

J A Crossley Holdings Limited - Crossley Court Holiday and Retirement Home & Orewa Beach Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	J A Crossley Holdings Limited
Premises audited:	Orewa Beach Home Crossley Court Holiday and Retirement Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 November 2018 End date: 7 November 2018
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:	45

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Crossley Court and Orewa Beach Rest Homes are adjacent aged care facilities that provide rest home care for up to 45 residents. The service is a privately-owned family business and is managed by the facility manager. Residents and family/whanau spoke positively about the care provided.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board (DHB). The audit process included sampling of policies and procedures, review of residents' and staff records, observations and interviews with residents, family, management, staff and a general practitioner (GP). Samples were taken from both the Crossley Court and Orewa Beach facilities.

There is one area requiring improvement with regard to medicine management.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.	Green	Standards applicable to this service fully attained.
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A copy of the Health and Disability Consumers' Rights (the Code) is made available to the residents on admission. Residents reported that they are informed of their rights and are treated respectfully. Their privacy, independence and personal safety is protected. Care and support are provided in a manner which recognises the residents' culture, values and beliefs. Discrimination of any sort is not tolerated by management. Service delivery is based on good practice principles.

Communication is open and resident choices are recorded and acted upon. Adequately documented processes are in place for informed consent. Advocacy information is available. Close links with family/whanau and the community are encouraged and supported.

The complaints process complies with consumer rights legislation.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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There is one director. Day to day operations are the responsibility of an experienced facility manager, who is a registered nurse. Organisational performance is monitored. The mission and strategic goals are documented and reviewed.

Quality and risk management systems support service delivery. Achievement towards quality goals is measured. Quality initiatives are implemented to improve resident outcomes. The required policies and procedures are documented, reviewed and controlled. Quality related data is communicated, and improvements made when required.

All staff are suitably trained. Competencies are assessed, and performance is monitored.

Resident records are integrated and maintained in a secure manner. Entries in records meet best practice standards for the management of health records.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Entry into the services is facilitated by the facility manager and the registered nurses. Each stage of service provision is provided within the required timeframes. Residents' files sampled confirmed they receive timely and appropriate services that safely meet their assessed needs and desired outcome/goals. Care plans are developed in consultation with relevant people including residents and family/whanau where appropriate.

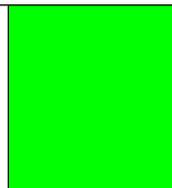
There is a documented medicine management system. All staff who administer medicines are assessed for competency. Medicines are securely stored.

Planned activities are appropriate to the needs, age and culture of the residents. Activities are provided either in group settings or one on one basis. Residents and family/whanau interviewed confirmed their satisfaction with the programme in place.

Food services are provided at the service. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The cooks have relevant education. The menu has been reviewed by a registered dietitian as meeting nutritional guidelines for the older people.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.



Standards applicable to this service fully attained.

Both buildings and plant comply with legislation with current building warrants of fitness in place. Equipment and electrical checks are conducted. Fixtures, fittings and floor and wall surfaces are made of accepted materials for this environment. Resident rooms are of an appropriate size to allow for care to be provided and for the safe use and manoeuvring of mobility aids.

Cleaning and laundry services are of an acceptable standard. These services are monitored to ensure they continue to meet the needs of the residents.

Essential emergency and security systems are in place. There is an approved fire evacuation plan and emergency drills are conducted as required. Call bells allow residents to access help when needed.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

There are policies and procedures in the event a restraint or enabler are required. There are no restraints in use. The use of enablers meets practice requirements. All staff receive education regarding restraint minimisation, enabler use and the management of challenging behaviours.

