

Cheviot Rest Home Limited - Cheviot Rest Home

Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand 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: Cheviot Rest Home Limited

Premises audited: Cheviot Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 16 May 2019 End date: 16 May 2019

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: 12

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Cheviot Rest Home provides rest home level care for up to 14 residents. On the day of audit there were 12 residents. The service is managed by an experienced owner manager who has been in the role for nineteen years. She is supported by long-serving experienced care staff. The residents and relatives interviewed all spoke positively about the care and support provided.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, relatives, management, staff and the general practitioner.

There are systems, processes, policies and procedures that are structured to provide appropriate care for residents. Implementation is being supported through the organisation's quality and risk management programme. An induction and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place.

There were no areas for improvement identified at this audit.

The service is commended for achieving continuous improvement ratings around the food service.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Staff at Cheviot Rest Home ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Discussions with relatives identified that they are fully informed of changes in their family member's health status. Information about the Code and advocacy services is easily accessible to residents and relatives. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and relatives are aware of the complaints process.

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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The quality and risk programme describes Cheviot Rest Home's quality improvement processes. Progress with the quality and risk management programme has been monitored through the monthly quality/staff meetings. Data is collected on complaints, accidents, incidents, infection control and restraint use. There is a current strategic and quality plan in place for 2019. The internal audit schedule for 2019 is being completed. Resident/relative meetings are held every four months. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The service has an annual training schedule for in-service education. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

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.

All standards applicable to this service fully attained with some standards exceeded.

Cheviot Rest Home has an admission pack that includes information on the care and services provided. The owner manager is responsible for provision of care including interRAI assessments, risk assessments, development of care plans and evaluations. Resident files demonstrate service integration. Residents and relatives interviewed confirmed they were involved in the care plan process and review and were informed of any changes in resident health status. The general practitioner completes an admission visit and reviews the residents at least three-monthly.

The activity team provide an activities programme which is varied and interesting. The programme meets the abilities and recreational needs of the residents. Residents are encouraged to maintain links with community groups.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. The general practitioner reviews medications three-monthly.

The menu has been approved by a dietitian. All baking and meals are cooked on site. Individual and special dietary needs are accommodated.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building holds a current warrant of fitness. Chemicals are stored safely throughout the facility. Appropriate policies are available along with product safety charts. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is wheelchair access to all areas. External areas are safe and well maintained. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Emergency and disaster management systems are in place in the event of a fire or external disaster. There are staff on duty 24/7 with a current first aid certificate.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Cheviot Rest Home has restraint minimisation and safe practice policies and procedures in place. There were no residents requiring restraint or enablers at the time of the audit. The service is committed to maintaining a restraint free environment. Staff receive training around restraint minimisation.

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.

The infection prevention and control programme includes policies and procedures to guide staff. Infections are reported by staff and residents are monitored through the infection control surveillance programme by the infection control officer (the nurse manager). Training of staff and information to residents is delivered regularly. Infections are monitored and evaluated for trends and discussed at staff meetings.

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	1	44	0	0	0	0	0
Criteria	1	92	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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>Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and relevant legislation. An information pack is available to residents/relatives prior to admission and contains information of their rights. Discussions with four care staff; including the owner/manager confirmed their familiarity with the Code. Staff receive training on the Code, which was last completed in April 2019.</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>Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The caregivers (CG) interviewed demonstrated a good understanding in relation to informed consent and informed consent processes. Family and residents interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.</p> <p>All resident files reviewed had signed admission agreements. A multipurpose informed consent form is utilised by the service provider and is retained in each individual resident's record. Additional forms, (eg, for annual influenza vaccinations), are in the records randomly selected and reviewed. Forms are signed and dated appropriately. Resuscitation status had been signed appropriately. Advance directives were signed for separately identifying the resident's wishes for end of life care.</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>Client right to access advocacy and services is identified for residents. Advocacy leaflets are available in the service reception area. The information pack provided to residents prior to entry includes advocacy information. The information identifies who the resident can contact to access advocacy services. Staff were aware of the right for advocacy and how to access and provide advocate information to residents if needed. Residents and relatives that were interviewed were aware of their access to advocacy services.</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 and relatives confirmed that visiting could occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups. Entertainers are regularly invited to perform at the facility.</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 service has a complaints policy that describes the management of complaints process. There are complaint forms available at the service entrance. Information about complaints is provided on admission. Interviews with residents and relatives confirmed an understanding of the complaints process. A complaints' register includes written and verbal complaints, dates and actions taken. There has been one complaint made (November 2018) since the last audit. The complaint reviewed has been acknowledged and investigated. The complaint is still open as the service is awaiting a response to a recent follow-up letter. Complaints and compliments are discussed in quality/staff meetings.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The Code and advocacy pamphlets are located at the main entrance of the service. On admission, the owner/manager discusses the information pack with the resident and the family/whānau. This includes the Code, complaints and advocacy information. The service provides an open-door policy for concerns/complaints. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Five residents and three relatives interviewed identified they are informed about the Code.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p>	FA	<p>Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. There is an abuse and neglect policy in</p>

Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.		place. Staff receive training on abuse and neglect.
Standard 1.1.4: Recognition Of Māori Values And Beliefs 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.	FA	The service has guidelines for the provision of culturally safe services for Māori residents. On the day of the audit there was one resident that identified as Māori. The resident's file reviewed included Māori cultures and preferences. Staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. The service has established links with a local Whānau Ora navigator. Staff receive training on cultural awareness and Treaty of Waitangi, which was last completed in April 2018.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and relatives interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Family members reported that they feel they are consulted and kept informed and family involvement is encouraged.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on privacy and personal boundaries.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	The service meets the individualised needs of residents with needs relating to rest home level care. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, the requirement to attend orientation and ongoing in-service training. The owner/manager is responsible for coordinating the internal audit programme. Monthly quality/staff meetings and four-monthly resident's meetings are conducted. Residents and relatives interviewed spoke positively about the care and support provided.

		Staff interviewed stated that they feel supported by the owner/manager.
<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>There is a policy to guide staff on the process around open disclosure. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. Information is provided in formats suitable for the resident and their family. Residents and relatives interviewed confirmed that management and staff are approachable and available. Twelve incident forms reviewed identified family were notified following a resident incident. Relatives interviewed confirmed they are notified of any incidents/accidents. Relatives are invited to attend the four-monthly resident meeting. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau has difficulty with written or spoken English, then interpreter services are made available.</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>Cheviot Rest Home provides rest home level care for up to 14 residents. On the day of the audit, there were 12 residents including one resident on a younger person with disabilities (YPD) contract. All other residents were under the aged related residential care (ARRC) contract.</p> <p>There is a strategic and quality plan (2019) that includes philosophy, strategic goals, key objectives and strategic direction and priorities. The service goals are measured regularly through the quality/staff meetings. The service won the best South Island small aged care facility (under 40 beds) at the 2018 people choice awards. This is the third consecutive year the service has received the award.</p> <p>The service is operated and managed by an owner/manager, who is a registered nurse (RN) and has owned the facility for 19 years. She is supported by two experienced senior caregivers.</p> <p>The owner/manager has maintained eight hours annually of professional development activities related to managing a rest home.</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</p>	FA	<p>The owner/manager reported that in the event of her temporary absence two experienced caregivers fill the role with support from the district nurse from the local medical service.</p>

