are no expired or unwanted medications. Expired medications are returned to the pharmacy in a timely manner. All medications are stored appropriately.</p> <p>The staff administering medications complied with the medication administration policies and procedures as evidenced in the observed medication rounds in the Crossley Court and Orewa Beach Homes. Current medication competencies were evidenced in the staff files.</p> <p>There are two residents who self-administer their medications. The self-administration policies and procedures are in place.</p> <p>Improvement is required regarding transcribing of medications and signing/dating of prescribed medications.</p> |

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| <p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p> | <p>FA</p> | <p>The food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. All meals are prepared and cooked onsite by the cooks. There was evidence of current food handling certificates.</p> <p>Residents are provided with meals that meet their food, fluids and nutritional needs. The RNs complete the dietary requirement forms on admission and provide a copy to the kitchen. Additional or modified foods are also provided by the service.</p> <p>Fridge and food temperatures are monitored and recorded daily. Cooked meals are plated from the kitchen of Orewa Beach Home to the dining area and food for the residents in the Crossley Court is transported on a bain marie. The meals are well-presented and residents confirmed they are provided with alternative meals as per requested. All residents are weighed regularly. Residents with weight loss problems are provided with food supplements.</p> |
| <p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p> | <p>FA</p> | <p>There is a documented policy on decline of entry to the service. When a resident's entry to the service is declined, the resident is referred back to the referrer to ensure that the resident is admitted to the appropriate level of care provider. These are evidenced in the decline of entry to the service register. The facility manager reported that the district health board needs assessors, social workers and families contact the facility manager to discuss the suitability of the resident prior sending the resident's family to view the facility.</p> |
| <p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p> | <p>FA</p> | <p>The registered nurses (RNs) utilise standardised risk assessment tools on admission and these assessment information are the basis in developing the resident's initial plan of care and the long term care plans. New residents are admitted using the InterRAI assessment tool within the required time frames and the outcome scores are used as the focus of their long term care plans. There was evidence that assessments were conducted within the specified timeframes.</p> |
| <p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p> | <p>FA</p> | <p>The long term care plans were resident-focused and personalised. There was evidence that continuity of service delivery was promoted. Goals were specific and measurable while the interventions were sufficiently detailed to address the desired goals/outcomes identified during the assessment process. Long term care plans were reviewed and updated in a timely manner. The RNs developed short term care plans for all acute</p> |

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| | | conditions. Residents and families are involved in the development of long term care plans. Staff are informed about changes in the care plans through the hand overs and monthly meetings. |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | The documented interventions in the long term care plans were sufficiently detailed and well-documented to address the assessed needs and desired goals/outcomes. The interventions in managing acute infections are documented in the short term care plans. Interventions are updated when the desired goals/outcomes are not met or when the resident's response to the treatment is not satisfactory. |
| 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. | FA | Activities provided are appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. The activities coordinator developed the activity plans with the facility manager and with the residents when able. The weekly activities are posted in the corridors and lounges. The activity plans are well-documented that reflected the resident's preferred activities and interests. The resident's activities participation log was sighted. Interviewed residents and families verbalised that the activities provided by the service are adequate and enjoyable. |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | The short term care plans are evaluated by the registered nurses and the resolutions of the identified acute conditions documented in the reviewed resident's files. The long term care plans are reviewed and evaluated every six months or earlier as required. The interventions in both long term and short term care plans are modified when the outcomes are different from expected. The interviewed residents and family members reported that they are involved in all aspects of care and reviews/evaluations. |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs. | FA | There are documented policies and procedures in relation to exit, transfer or transition of residents. There was evidence of referrals by the GP to other specialist services. The resident and the families are kept informed of the referrals made by the service. Internal referrals are facilitated by the principal nurse manager or by the registered nurses. |