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 any risk of infection to residents, staff and visitors. The type of surveillance is appropriate to the size and complexity of the service. Infection data is collected, recorded, analysed and reported. Any recommendations to reduce the infection rates are discussed during staff meetings. All staff receive ongoing education on infection control. Staff demonstrated good principles and practices around infection control which are guided by relevant policies and procedures and supported with regular education.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	43	0	1	0	0	0
Criteria	0	92	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Crossley Court and Orewa Beach Rest Homes have developed policies and procedures to meet the organisation's obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Consumer rights and obligations are incorporated into resident's care. Interviewed staff demonstrated knowledge and understanding of the consumer rights and were observed communicating with residents in a respectful manner, encouraging independence and maintaining dignity and privacy. Staff have received education on consumer rights at induction and ongoing professional development is provided annually for all staff.</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>Residents are provided with the information they need to be actively involved in their recovery, care, treatment and support for decision making. Residents or their chosen representative or enduring power of attorney (EPOA) sign the consent forms for routine treatment, photographing, outings and other situations appropriate to their needs where informed consent is required. There are policies and procedures that identify recording requirements and documentation to be provided to residents. Signed consent forms sighted in sampled files.</p> <p>Residents are advised of other available methods of treatment or therapy. Residents' choices and decisions are recorded in the residents' care plans and acted upon. Advance directives that are made available to the service provider are documented and acted upon as required. Interviewed residents</p>

		<p>and family/whanau reported that information is provided where required and they make informed decisions.</p> <p>Interviewed staff demonstrated an understanding and ability to provide required information to residents for them to be actively involved in their care and decision making.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Residents are informed of their right to an independent advocate and how to access them. Discussions about advocacy and support are held with residents and/or their family or representative of choice on admission and whenever required. A copy of the Code and advocacy services is included in the admission pack information. The assessed advocacy and support needs are documented in the admission assessment and on the resident's care plans. Interviewed residents stated that they were aware of their right to have a support person of their choice. Interviewed family members stated that they were permitted to support their family members whenever required.</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>Residents have access to visitors of their choice and there are no time restrictions on the visiting times. Information about family visiting is included in the admission pack. Residents are supported to access services within the community as required. On the days of the audit, family/whanau were sighted visiting residents with some residents going out to access community services. There are shopping trips and lunch outings organised for residents by the activities team. Residents have access to use the services telephones to communicate with their family/whanau, or they can use their own private phones to contact their family/whanau if desired.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints process meets the requirements of consumer rights legislation. Information on the complaints process is provided to residents and family/whanau on admission and those interviewed confirmed awareness of the process. Residents and family interviewed also stated that they felt comfortable speaking with staff and management regarding any concerns. The facility manager oversees the complaints process. Staff interviewed were aware of the complaints process.</p> <p>The complaints register included three formal complaints over the last five years, with the last one being a complaint to the district health board in 2016. The management of this complaint was sampled during the last audit report and found to be compliant with Right 10 of the Code.</p> <p>There is evidence in records of meeting minutes, satisfaction surveys and resident meetings that any verbal concerns expressed by residents are responded to in an appropriate and caring manner, with resident safety and comfort a priority. A register of compliments is maintained and shared with staff.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Residents and family/whanau, their chosen representative and /or their legal representative are provided with an explanation of the consumer rights on admission by the admitting nurse. The facility manager (FM) reported that clarification about consumer rights is provided when required. Signed confirmation that the explanation is provided was sighted on the residents' admission agreement forms in the sampled files. Code of Health and Disability Services Consumers' Rights posters with large print were posted on notice boards around both facilities. Interviewed residents reported that they are aware of their rights when receiving care and have sighted the posters on the notice boards. Pamphlets with information about the Nationwide Health and Disability Advocacy Services and complaint forms are displayed in several areas in both facilities and are easily accessible to residents. Residents have access to The Health and Disability representative who visits the facilities to provide education to staff.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The service has single rooms that provide personal privacy, physical, visual and auditory dignity for residents during care. On the days of the audit, privacy and dignity were observed to be provided as personal cares were being provided behind closed doors and curtains either in residents' rooms or communal bathrooms. Interviewed residents reported that they are respected by staff during care delivery. Interviewed family/whanau also reported satisfaction with respect provided to residents. Interviewed residents reported that their personal belongings are treated with respect and laundered items are returned to the correct people. In interview, the general practitioner (GP) confirmed that residents' medical examinations are conducted in privacy in the residents' bedrooms.</p> <p>Residents who are unable to represent themselves have support from their family or representative of their own choice, evidence sighted in the sampled files. Access to interpreters is made available when required as confirmed by the interviewed GP and family/whanau. Data on cultural or spiritual values/ beliefs and needs is collected on admission of residents. End of life care is included in the care plans sampled. Residents are given the opportunity to attend church activities outside the facility with the help of their family/whanau. Facility based combined denominations church services are held. Residents are permitted to be independent with their own personal care needs and cultural or spiritual needs as desired if able to. On the days of the audit, residents were addressed by their preferred names as stated in the sampled care plans.</p> <p>All staff have received education on abuse and neglect. The training is provided annually for all staff, records sighted. Interviewed staff demonstrated awareness of abuse and neglect and actions to take if required. All residents interviewed confirmed that they felt safe.</p>