services to consumers.		
<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 programme describes Cheviot Rest Home's quality improvement processes. Progress with the quality and risk management programme is being monitored through the monthly quality/staff meetings. The quality/staff meeting minutes sighted evidenced there is discussion around quality data including health and safety, accident/incident, infection control, internal audits and survey results. The owner/manager is responsible for health and safety education, internal audits and clinical accident/incident investigation. The staff interviewed were aware of quality data results and any corrective actions required. Meeting minutes have been maintained and staff are expected to read the minutes. The service has a range of policies in place that are developed by an external consultant and reviewed regularly. The policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>The internal audit schedule for 2018 has been completed and 2019 is being completed as per schedule. The service has recently changed in February 2019 to an electronic audit process. Areas of non-compliance identified at audits have been actioned for improvement. There is an implemented health and safety and risk management system in place including policies to guide practice. There is a current hazard register which was last reviewed on 20 February 2019. Staff confirmed they are kept informed on health and safety matters at the quality/staff meetings and on the staff noticeboard. An annual resident and relative satisfaction survey (January 2019) has been conducted with respondents advising that they are overall satisfied with the care and service they receive. Falls prevention strategies are in place that includes the identification of interventions on a case-by-case basis to minimise future falls.</p>
<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>There is an incident reporting policy that includes definitions and outlines responsibilities. Twelve accident/incident forms were reviewed. All document timely RN review and follow-up. A neurological observation form was documented and completed for one resident fall with a potential head injury. There is documented evidence the family had been notified of any incidents. Discussions with the owner/manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications including section 31 notifications. There have been no section 31 notifications lodged since the last audit.</p>
<p>Standard 1.2.7: Human Resource Management</p>	FA	<p>There are human resources policies to support recruitment practices. Five staff files (one owner/manager and four caregivers) were reviewed. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>suitability for the role. Performance appraisals were current. A current practising certificate was sighted for the owner/manager. The owner/manager and caregiver's complete competencies relevant to their role such as medications.</p> <p>The service has an orientation programme in place to provide new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff are adequately orientated to the service. There is an annual education planner in place that covers compulsory education requirements over a two-year period. The owner/manager has completed interRAI training.</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>Cheviot Rest Home has a roster in place which provides sufficient staffing cover for the provision of care and service to residents. Staffing rosters were sighted and there is an adequate number of staff on duty to meet the resident's needs. The owner/manager who is a RN is on site during the day from Monday to Friday and is on-call 24/7. The local general practitioner (GP) also provides after hours care if required and the caregivers have access to the local ambulance service. Roster shortages or sickness are covered by casual or off duty staff.</p> <p>On the day of the audit there were 12 rest home residents. There are two caregivers on the morning (one from 7.00 am to 1.00 pm and one from 8.00 am to 3.00 pm) and afternoon (one from 1.00 pm to 10.30 pm and one from 4.30 pm to 8.30 pm) shifts and one caregiver on the night shift. Residents and relatives stated there were adequate staff available at all times. Staff interviewed stated that there was sufficient staff on duty and feel that they are supported by the owner/manager, who responds quickly to any after-hour calls.</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>The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission with the involvement of the family. Staff can describe the procedures for maintaining confidentiality of resident records and sign confidentiality statements. Files and relevant care and support information for residents is able to be referenced and retrieved in a timely manner.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services</p>	<p>FA</p>	<p>There are policies and procedures to safely guide service provision and entry to services including a comprehensive admission policy. Information gathered on admission is retained in residents' records. The relatives interviewed stated they were well informed upon admission. The service has an information</p>

<p>is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>pack available for residents/families/whānau at entry.</p> <p>The admission agreements reviewed aligns with the service's contracts for long-term and short-term care.</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>Cheviot rest home identifies, documents and minimises risks for residents during transition, exit, discharge or transfers out of the service. Transfer records to the local DHB included the diagnosis, medicines management charts, allergies, current physical abilities, nursing and medical needs. Interview with the nurse manager confirmed that follow-up contact with the other services has been made to ensure they receive the transfer documents and receive handover before the resident returns to the facility as sighted in the resident files.</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>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents self-administering on the day of audit.</p> <p>The facility uses a four-week robotic sachet system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. The registered nurse and senior medication competence caregivers administer medications. Medication competencies are updated annually, and staff attend annual education. When required, medications requiring refrigeration are stored in a container in the kitchen fridge. The fridge temperature is checked daily. Eye drops are dated once opened.</p> <p>Registered nurses use an electronic medication management system and sign for the administration of medications. Ten medication charts were reviewed. Medications have been reviewed at least three monthly by the GP. Photo ID and allergy status are recorded. 'As required' medications have indications for use charted.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>CI</p>	<p>All meals at Cheviot rest home are prepared and cooked on-site. There is a five-week winter and summer menu, which has been reviewed by a dietitian. The service has a domestic style kitchen adjacent to the dining room and meals are served directly to the residents.</p> <p>Care staff prepare and cook meals and are trained in safe food handling. Food safety procedures are adhered to. Fridge, freezer and hot and cold food temperatures are monitored, and where required, corrective actions are implemented. There is a verified food control plan in place. Staff were observed delivering meals and assisting residents with their lunchtime meals. Diets were modified as required. Resident dietary profiles and likes and dislikes were known by staff and the nurse manager informs staff</p>

