

CHT Healthcare Trust - CHT Acacia

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:	CHT Healthcare Trust
Premises audited:	CHT Acacia
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 2 July 2019 End date: 3 July 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:	44

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

CHT Acacia Park is part of the CHT group of facilities. The service cares for up to 48 residents requiring hospital and rest home level care. On the day of the audit, there were 44 residents. A unit manager, who is well qualified and experienced for the role oversees the service and is supported by a clinical coordinator and the area manager. Residents, relatives and the GP interviewed spoke positively about the service 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 resident and staff files, observations, and interviews with family, management, staff and the general practitioner.

This audit did not identify any areas for improvement.

The service has been awarded a continued improvement rating around the meal 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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Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Service Consumers' Rights (the Code) is evident in the entrance and on noticeboards.

Policies are implemented to support rights such as: privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care planning accommodates individual choices of residents and/or their family/whānau.

Family stated they are kept well informed on their relative's health status. Residents are encouraged to maintain links with the community. Complaints processes are implemented, and complaints and concerns are managed appropriately.

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 a business plan with goals for the service that has been regularly reviewed. CHT Acacia Park has a fully implemented, robust quality and risk system in place. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys. Incidents are appropriately managed. Residents/family meetings have been held regularly. Health and safety policies, systems and processes are implemented to manage risk.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has a training programme that provides staff with relevant information for safe work practices. All

employees have an annual staff appraisal completed. 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.
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An admission package with information on the services provided at CHT Acacia Park is available prior to or on entry to the service. Registered nurses assess, plan and review residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals. There is a three-monthly general practitioner (GP) review.

The residents' activities programme provides diversional therapy activities, and these are varied and include one-to-one and group activities, community involvement and outings.

Medication policies reflect legislative requirements and guidelines. Staff responsible for administration of medicines complete annual education and medication competencies. All medication charts have photo identification, allergy status and evidence of three-monthly reviews noted.

All meals are prepared on site. There is a Food Control Plan in place. The rotating seasonal menu has been reviewed by a dietitian. Individual and special dietary needs and residents' dislikes are catered for and alternative options are made available for residents.

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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Acacia Park has a current building warrant of fitness. All rooms have access to a toilet and some rooms have an ensuite. One room is currently being shared by a couple. There is adequate room for the safe delivery of hospital and rest home level of care within the resident's rooms. Residents can freely access communal areas using mobility aids. There are communal dining areas, craft and recreational areas, and several lounges and seating areas. Outdoor areas and the internal courtyards are safe and accessible for the residents. There is wheelchair access to all areas.

Housekeeping staff maintain a clean and tidy environment. All laundry is completed by a contractor off site. Chemicals were stored safely throughout the facility. Appropriate policies are available along with product safety charts.

There are emergency policies and procedures in place to guide staff should an emergency or civil defence event occur. Appropriate training, information and equipment for responding to emergencies are provided. A van is available for transportation of residents.

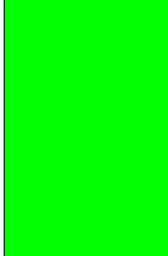
Restraint minimisation and safe practice

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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Restraint policy and procedures are in place. The definitions of restraints and enablers are congruent with the definitions in the restraint minimisation standard. The service had one resident using an enabler and three residents using restraints. The restraint

coordinator/registered nurse (RN) maintains a register. Residents using restraints are reviewed a minimum of six-monthly. Staff regularly receive education and training on restraint minimisation and managing challenging behaviours.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (RN) is responsible for coordinating education and training for staff. The infection control coordinator has completed annual external training. There is a suite of infection control policies and guidelines to support practice. The infection control coordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility.

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	49	0	0	0	0	0
Criteria	1	100	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>There are policies and procedures in place around resident rights. Four residents (three rest home and one hospital level of care) and four relatives (all hospital level of care) interviewed, confirmed that information has been provided around the code of rights. Residents stated that their rights are respected when receiving services and care. Discussion with five healthcare assistants, two registered nurses (RN), an activities coordinator, one clinical coordinator, one unit manager and one area manager identified that they are aware of The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) and could describe the key principles of residents' rights when delivering care.</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</p>	FA	<p>Residents and their families are provided with all relevant information on admission. Informed consent policies/procedures and resuscitation are in place. General consents and specific consents where applicable were obtained on admission and updated as required. These were sighted in the seven residents' files reviewed (four hospital and three rest home files). Resuscitation plans were appropriately signed. Copies of enduring power of attorney (EPOA) for care and welfare were in resident files for residents deemed incompetent to make decisions.</p> <p>Residents, and their family/whānau (where appropriate), are provided with appropriate information to make informed choices and decisions. Discussions with staff confirmed consent is obtained when</p>