<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>Residents who identify as Maori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural values and beliefs. Residents' cultural values and beliefs are identified on admission assessments and documented on the care summary for staff awareness. Barriers to accessing services are identified and eliminated as required. Access to advocacy and interpreter services is communicated to residents on admission. There is a Maori health plan in place in relation to the Treaty of Waitangi, Tikanga guidelines and access to Maori advice. Maori residents' right to practice their cultural values and beliefs while receiving services is acknowledged and facilitated. The organisation acknowledges the importance of whanau/family involvement in the provision of care as evidenced by sighted records in the sampled file of a resident who identifies as Maori. A resident who identifies as Maori was interviewed and they reported that staff acknowledge and respect their individual cultural needs.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Residents and/or their family representative of choice are consulted on their individual values and beliefs including ethnic, cultural and spiritual values and beliefs on admission assessment. The assessed needs are documented in residents' care plans, evidence sighted in sampled care plans. Interviewed staff demonstrated understanding and knowledge on providing culturally safe services to residents. Interviewed residents reported that their cultural values or spiritual beliefs are safely met. There are policies and procedures to guide staff in providing care in a culturally safe manner.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Interviewed residents and family/whanau reported that residents are treated fairly, free from any type of discrimination, harassment or exploitation. The services have policies and procedures that outline the safeguards to protect residents from discrimination, coercion, harassment, sexual, financial or any other exploitation. All staff receive annual education on abuse and neglect, training records sighted. Interviewed staff demonstrated an understanding of the reporting requirements for any inappropriate behaviours. There is a staff code of conduct and employment agreements identify actions which constitute professional misconduct.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service has policies and procedures that promote good practice through evidence- based practice. There are treatment protocols in place based on evidence- based rationales, which are monitored and evaluated. Interviewed staff demonstrated awareness of how to access the information if required. Ongoing education is provided for all staff and mandatory topics are covered by the education plan. External providers are involved in the education programme. Education records sighted. Ongoing supervision is provided for staff by the RNs and the FM and support is sought or provided as required.</p>

		<p>The local district health board supports the service when required.</p> <p>There is an incident reporting system in place that is linked to open disclosure. Interviewed residents and family members reported satisfaction with the services provided.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Service providers provide an environment that is conducive to effective communication. Residents who needed communication aides were observed to have their aides on the days of the audit. Interpreter services are engaged if required as confirmed by the interviewed GP. Interviewed residents and family/whanau reported that the staff were all approachable including the facility manager. Residents are encouraged to give feedback on the services provided through regular residents' meetings and annual surveys. Where appropriate or required, residents' family representative or support persons are involved in planning residents' cares. Interviewed family/whanau stated that they were kept well informed of any changes in their family's health status and were advised in a timely manner of all incidents and changes in plan of care. Staff were observed to be wearing their identification badges on the days of the audit.</p> <p>Interviewed staff were aware of open disclosure which is supported by the organisation's policies to meet the requirements of the Code.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>There is one director/owner. The director/owner meets with the facility manager each week. Records of meeting minutes sampled confirmed that the director monitors organisational performance. The mission and vision are documented and reviewed annually and provided to residents/family in the information folder. A business plan is developed annually by the facility manager. This identifies the aims and ambitions for the coming year.</p> <p>The facility manager is an experienced registered nurse and has been in the role for seven years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The facility manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through updates from an aged care association and ongoing professional development in management and nursing practice. This includes attendance at provider meetings hosted by the district health board. The director conducts an annual performance appraisal with the facility manager. The facility manager also implements a survey process of their performance annually with the allied health providers who are involved with residents at the rest home. These surveys confirmed a high level of confidence and satisfaction with the facility manager.</p> <p>The service is planned to meet the needs of the younger and older residents at rest home level of care. Crossley Court has a maximum of 17 residents and the adjacent Orewa Beach Rest Home has a</p>