		of any changes as they occur. Weights have been monitored monthly or more frequently if required or as directed by a dietitian. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Interviews with residents and family members indicated satisfaction with the food service. Resident meetings are held and there is an opportunity for resident feedback on food services.
Standard 1.3.2: Declining Referral/Entry To Services 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.	FA	Anyone declined entry is referred back to the needs assessment service or referring agency for appropriate placement and advice. Reasons for declining entry would be if there were no beds available or the service could not meet the assessed level of care.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	All files reviewed identified the residents' needs, outcomes and goals were identified via the assessment process and recorded in files sampled. The facility has processes in place to seek information from a range of sources. Four of five residents had current interRAI assessments and care plans addressed all identified needs. The resident on a younger person's disability contract did not require an interRAI assessment and had a care plan which incorporates the social needs of a younger person. Assessment forms sighted in resident files include; an acuity assessment, Braden, coombes, oral assessment, and pain assessment. In interviews, residents and family confirmed their involvement in assessments.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	In all files sampled the residents' care plans were personalised and holistic to reflect all aspects of care required. The long-term care plans reflect the assessments and the level of care required. Short-term care plans were available and used for acute changes in care. They were signed off by the RN when problems were resolved, in files sampled with a short-term care plan. In interviews, staff reported they received adequate information for continuity of residents' care. The residents had input into their care planning and review, confirmed at resident and family interviews.
Standard 1.3.6: Service	FA	The residents' care plans sampled evidenced interventions based on assessed needs and desired outcomes or goals of the residents. The GP documentation and records were current in files sampled. In

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>interviews, residents and family confirmed they and their relatives' current care and that treatment met their needs. Nursing progress notes and observations charts are maintained for all monitoring required. Weights are monitored on a monthly basis. Monitoring forms sighted included but are not limited to; vital signs, weight, fluid balance, blood sugar monitoring, and behaviours. Interviewed staff confirmed they were familiar with the current interventions of the resident they were allocated.</p> <p>Wound care assessments, plans and evaluations were sighted in resident files for healed wounds. There were no residents with a wound or pressure injuries on the day of the audit. There was adequate dressing and continence supplies available.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is delivered by two activities staff. An experienced activities coordinator with physiotherapy experience implements an exercise programme four mornings a week. The afternoon activities coordinator provides an afternoon session working between 1.15 pm to 3.15 pm Monday to Friday. Weekend activities are spontaneous and supervised by weekend caregivers. An activity plan is developed for each individual resident based on assessed needs. Residents were encouraged to join in activities that were appropriate and meaningful and to participate in community activities. Community involvement includes visits from pre-schoolers, babies and mothers' coffee groups, school children visits, and the community are invited in to provide musical entertainment. Activities provided include bingo, bowls, darts, golf and quizzes and craft. The service has access to a van that is routinely used for outings (currently unavailable awaiting repairs). Residents were observed participating in activities on the day of the audit. A monthly newsletter includes memories of past events and news about planned events.</p> <p>The activity plans were reviewed at the same time as the care plans in resident files sampled. Residents and the relative interviewed expressed satisfaction with activities offered. Resident meetings are held regularly, and individual feedback is evidenced in the meetings.</p> <p>The YPD resident has a documented activities plan that includes community and one-on-one activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The residents' files evidenced the residents' care plans were up-to-date and reviewed six monthly. The review of resident long-term care plans and evaluation of goals form is completed on a six-month basis.</p> <p>This records progression towards achieving resident goals, in partnership with the resident and relatives (if appropriate), information is gained from all team members involved in resident care including the caregivers, DT, dietitian, podiatrist etc. Interviews with residents and families confirmed their participation in care plan evaluations.</p> <p>The residents' progress records were entered on each shift in each file sampled. When resident's</p>