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| <p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p> | PA Low | <p>There are suitable documented guidelines in place for the management and storage of waste and hazardous substance that meet work health and safety, infection control and local body requirements. Staff receive training in safe handling processes. Protective gloves, masks and aprons are provided. Improvement is required to ensure that the appropriate personal protective equipment is provided.</p> |
| <p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p> | FA | <p>The two houses are well maintained internally and externally. Internal areas are level and well lit; handrails are installed in corridors and all bathrooms. External decks have handrails and non-slip surfaces. External pathways are paved. A non-slip ramp provides access to the gardens for those who cannot manage the steps. Suitable external sheltered seating is available.</p> <p>There is a maintenance program in place that is monitored and maintained by the manager. A current building warrant of fitness was sighted for each house.</p> <p>An equipment register is maintained by the manager and there are records of the required functional and calibration checks. All electrical appliances and equipment are tested and tagged annually by a registered electrician.</p> |
| <p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p> | FA | <p>All bedrooms are single and have a hand basin or an ensuite with toilet, shower and hand basin. Additional communal showers and toilets are also available that are separate from staff and visitor facilities.</p> |
| <p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p> | FA | <p>Resident's bedrooms are single and are furnished with bed, side table and chair. There is adequate space for mobility aids and personal items.</p> |
| <p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> | FA | <p>A large dining room, separate lounge room and recreation room are provided in each house. These rooms are freely accessible to the residents.</p> |

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| <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p> | | |
| <p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p> | <p>FA</p> | <p>A suitably equipped separate laundry is provided in each house for small items and resident's personal laundry. Clean and dirty areas are clearly separated. Washing and drying machines are regularly checked and serviced. Temperatures are monitored and maintained to meet safe hygiene requirements. Large items of bed linen are sent out to a commercial laundry. The laundry person has received training and documented guidelines are available.</p> <p>Cleaning is undertaken by facility cleaners. Cleaning guidelines are provided. There is suitable, safe storage for cleaning equipment and supplies. Cleaning schedules are maintained for daily and periodic cleaning. Inspection on site confirmed that a high standard of cleanliness is maintained throughout the facility.</p> |
| <p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p> | <p>FA</p> | <p>There are documented procedures for management of clinical, environmental and civil emergencies including a documented service continuity plan. Training in response to clinical and environmental emergencies is undertaken annually by staff.</p> <p>Sufficient supplies are in place in the event of an emergency. This includes food and water and civil defence kits.</p> <p>An emergency evacuation plan was sighted for each house, approved by the local fire service. There have been no alterations to the buildings since that date. The plan of evacuation routes and assembly points is displayed in the foyer of each house. There is evidence that trial evacuation practices take place twice a year and that all staff attend at least one a year.</p> <p>A call bell is within reach of the resident in each bedroom and residents interviewed confirm that staff respond promptly to the bell. There are call bells in the communal areas. Monthly checks are done. Staff are aware of the emergency call sign.</p> <p>There are processes in place for securing the residences after hours.</p> |
| <p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> | <p>FA</p> | <p>The two residences were observed to be light and airy and well ventilated. Each bedroom has a large window that opens and a door onto an external deck. The facility is air conditioned with controls in each room. Residents interviewed confirmed that both</p> |

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| <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p> | | <p>facilities are maintained at a comfortably warm temperature.</p> |
| <p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p> | <p>FA</p> | <p>The responsibilities for infection control are clearly defined. The principal nurse manager is the delegated infection control nurse who is responsible for collecting infection control data. The service utilises the support of the district health board infection control experts in relation to relevant issues regarding infection prevention and management.</p> <p>The infection control programme is reviewed annually. Infection prevention and control is included in the staff meeting agenda.</p> <p>The infectious diseases prevention policy is in place to prevent visitors suffering from, or exposed to and susceptible to, from exposing others while still infectious. Resident's families and relatives are encouraged not to visit when they are unwell. There are hand sanitizers in the nurse's station and there are adequate hand basins for the residents and staff to use.</p> <p>The interviewed staff confirmed that infections are included in the hand-overs and staff meetings. The infection control policies and procedures are readily available for the staff in both facilities.</p> |
| <p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p> | <p>FA</p> | <p>The infection control nurse together with the two registered nurses are responsible for facilitating infection prevention and control activities in the facility. The infection control committee is composed of the infection control nurse, registered nurses and caregivers. They are responsible for implementing and evaluating the infection control programme of the service. The GP reported that the RNs contact the medical centre when residents manifested suspected infections. The district health board nurse specialists provide expert advice regarding infection control. The interviewed staff were knowledgeable regarding outbreak management and breaking the chain of infection.</p> |
| <p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant</p> | <p>FA</p> | <p>There are documented policies and procedures for the prevention and control of infection. Policies aligned with current accepted good practice and relevant legislative requirements. Policies are readily available and procedures are practical, safe, and suitable for the type of service provided. The service consistently implemented the policies and procedures and best practice. Staff demonstrated good knowledge on</p> |