		<p>maximum of 28 residents. At the time of audit there were 45 rest home level of care residents (which includes two residents under the age of 65). There is adequate staffing, resources and facilities to meet the needs of the residents in each of the buildings. There are 15 private paying residents accessing either long term care or respite services and one resident is funded through the accident compensation corporation.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In an absence of the facility manager, duties are delegated between the two registered nurses. During a leave of absence, the director tends to visit the rest home twice a week and the general practitioners and pharmacy are informed.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The quality and risk management system is fully documented and implemented, resulting in a high level of compliance and providing improvement opportunities. Policies and procedures are current and are developed in line with best practice, guidelines and legislation. There is a process for ensuring policies and current, controlled and reviewed. All staff have access to policies and procedures and obsolete documents are removed from circulation.</p> <p>Quality goals are documented and achievement towards quality goals are monitored. Quality meetings are conducted per department and facilitated by the facility manager. Records of meeting minutes sampled confirmed discussions regarding quality activities and data regarding adverse events, complaints, infection prevention and control, health and safety and resident surveys. Surveys sampled confirmed satisfaction with any concerns followed up by the facility manager. The facility manager also collects satisfaction surveys from allied health providers. Residents and family interviewed confirmed they are happy with the services provided.</p> <p>Ongoing compliance is monitored through the implementation of internal audits. These cover the scope of services provided. Audits are completed by several members of staff. Internal audits sampled confirmed the corrective action process with spot checks and re-audits completed as required. Quality initiatives are also included in the quality programme. Improvements for this year have included an upgrade to the external gardens and extending the training for kitchen staff to a level four qualification.</p> <p>Actual and potential risks to the organisation are documented. This includes hazards, organisational and external risks. Newly identified risk is documented and discussed at staff meetings and if the risk</p>

		cannot be eliminated, actions are implemented to minimise occurrence. The facility manager is the health and safety representative.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Adverse event policies and procedures reflect regulations and obligations in relation to essential notifications. The facility described essential notification reporting requirements with evidence of two events this year reported to the appropriate authority.</p> <p>Staff document adverse and near miss events on an accident/incident form. A sample of incident forms confirmed that these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. All adverse events are recorded into the accidents / incidents register, which includes the required assessments that were conducted at the time of the incident, and the corrective actions that were implemented. For example, the purchase of sensor mats has reduced the number of falls. All events are categorised, collated monthly and discussed during staff meetings.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records sampled confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>The recruitment process includes referee checks, police vetting, validation of qualifications and practising certificates for the registered nurses and visiting health professionals. Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records sampled confirmed documentation of completed orientation and annual performance reviews.</p> <p>Mandatory competencies are completed. These include medication administration (for those who administer medication), first aid, emergency procedures and restraint. Continuing education is then planned annually, and an education calendar maintained. This includes a wide range of appropriate and required topics. Training is presented by both internal and external providers such as the district health board, health and disability representatives, external providers and allied health providers. There are three trained and competent registered nurses who maintain annual competency requirements to undertake interRAI assessments. Staff records sampled demonstrated 100% attendance at the required training.</p>
<p>Standard 1.2.8: Service Provider Availability</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery 24 hours a day, seven days a week. There is a registered nurse on site</p>