informed consent.		delivering care. A signed admission agreement was in place for each of the files reviewed. Discussions with family/whānau confirmed that the service actively involves them in decisions that affect their relative's lives.
<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 and families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Resident advocates are identified during the admission process. Pamphlets on advocacy services are available at the entrance.</p> <p>Interviews with the residents and relatives confirmed their understanding of the availability of advocacy services. Staff receive education and training on the role of 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>The service has an open visiting policy and family/whānau and friends are encouraged to visit the home and are not restricted to visiting times. All residents interviewed confirmed that family and friends are able to visit at any time and visitors were observed attending the home. Residents and relatives verified that they have been supported and encouraged to remain involved in the community.</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>There is a complaints policy/procedure in place and the complaints process is provided to residents and relatives on entry to the service, complaints forms are available to residents and relatives. A record of all complaints is maintained on the on-line complaint register. The facility manager manages complaints.</p> <p>Concerns/complaints are discussed at the monthly quality meetings and at staff and clinical meetings as sighted in the meeting minutes. Complaints forms are visible. Verbal concerns raised at resident meetings and in surveys have been managed appropriately and outcomes communicated to the residents. Staff interviewed were able to describe the process around reporting complaints.</p> <p>There is a complaint register that is held by the manager. Nine complaints have been lodged since the previous audit. Three complaints were lodged in 2018 and six in 2019 year to date. The complaints/concerns have been managed in line with Right 10 of the Code. A review of complaints documentation evidenced resolution of the complaints to the satisfaction of the complainants. Two complaints were lodged with the DHB. The first DHB complaint has been fully investigated and a closing meeting was being held with the DHB on the day of audit. At a later stage the family lodged the same complaint with the Health and Disability Commission (HDC). The coroner was also involved at the family's request. The service complied with all requests for information within required timeframes</p>