		progress was different than expected, the registered nurse (RN) contacts the GP, as required. Short-term care plans were in the residents' files and have been reviewed and resolved.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	Referral to other services is discussed with the GP. The service facilitates access to other medical and non-medical services. Residents are given a choice regarding the options they have when they want to access other health services, confirmed at the resident and relative interviews. Referral documentation is maintained on residents' files. Resident files reviewed showed evidence of residents accessing other health services and specialist services from the local DHB.
<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>	FA	<p>Documented processes for the management of waste and hazardous substances are in place. All chemicals were labelled with manufacturer labels. There is a designated area for storage of cleaning/laundry chemicals, and they are stored securely. Material safety datasheets and product user charts are available and accessible for staff. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>There was provision and availability of protective clothing and equipment that was appropriate to the recognised risks and used by staff. Interviews with caregivers confirmed management of waste and chemicals, infection control policies and specific tasks/duties for which protective equipment is to be worn.</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>A current building warrant of fitness is displayed and expires on 1 July 2019. There is reactive and preventative maintenance in place. There is a current test and tag programme of electrical equipment and current calibration of clinical/medical equipment. Interviews with staff and observation of the facility confirmed there was adequate equipment. Hot water temperature monitoring has been recorded daily and temperatures are all within range.</p> <p>There are outside areas where residents can sit with outside seating and shade provided.</p> <p>Floor surfaces are appropriate, the corridor allows residents to pass each other safely and there is enough space to allow the safe use of mobility equipment.</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>There are sufficient numbers of toilets and bathrooms for the number of residents in the rest home. All bathrooms and toilets are maintained to a good standard and disability accessible, with easy to clean walls and floors. Hot water temperatures are monitored monthly.</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>There is adequate personal space provided in all bedrooms to allow residents and staff to move around within the room safely. Residents interviewed all spoke positively about their rooms. Rooms are personalised. Hallways and communal areas allow residents to move around freely with mobility aids.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There is one centrally located homely lounge area with an adjoining dining area. The activities are held in the lounge. Appropriate comfortable seating is provided. All areas are easily accessible for residents. Residents interviewed confirmed they use their rooms or external areas if they want privacy or quiet time.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing is laundered on site. There are sufficient caregiver staff allocated seven days a week to carry out these services. The service conducts regular reviews and internal audits of cleaning and laundry services to ensure these are safe and effective. Cleaning trolleys are stored safely when not in use. Residents and relatives interviewed were satisfied with the laundry service and cleanliness of the communal areas and their bedrooms.</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>	FA	<p>There are emergency and disaster management plans in place to ensure health, civil defence and other emergencies are included. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Six-monthly fire evacuation practice documentation was sighted, with the last fire evacuation drill occurring in November 2018. Fire training and security situations are part of orientation of new staff and include competency assessments. There are civil defence and first aid kits available. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including sufficient food, water and blankets.</p> <p>There is a gas barbecue (BBQ) and free-standing fire for cooking facilities. Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. Staff are responsible for checking the facility for security purposes on the afternoon and night shifts. The police would be summoned if/when required. The call system is appropriate for the size of the facility and call bells are accessible in the rooms, lounge and dining areas. Residents were observed to have their call bells in close proximity.</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>	FA	<p>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. The maintenance person interviewed ensures the heating systems are running smoothly and that appropriate checks are performed. There is access to an outdoor garden area with seating and shade umbrellas.</p> <p>The residents and family interviewed confirmed the internal temperatures and ventilation are comfortable during the summer and winter months.</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>	FA	<p>Cheviot Rest Home has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The nurse manager is the designated infection control person with support from all staff. Infection control matters are discussed at all staff meetings and management meetings. Education has been provided for staff. The infection control programme has been reviewed annually.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents and staff are offered the influenza vaccine. There have been no outbreaks.</p>
<p>Standard 3.2: Implementing the infection control programme</p>	FA	<p>The infection control officer has attended infection control and prevention education provided by an aged care educator. There is access to infection control expertise within the DHB, wound nurse specialist,</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>public health, laboratory, GPs and external infection control consultant. The GP monitors the use of antibiotics.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies have been developed and reviewed annually by an aged care consultant.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control officer is responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Staff complete hand hygiene competencies.</p> <p>Resident education is expected to occur as part of providing daily cares.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Systems in place are appropriate to the size and complexity of the facility. There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided. The surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements. Trends are identified, and quality initiatives are discussed at staff meetings (minutes sighted). Benchmarking occurs against similar facilities through a contracted service.</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>Cheviot Rest Home has restraint minimisation and safe practice policies and procedures in place. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. There were no residents requiring restraint or enablers at the time of the audit. The service is committed to maintaining a restraint free environment. Staff receive training around restraint minimisation, which was last completed in October 2018.</p>
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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.

No data to display

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	CI	<p>Cheviot Rest Home introduced foods from other countries in conjunction with theme days. The aim was to introduce other foods and textures and ultimately improve resident meal satisfaction</p>	<p>In February 2018, following a food survey, Cheviot Rest Home staff identified an opportunity to improve the food service by introducing a wider range of foods. While everyone was happy overall there were requests for more variety. It was decided to introduce new food flavours and textures by having a themed event once a month “Food from other countries” incorporating activities from that country on the same day. Chinese New Year was celebrated with traditional foods and decorating the lounge and dining room. Staff who had visited China spoke of their trips sharing photos customs and cultures. Subsequent events have included St Patricks day and event days celebrating France, India, USA, Italy, Japan and Bali. Menu boards advertised the country, related activities and the menu. Residents have been involved with craft and decorating the lounge and dining room and enjoy the discussions about the country of the day.</p> <p>Residents were asked for feedback at regular meetings and were very positive with requests to add some dishes to the permanent menu. Meeting minutes record the positive resident feedback and requests to continue with the initiative. On interview, residents were positive and enjoyed the variety of foods from different countries.</p>

End of the report.