<p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>seven days per week. One registered nurse is rostered to work at Crossley Court and one rostered at the adjacent facility. The facility manager is also onsite Monday to Friday. All three registered nurses share on-call duties. Both registered nurses are given the opportunity to work morning and/or afternoon shifts.</p> <p>There are a sufficient number of care givers rostered on each shift to meet the residents needs and contract requirements. Care givers share dual roles, for example domestic and kitchen staff, however this does not reduce the minimum number of care givers on duty. This was confirmed in interview with residents and staff and sampling of the roster. Sick and planned leave is covered by the staff at the service. All staff have a current first aid certificate.</p> <p>Staffing levels can also be adapted to meet the changing needs of residents. Care staff interviewed reported there were adequate staff available to complete the work allocated to them and enjoyed the opportunity to work in dual roles.</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>Individual resident records are maintained. Records are secure. Staff document in resident records during the morning shift, with additional entries made as required. Resident records sampled were integrated, with medication charts and wound care plans held in separate locations. Signatures, designation and time and date are recorded appropriately. A resident register is maintained. This includes current and past residents. Archived records are secure. Specimen signatures maintained for medication.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Access processes and entry criteria, assessment and entry screening processes are documented and clearly communicated to potential residents, their family/whanau of choice where appropriate, local communities and referral agencies on the service's information brochure. Services provided are clearly stated. The information is explained to the potential resident at pre-admission enquiry stage by the FM or RNs'. The FM and the RNs are responsible for the admission process. The information brochure includes after-hours contact information. Sampled files confirmed that admission requirements are conducted within the required time frames.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit,</p>	<p>FA</p>	<p>The local district health board transfer document is completed when residents are transferred to and from the local health board. All information pertaining to the transfer is documented to minimise risks associated with each resident's transition, exit, discharge or transfer. Residents' expressed concerns are included and if appropriate, family/whanau of choice or other representatives. Transfer records were sighted in the residents' files sampled. Interviewed RNs demonstrated awareness of the transfer</p>

discharge, or transfer from services.		documents to be completed.
<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>	PA Low	<p>The services use a paper -based medication management system and robotic packaged medication packs. Medication is stored safely in locked cupboards and medication trolleys in the nurses' stations. All staff who administer medicines have current medication administration competencies.</p> <p>Three monthly medication reviews are conducted by the GPs. Allergies and hypersensitivity stickers are visible on the prescription charts. Short course medication is dated and signed off when completed. Photos on the medication charts are current. All medications administered were signed for. Documentation sighted on the sampled medication charts. Medication guidelines for safe management of medicines is in place for use when required.</p> <p>Medication reconciliation is completed by the RNs. There is a process in place for the return of expired or unwanted medications to the pharmacy. There was no expired medication in the cupboards or medication trolleys. There were controlled drugs onsite and weekly and six - monthly stock takes were completed. Controlled drugs administration processes and documentation complies with current legislative requirements and safe practice guidelines.</p> <p>There were no residents who were self-administering medicines on the days of the audit. There is a policy in place for self- medication administration to guide staff on the process if required.</p> <p>An improvement is required in recording and evaluation of PRN/as required medicines to ensure the prescribing process complies with legislation, protocols and guidelines.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>Food, fluid and nutritional needs of the residents are provided in line with recognised nutritional guidelines. The food control plan is registered with the local council who recently completed an audit for both kitchens. All kitchen staff have completed food safety training.</p> <p>Residents' food requirements and dietary profiles are completed on admission. A copy of the dietary requirements is kept in the kitchen. Residents' food likes/preferences, allergies and dislikes are documented, and a copy is displayed in the kitchen. Modified or special diets are provided as required. Residents' weight monitoring is completed monthly and nutritional supplements are provided as required for residents with nutritional issues.</p> <p>Residents have input into the menu. The menu was reviewed by the dietician. A combined barbecue where residents request their choice of meal is held annually. A combined special breakfast is also held once a year for all residents. Departmental meetings are conducted and feedback from the residents about food is discussed. Food is served in adequate quantities and presented attractively as</p>