		<p>and is awaiting further outcomes. A second complaint lodged with the DHB was reviewed by DHB representatives and no concerns were identified. This has been closed.</p> <p>Discussions with residents and family confirmed that any issues are addressed, and they feel comfortable to bring up any concerns. One family member who had raised a complaint was very complimentary about the services quick and thorough response. Discussion around concerns, complaints and compliments are evident in facility meeting minutes.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The service has information available on The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) at the main entrance to the facility. The Code is also displayed in the resident areas. There is a welcome information folder that includes information about the Code. The resident, family or legal representative has the opportunity to discuss this prior to entry and/or at admission with the clinical coordinator or unit manager. Residents and relatives stated they receive sufficient verbal and written information to be able to make informed choices on matters that affect them.</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>	FA	<p>The service provides physical and personal privacy for residents. During the audit, staff were observed treating residents with respect and ensuring their dignity is maintained. Staff are able to describe how they maintain resident privacy, including knocking on the resident's doors before entering, as observed on the day of audit. Education around privacy and dignity, prevention of abuse and neglect in-service is provided as part of the education plan. Residents' cultural, social, religious and spiritual beliefs are identified on admission and included in the resident's care plan/activity plan.</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>There are cultural awareness policies and a Māori health plan to guide staff in the delivery of culturally safe care. There was one resident who identified as Māori on the day of audit. Cultural and spiritual practice is supported, and identified needs are incorporated into the care planning process. Discussions with staff confirmed that they are aware of the need to respond to cultural differences.</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>The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Care plans are reviewed at least six monthly to ensure the resident's individual culture, values and beliefs are being met. Staff recognise and respond to values, beliefs and cultural differences. Residents are supported to maintain their spiritual needs with regular church services held on site.</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>The staff employment process meets best practice with regard to recruitment, including reference checks and police vetting. Professional boundaries are defined in job descriptions. Staff sign a code of conduct declaration when commencing employment. Staff were observed to be professional within the culture of a family environment. Caregivers interviewed were able to describe how they recognise and report any suspected abuse and the service's zero tolerance policy. Residents interviewed stated that they are treated fairly and with respect.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service has policies to guide practice that align with the health and disability services standards. Staffing policies cover pre-employment processes and the new employee's requirement to attend orientation and ongoing in-service training. The area manager is responsible for completing the six-monthly internal audit programme. Monthly quality and staff meetings and bimonthly residents' meetings are conducted. Recently, a resident focus group has been organised. This group meets monthly to address specific areas of concern identified by the residents.</p> <p>There is a regular in-service education and training programme for staff that includes a mix of online education and inhouse in-service training. Staff interviewed stated that they feel supported by the unit manager and clinical coordinator and that they work together well as a team.</p> <p>Evidence-based practice is evident, promoting and encouraging good practice. A GP visits the facility weekly. The service receives support from the local district health board (DHB). Physiotherapy services are available for four hours per week. They complete assessments on all new residents and if a resident has had a fall. A podiatrist visits every six to eight weeks.</p> <p>The service has links with the local community and encourages residents to remain independent. Residents and relatives interviewed spoke positively about the care and support provided.</p>
<p>Standard 1.1.9: Communication</p>	FA	<p>Management promote an open-door policy. Relatives/residents are aware of the open-door policy and</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>confirmed on interview that the staff and management are approachable and available. Residents/relatives have the opportunity to feedback on service delivery through resident meetings and monthly customer surveys. The resident meetings are bi-monthly and there is also a resident's focus group, currently focusing on improving resident satisfaction and communication. Residents and relatives receive newsletters which have recently been increased to provide regular updates in the new build process.</p> <p>Accident/incident forms reviewed document that relatives have been notified of the incident. Relatives interviewed stated they are notified promptly of any changes to resident's health status.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they have to pay for that is not covered by the agreement. An interpreter service is available if required.</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>	<p>FA</p>	<p>Acacia is part of the CHT group of facilities following purchase in September 2015. The service provides rest home and hospital level care for up to 48 residents. On the day of the audit, there were 44 residents in total, 24 rest home level and 20 hospital level. This includes two rest home level care residents on respite and one rest home resident on a long-term chronic health contract (LTS-CHC). All rooms are dual-purpose. Construction of stage one of a new replacement building has commenced</p> <p>CHT has a documented philosophy of care, mission statement and overall business/strategic plan. The unit manager's performance plan identifies business goals for the current year. These goals are regularly reviewed and signed off when achieved.</p> <p>The unit manager is a registered nurse who maintains an annual practicing certificate. She has been in a management role at this facility for the past three years and has extensive experience working in aged care for the past 18 years. The unit manager reports to an area manager on a regular basis (minimum of monthly). The unit manager and clinical coordinator have completed at least eight hours of professional development.</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</p>	<p>FA</p>	<p>During the temporary absence of the facility manager the clinical coordinator will provide management oversight of the facility with the support of the area manager.</p>

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>CHT Acacia has a well-established and comprehensive quality and risk programme. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Staff (five healthcare assistants, two registered nurses, one activities coordinator, one maintenance and the clinical coordinator) confirmed they were made aware of policies during their induction to the service.</p> <p>The service has established monthly quality meetings. These document staff discussions around accident/incident data, health and safety, infection control, and complaints. The service collates accident/incident and infection control data. Monthly comparisons are benchmarked against other CHT facilities and include trend analysis and graphs.</p> <p>Additional meetings include: two monthly resident/family meetings for which a focus group has been commenced to review resident satisfaction and communication. A registered nurse meeting meets two to three monthly. Full staff meetings have changed recently and are scheduled monthly.</p> <p>There is a robust internal audit programme that covers all aspects of the service and aligns with the requirements of the Health and Disability Services (Safety) Act 2001. A six-monthly comprehensive internal audit against the Health and Disability Standards has been completed by the area manager. Other audits including infection control, restraint and medication are also completed as per the internal audit schedule. Areas of non-compliance identified are actioned for improvement.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. The manager is responsible for health and safety. There is a current hazard register. Staff confirmed they are kept informed on health and safety matters at meetings. The service is currently undertaking a complete rebuild of the existing facility. CHT management have a documented project plan for the development which includes implementing processes to ensure the safety and wellbeing of the residents, staff and visitors. Residents are supported with regular resident and family meetings, newsletters and individual updates.</p> <p>Falls management strategies include assessments after falls and individualised strategies. The service has detailed emergency plans covering all types of emergency situations and staff receive ongoing training around this.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or</p>	FA	<p>The service collects incident and accident data on forms, which are collated monthly and are discussed at the staff meetings, quality and health and safety meetings.</p> <p>Ten incident forms were reviewed. All incident forms identified a timely RN assessment of the resident</p>