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| <p>legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p> | | <p>infection control prevention and control. The interviewed residents were able to explain the importance of hand-washing.</p> |
| <p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p> | <p>FA</p> | <p>Infection control and prevention education is provided to staff as a component of their ongoing education programme. The infection control in-service education is conducted regularly. Residents and families are provided with advice on infection prevention and control activities. Staff demonstrated good knowledge in infection prevention and control measures.</p> <p>The infection control nurse demonstrated good knowledge of current practice in infection prevention and control as well as outbreak management.</p> |
| <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.</p> | <p>FA</p> | <p>The surveillance for infection rates is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. It is appropriate to the size and setting of the service. Infection rates are monitored collated by the infection control coordinator for analysis. Infection rates are discussed during the staff and management meetings. The specific recommendations and interventions to reduce, manage and prevent the spread of infections are discussed in the staff meetings as well as during the daily hand-overs. The use of antibiotic is monitored and recorded.</p> |
| <p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p> | <p>FA</p> | <p>The service demonstrated that the use of restraint is actively minimised. There are no residents using a restraint. There are four residents using an enabler (bed guard). The restraint register is current and updated. The policies and procedures have good definitions of restraints and enablers. Staff demonstrated good knowledge about restraints and enablers.</p> |

Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| <p>Criterion 1.2.4.2</p> <p>The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.</p> | <p>PA</p> <p>Moderate</p> | <p>It was noted that an allegation of abuse of a resident by a care giver had been made and investigated. There was no evidence that the required essential notifications had been made. Interview with the manager indicated uncertainty regarding the statutory and/or regulatory obligations in relation to essential notification reporting and which authority is to be notified. The adverse event process does not include the requirements for essential notification reporting.</p> | <p>The adverse event policy does not include essential notification reporting. Not all the required essential notifications had been made following an incident.</p> | <p>Amend the adverse event policy to include essential notification reporting requirements. Maintain evidence that all essential notifications are made following an incident.</p> <p>60 days</p> |
| <p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to</p> | <p>PA</p> <p>Moderate</p> | <p>The adverse event policy does not clearly define what constitutes an ‘incident’.</p> <p>Review of adverse event records and staff interview indicates that neurological observations are not consistently undertaken where a fall is unwitnessed. Not all adverse events had been entered in the</p> | <p>The adverse events policy does not clearly define what constitutes an ‘incident’. The required assessments are not consistently undertaken following an adverse event</p> | <p>Amend the adverse events policy to include a clear definition of what constitutes an ‘incident’. Ensure that all adverse events are entered into</p> |

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| identify opportunities to improve service delivery, and to identify and manage risk. | | adverse events records system, for example an allegation of abuse had been investigated but there was no associated incident record and review of the accident / incident register found that it had not been recorded as an adverse event. Investigation had occurred and been recorded but corrective action was not documented. | (fall). Not all incidents had been entered into the adverse events system. Not all corrective actions (following an incident) had been documented. | the accidents / incidents register, that the required assessments are conducted and corrective actions documented. 60 days |
| Criterion 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. | PA Moderate | Review of 14 medication records indicates that the medicines regulations are not consistently met. For example transcribing was sighted in 11 of 14 administered medication signing sheet and the dangerous drug register. General Practitioners are block signing multiple prescriptions on the drug chart and three of 14 prescriptions were not dated. | The medicines management system does not fully comply with legislation and best practice guidelines. | Ensure the medication management system meets legislative requirements and best practice guidelines. 60 days |
| Criterion 1.4.1.6 Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers. | PA Low | Aprons, gloves and masks are provided infection control and protection when handling waste and other hazardous substances; however there are no protective face masks provided for staff to use when cleaning up hazardous waste. | Not all the required personal protective equipment is available to staff. | Ensure adequate personal protective equipment is provided. 60 days |

Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.