		<p>confirmed by interviewed residents. Alternative food options are provided when requested.</p> <p>The kitchen staff were observed to be compliant with infection control precautions and procedures. Food, freezer and fridge temperatures are being monitored and recorded as per the recognised nutritional guidelines. Cooked food was covered, dated and labelled. The pantry was clean and packed well with no food touching the floor. The kitchen was clean and cleaning schedules are implemented, records were sighted.</p> <p>There is an ordering and procurement system in place managed by the main cook and the FM. Stock rotation system is in place.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>Consumers are referred to the appropriate services or are advised of options available if they do not meet the entry criteria for the service. Where a consumer is declined entry into the service, the immediate risk to the consumer and/ or their family/whanau is managed by the organisation where appropriate and referral to appropriate agencies is completed. The consumers and where appropriate, their family/whanau of choice are advised of the reason for the decline. A record consumer declined entry is maintained.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The assessment is coordinated with other health providers where required to ensure appropriate information is gathered to enable effective assessment. Residents' needs, support requirements and preferences are gathered and recorded in a timely manner. InterRAI assessments are completed every six months and all sighted assessments in sampled files were current. The outcomes and/or goals identified via the assessment process are documented in the care plans. Interviewed residents and the GP confirmed that assessments are conducted in a safe and appropriate place as agreed with the residents. Residents and where appropriate their family/whanau of their choice, referrer and relevant service providers are advised of the assessment outcomes and interventions put in place.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Sampled residents' care plans are individualised, accurate, integrated and included residents' personal preferences, habits and routines and promote continuity of service delivery. The care plans describe the required support and /or interventions to achieve the desired outcomes identified by the ongoing assessment process. Residents and/or their family/whanau of choice are involved in the care planning process. The residents and family/whanau interviewed confirmed care delivery and support is consistent with their expectations and plan of care.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The services provided are adequate and appropriate to meet the residents' assessed needs and desired outcomes. Advice is sought from other health providers or external health agencies where appropriate to ensure adequate support is provided. Referral documents sighted in sampled files. Planned interventions are in line with currently accepted good practice. Significant changes are reported in a timely manner and prescribed orders carried out satisfactorily as confirmed by the GP in the interview conducted. Monthly vital observations are completed and are up to date.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The facility manager is the activities coordinator and works with the support of the activities assistants in planning the activities for Crossley Court and Orewa Beach Rest Homes. The planned activities are provided to develop and maintain strengths, skills and interests that are meaningful to the residents. There is a wide range of activities provided including community events. Every year there is a Christmas show with staff performance and cultural food provided at the facility by the activities team.</p> <p>Activities assessments are completed on admission by the activities assistants and the data gathered is used to formulate individualised activity plans. Residents' personal preferences are sought and included in the individual activities plan. Activities plans are evaluated monthly and six monthly. Independent residents are encouraged to participate in individual activities as desired. Any changes to participation are documented as required. Daily activities participation records are completed and were sighted in sampled files. A weekly planner is posted on notice boards for easy access for residents. Residents were observed to be participating in a variety of activities on the days of the audit. Interviewed residents and family/whanau reported satisfaction with the activities provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plan evaluations are documented and indicate the degree of achievement or response to support and/or interventions put in place. Where the desired outcome is not achieved changes are made to the care plan. Evaluations are completed six monthly and per changing need as determined by the residents' condition. Residents' and/or their family/whanau representative of choice are involved in the review process. Short-term care plans are evaluated and closed off when conditions resolve.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or</p>	<p>FA</p>	<p>Residents are given choices and advised of their options to access other health and disability services where indicated or requested. A record of the referrals is maintained in the residents' clinical files. Records of referral documents were sighted in sampled files. Residents and/or their family are kept informed during the referral process and this was confirmed by the interviewed residents and</p>