<p>untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>and corrective actions to minimise resident risk. Neurological observations had been completed for unwitnessed falls and any known head injury. The next of kin had been notified for all required incidents/accidents. The healthcare assistants interviewed could discuss the incident reporting process. The clinical coordinator collects incident forms, investigates and reviews and implements corrective actions as required.</p> <p>The facility manager interviewed could describe situations that would require reporting to relevant authorities. There have been reports to the Ministry of Health regarding a stage three pressure injury and a trespass order. Police have been involved in the issuing and ongoing support of a trespass order. Public health and the Ministry of Health were notified of a gastroenteritis outbreak.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. This includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. The register of RNs practising certificates and allied health professionals is current. Six staff files were reviewed (one clinical coordinator, two RNs, an activities coordinator and two HCAs). All files contained relevant employment documentation including reference checks and orientations. Annual staff appraisals were evident in all staff files reviewed.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The in-service education programme for 2018 has been completed and a plan for 2019 is being implemented. In addition to the scheduled education programme staff have access to online education. The unit manager, clinical coordinator and registered nurses are able to attend external training, including sessions provided by the local DHB. Six registered nurses (including the clinical coordinator and unit manager) have 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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The unit manager and clinical coordinator are on duty during the day Monday to Friday. Both share the on-call requirement for clinical concerns.</p> <p>The RN cover is provided for an RN for each shift, seven days a week.</p> <p>Healthcare assistants are staffed as one group and are responsible for 24 rest home residents and 20 hospital level care residents.</p> <p>On morning shift there are six HCAs rostered for the am (four full shift and two short shifts). On afternoon shift there are four HCAs (three full shift and one short). There are two HCAs rostered on</p>

		<p>night shift.</p> <p>Residents and relatives stated there are adequate staff on duty at all times. Staff stated they feel supported by the management team who respond quickly to after hours 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>	FA	<p>There are resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and resident register. Resident clinical and allied health records are integrated. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. All entries in the progress notes are legible, dated and signed with the designation.</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>	FA	<p>A needs assessment is completed for potential residents prior to entry to Acacia Park. The service has an admission policy, admission agreement and a resident information pack available for residents/families/whānau at entry. The information pack includes all relevant aspects of the service. Seven Acacia Park admission agreements viewed were signed. Admission agreements in the files reviewed align with contractual requirements. Exclusions from the service are included in the admission agreement. The clinical coordinator and registered nurses (RNs) described the entry and admission process.</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>	FA	<p>A transfer document, summary care plan and medication profile are generated when residents are transferring to hospital. All relevant information is documented and communicated to the receiving health provider or service. Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</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</p>	FA	<p>There are policies and procedures in place for safe medicine management including medication administration and monitoring of self-medicating resident. Policy and procedures meet legislative requirements. The facility has one medication room. The medication trolleys are kept in locked rooms. Controlled drugs are stored in a locked safe in the medication room.</p> <p>Registered nurses and medication competent carers administer medications from sachets on medication rounds. These staff have been assessed for competency on an annual basis and attend</p>