<p>referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>family/whanau. Documentation of contact with family/whanau was sighted in the sampled files.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are a number of policies and procedures regarding the management of waste and hazardous substances. Processes for the collection, storage and disposal of biomedical waste, household rubbish and recyclables are in accord with infection control principles and comply with local body requirements. Oxygen cylinders are safety stored and secure.</p> <p>Cleaning staff have received training in the handling of chemicals and hazardous waste. Chemicals for the laundry are accessed through a closed chemical dispensing system. Secure storage is provided for all bulk chemicals. Safety data sheets are available. Personal protective equipment is provided and observed to be used by staff.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The rest homes are adjacent to each other with a public walk way separating the properties. There is a planned maintenance programme and the buildings are well maintained. Maintenance concerns are identified and followed up in a timely manner. Furnishings, fittings and floorings are well maintained and suitable for the care and support of residents. Applicable building regulations and requirements are met. Both buildings have a current building warrant of fitness.</p> <p>Large, well-furnished lounge and dining areas are provided. Handrails are in all corridors. There is sufficient space for the use and storage of mobility aids and scooters. Sufficient equipment and supplies are available. The weighing scales are functionally maintained. Medical equipment is calibrated annually. Electrical equipment is tested. Residents are transported to external appointments and events in a facility owned van with current registration and warrant of fitness. Gardens are safe with sheltered external areas available.</p> <p>Hazards are identified and monitored. The hazard register was sighted.</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</p>	<p>FA</p>	<p>There are sufficient individual toilets and bathrooms provided. Some bedrooms have ensuites. Bathrooms are well lit, fitted with hand rails, non-slip flooring, and call bells. Finishing materials are waterproof. Reversible door catches and privacy curtains are installed in each bathroom. Hot water is monitored routinely, where a variation occurs this is followed up. Hand gel is available throughout the buildings and there is a hand basin in each room.</p>

privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		
<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	There are sufficient bedrooms to accommodate the resident. All rooms are single occupancy. Rooms are of sufficient size to accommodate residents requiring mobility aids, equipment and staff caring for the resident. There is adequate room in all bedrooms for personal possessions. Each bed space is provided with a wall light and a nurse call bell. Residents and family/whanau interviewed confirmed that their bedrooms were adequate for their needs and their personal space is respected.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	There are separate well-furnished lounges and dining areas in both facilities. Activities are provided in the lounge areas. The communal areas are sufficient to accommodate all the residents. There is a variety of seating to suit all needs. Residents and family/whanau interviewed confirmed that the lounges and dining areas meet their needs. Surveys provide residents/family with the opportunity to provide feedback regarding the facility.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Laundry services are provided on site and are fit for purpose. Both facilities have a laundry, with the main laundry situated at the Orewa Beach site. There is a smaller laundry in the other facility. The main laundry room has good separation of clean and dirty areas and laundry processes meet good practice guidelines. Maintenance, functional testing and temperature records sighted indicate the laundry processes meet infection control standards. Interviews with staff, residents and family indicate satisfaction with facility cleanliness and the state of linen and personal clothing.</p> <p>Cleaning and laundry services are predominately provided by employed staff, with an external contractor who launders the linen. Internal audit records and visual inspection indicate that cleaning meets infection control requirements and is of a high standard. Secure storage for chemical containers is provided. Staff are trained in the use of equipment and chemicals.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate</p>	FA	There is a current approved evacuation scheme. Evacuation plans are displayed. Fire equipment is maintained and there are sprinklers in both buildings. There is evidence that fire and evacuation training has been provided twice in the last 12 months and all staff have attended at least once. There

<p>and timely response during emergency and security situations.</p>		<p>are sufficient supplies in the event of a civil defence emergency. All staff are trained in emergencies and have a current first aid certificate. There is an alternative energy supply and an adequate supply of emergency food and water. Both houses have an emergency kit.</p> <p>All bed spaces, bathrooms and toilets have a nurse call bell. These were seen to be within easy reach of the resident. Functional checks of the call bells system are completed monthly.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>Both facilities have plenty of natural light. All bedrooms have at least one good sized window and some have doors to the garden. There are wall mounted heaters in communal areas, bedrooms and bathrooms. Observations during the audit and interview with residents and family members indicated that the internal environment is maintained at a comfortable temperature. Both sites have a small sheltered area available for residents who smoke.</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 FM is the infection control coordinator. The responsibility for infection control is clearly defined in the policies and procedures. There are clear guidelines of accountability for infection control matters leading to the senior management. The services have a clearly defined and documented infection control programme that is reviewed annually. There is a clear process for early consultation and feedback with the infection control team when significant changes are proposed to practices, products or equipment. Staff are advised of new or acute infections at the shift handover sessions and in staff meetings. Meeting minutes sighted. Management of the environment minimises the risk of infection to residents, service providers and visitors. Interviewed GPs confirmed early notification by the nursing team if there any suspected infections.</p> <p>An increase in respiratory tract infections was noted over the winter months. Effective and appropriate interventions were put in place to minimise the spread of infection. Personal protective equipment was used, affected residents were kept in their bedrooms to minimise the spread of the infection and residents and family/whanau were advised of the situation to contain the infection. Interviewed staff and residents demonstrated a good understanding of processes in place to minimise the risk of infections. Residents, staff and visitors suffering from, or exposed and susceptible to infectious diseases are prevented from exposing others while infectious. There are posters at the facility entrance to advise people of the requirements for infection control.</p> <p>Alcohol gel is provided for use when required. Infection control policies and procedures outline reporting lines and frequency, including processes for prompt notification of serious infection control related issues. On the days of the audit, staff were observed practicing infection control measures</p>

		during provision of care. There were no infection outbreaks reported since the last audit.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	The infection control team has access to expert advice through the GP, the local DHB and resources necessary to achieve the requirements of infection control. Referral forms to external infection control experts were sighted in the sampled files. Interviewed staff reported that there is adequate human, physical and information resources to implement the infection control programme and meets the needs of the service. The infection control coordinator facilitated the implementation of the infection control programme. Adequate supplies were sighted on the days of the audit. All staff receive ongoing training for infection control, training records sighted. The infection control coordinator has access to records and diagnostic results of residents to undertake surveillance.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	There are written policies and procedures for the prevention and control of infection which comply with relevant legislation and current accepted good practice. The infection control coordinator demonstrated awareness of the notification requirements for notifiable diseases when interviewed. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	Infection control education is conducted by the infection control coordinator, the RNs and some staff attend external infection control education sessions. Training records were sighted. All staff receive education on infection control at orientation and on an ongoing basis annually. The content of infection control education is documented, and a record of attendance is maintained. Records were sighted. Residents provided with education on infection control in a manner that meets their communication style. Records of the education sighted in the short- term care plans sampled.
Standard 3.5: Surveillance	FA	Infection control surveillance is carried out with agreed objectives, priorities and methods that have

<p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>been specified in the infection control programme. Surveillance is conducted on multi-resistant organisms, records were sighted. The facility manager and all staff take responsibility for surveillance activities and promote surveillance monitoring as one of the quality assurance programme impacting on residents' safety. Hand hygiene audit reports were sighted.</p> <p>Standardised definitions are used for the identifications and classification of infection events, indicators or outcomes. The 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. Monthly infection control data is collected, results and interventions are shared with staff in staff meetings monthly. Evidence of communication between services on residents who develop infection was sighted</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Restraint and enabler policies meet the requirements of this standard. The organisation has no history of any restraint use. Sensor mats are used for residents who have a history of falls. There were two residents who have requested bed guards for easier access in and out of bed. These are used voluntarily with an authority completed. A register of enablers is maintained. All staff have completed restraint and challenging behaviour competencies.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>Medication is administered by suitably qualified personnel with current medication administration competencies. All medication administered is signed for on medication signing sheets. The GPs are responsible for prescribing all medicines and review of medicines. All medication charts sampled were reviewed in a timely manner and discontinued medicines were dated and signed off. Indications of PRN (as required) medicines were not consistently documented and effectiveness is not monitored nor recorded in the progress notes. Nurses were transcribing warfarin. Appropriate corrective actions to address this was being developed prior to the end of the audit. A low risk has been allocated.</p>	<p>Not all medication requirements have been maintained. For example, one resident was receiving oxygen therapy without a prescription and there was evidence of transcribing for warfarin, indication and effectiveness of administered ‘as required’ medication is not consistently documented.</p>	<p>To ensure indications and evaluation of administered PRN medication are recorded. GP to document all medicines on prescription</p>

				chart. 60 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.