<p>guidelines.</p>		<p>annual medication education. Registered nurses attend syringe driver education. All medication is checked on delivery against the electronic medication chart. All medications were securely and appropriately stored. There was one respite resident self-medicating with a Ventolin inhaler only on the day of audit. The registered nurse discussed competencies and safe storage of medication for residents who self-medicate. The medication fridge is maintained within the acceptable temperature range. All eye drops, and ointments were dated on opening.</p> <p>Fifteen medication charts reviewed met legislative requirements; all charts had photo identification and allergies/adverse reactions noted, and 'as required' medications prescribed correctly with indications for use. Medications had been signed as administered in line with medication charts. The medication charts included three monthly GP reviews. Appropriate practice was demonstrated on the witnessed medication around.</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 are prepared and cooked on site at Acacia Park. The Food Control Plan expires on 7 April 2020. The cook is responsible for the operations of food services. The kitchen team includes three cooks and kitchenhands. There is a four weekly rotating menu that is reviewed by the contracting company's dietitian. A food services policies and procedures manual is in place.</p> <p>All residents have their dietary requirements/food and fluid preferences recorded on admission and updated as required. The cook maintains a folder of resident's dietary requirements that includes likes/dislikes. Alternative choices are offered. The cook is informed of dietary changes and any residents with weight loss. Dietary needs are met including normal, pureed meals and finger foods. Specialised lip plates are available as required.</p> <p>Input from residents on a one-to-one basis provide resident feedback on the meals and food services. In addition, the cook stated that she observes waste as this is an indicator of meal satisfaction. Residents and relatives interviewed confirmed likes/dislikes are accommodated and alternative choices offered.</p> <p>Daily hot food temperatures are taken and recorded for each meal. Hot boxes are used to deliver food to residents' rooms and the meals served to residents in the dining room are kept in a bain marie. Fridge and freezer temperatures are recorded. Dry foods in the pantry are dated and sealed. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen includes a dishwashing area, preparation, cooking, baking and storage areas.</p> <p>The chemicals are stored safely. The chemical supplier completes quality control checks on the sanitiser. Safety data sheets are available, and training provided as required. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons and gloves.</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>If entry is declined, the management staff at Acacia Park communicate directly with the referring agencies and potential resident or family/whānau as appropriate. The reason for declining entry to the service would be if there were no beds available or the service could not meet the assessed level of care.</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>There was evidence in files sampled that the registered nurse completes an initial admission assessment within 24 hours which includes relevant risk assessment tools for all residents. Risk assessment tools included but were not limited to nutritional assessments, pain assessments, depression scales; dementia scales; falls risk assessment; and pressure injury assessments. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident/relative and significant others.</p> <p>Of the seven files reviewed two residents (not under the ARC) did not require interRAI assessments. One resident was a respite resident. One resident was on a long-term chronic health condition contract and did have an interRAI completed. Six long-term residents under the ARC had interRAI assessments completed. Additional assessments for management of wound care were appropriately completed according to need. The long-term care plans reflected the outcome of the assessments.</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>The registered nurse develops the long-term support plan using the interRAI assessment and information gathered over the first three weeks of admission. The resident support plan has categories of care that include activities of daily living, hygiene and grooming, skin and pressure area care, mobility, nutrition and fluids, communication, memory, behaviour, and medical (includes medication and pain management). All residents had their personal story outlined in their lifestyle questionnaire.</p> <p>The support plans sampled reflected the outcomes of risk assessments and were individualised to the resident's needs. Interventions described the care and support required. Each resident file sampled had risks detailed (such as high falls risk) and the resident's medical problems and alerts. There was documented evidence of resident/relative/whānau involvement in the support planning process.</p> <p>Short-term care plans are used to document any changes in health needs with interventions, management and evaluations. Short-term care plans sighted included management of wounds and behaviour management. There was evidence that short-term care plans sampled had been evaluated at regular intervals and integrated into the long-term care plan if there was an ongoing problem.</p>

		Medical GP notes and allied health professional progress notes are evident in the residents integrated files sampled.
<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>	FA	<p>A medical problem list provides a summary of medical problems. A mobility chart summary provides a visual summary of mobility assistance requirements. The registered nurse initiates a review when there is a change in the resident's condition and arranges a GP or nurse specialist visit if required. There is evidence of three-monthly medical reviews, or the GP will visit earlier if there is a change in health status. Residents and relatives interviewed confirmed care delivery and support by staff is consistent with their expectations. Families confirmed they were kept informed of any changes to resident's health status. Resident files sampled recorded communication with family.</p> <p>Staff reported there are adequate continence supplies and dressing supplies. On the day of the audit supplies of these products were sighted.</p> <p>There were five wounds and one pressure injury being treated on the day of the audit. One resident had two wounds. The pressure injury was a stage one pressure injury. Wound assessments had been completed for all wounds. There was evidence of GP involvement for one of the wounds. Pressure injury prevention interventions were documented in the care plans for residents identified at risk of pressure injury.</p> <p>Behaviour management plans are developed with multi-disciplinary input and describe types of behaviour, possible triggers and interventions. The GP initiates any specialist referrals to the mental health services.</p> <p>Resident care plans (short-term and long-term) document appropriate interventions to manage clinical risk such as poor mobility, falls, skin integrity and nutrition. Registered nurses interviewed confirmed they update HCAs of any changes in resident's care or treatment during handover sessions.</p> <p>Monitoring charts such as weight, blood pressure and pulse, fluid balance charts, food and fluid intake charts, blood sugar level monitoring and behaviour monitoring charts are in use.</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</p>	FA	<p>The service employs two activities coordinators. The activities coordinators have qualifications as healthcare assistants and one of the activities coordinators is reviewing opportunities for developing skills in diversional therapy. One activity coordinator has been in the role for three weeks; and the other activity coordinator had been in the role for six to nine months. The activities coordinators provide activities for residents within the facility and accompany them on community outings.</p> <p>The activities programme is displayed on a weekly A4 calendar with large font and illustrations. The</p>

<p>service.</p>		<p>activities programme includes entertainers from the community, games, art and crafts, indoor bowls, quoits, scrabble, quizzes, movie time, bingo and floral arts. A bus hire company takes ten residents and an activities coordinator on bus outings and also takes residents on shopping trips. Kindergarten children visit the residents on a regular basis. A Baptist meeting is held for residents.</p> <p>The activity team do lifestyle assessments with residents on admission. There was evidence of attendance records, reviews and evaluations of activity plans in the resident files sampled. The activity team provides one-to-one time with some residents who do not participate in group activities. The activities coordinator advised that she is planning fishing activities for one of the younger residents.</p> <p>Residents and their families provide feedback on the activities programme. The residents and relatives interviewed commented positively on activities offered.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Two of the seven residents' files sampled had been in the facility for longer than six months. There was evidence in these files of six-monthly evaluations of the support plan. The resident/family interviewed advised that they are involved in review of the care plan. The long-term support plans reviewed evidenced that goals were reviewed, and the support plan was amended with each review if changes were identified. Short-term care plans reviewed were evaluated regularly with problems resolved or they were integrated into the long-term support plan if there was an ongoing problem.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Referrals to other health and disability services was evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. A yellow envelope with transfer documentation includes a summary care plan and medication profile when residents are transferring to hospital. There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and their families are kept informed of the referrals made by the service. The registered nurses interviewed described the referral process to medical and non-medical services.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm</p>	<p>FA</p>	<p>The service has policies and procedures for the disposal of waste and hazardous material. There is an incident system for investigating, recording and reporting all incidents. The chemicals supplies are kept in locked cupboards in service areas. A chemical spills kit is available. The contracted supplier provides the chemicals, safety data sheets, wall product charts and chemical safety training as required. Approved containers are used for the safe disposal of sharps. Personal protective equipment</p>

<p>as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>(gloves, aprons, goggles) are readily available to 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 building holds a current building warrant of fitness which expires 12 May 2020.</p> <p>The maintenance team comprises three maintenance personnel. One maintenance person attends the site from 8.00 am to 4.00 pm five days per week and they are available on call for emergencies. The maintenance person carries out minor repairs and maintenance, reactive and preventative maintenance. There is an annual maintenance plan, with monthly checks, which include hot water temperatures, maintenance of resident equipment and safety checks. Electrical equipment has been tested and tagged. Clinical equipment is calibrated annually. Essential contractors are available after hours.</p> <p>The corridors are wide and promote safe mobility for the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There are outdoor areas with seating and shade. There is wheelchair access to all areas.</p> <p>The facility has a vehicle available for transportation of residents with a current warrant of fitness and registration. Those staff transporting residents hold a current first aid certificate.</p> <p>The HCAs and registered nurses stated they have enough equipment to safely deliver the cares as outlined in the resident care plans. There are adequate storage areas for hoist, wheelchairs, products and other equipment.</p> <p>There is a designated external smoking area.</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>	<p>FA</p>	<p>All resident rooms have shared access to a toilet and hand basin and 12 rooms have a their own ensuite. There are adequate communal toilets. The ensuites have appropriate flooring and handrails. There are vacant/occupied signs and privacy locks. Call bells are available in all toilet/shower areas.</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>All resident rooms in the facility are of an adequate size for rest home or hospital level of care. The bedrooms allow for the resident to move about the room independently or with the use of mobility aids. The bedrooms are spacious enough to manoeuvre hoists and hospital level lounge chairs. Residents and their families are encouraged to personalise the bedrooms as viewed. Residents interviewed confirmed their bedrooms are sufficiently spacious and they can personalise them as desired.</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>The facility has a dining area and two lounge rooms. Seating is placed to allow for groups and individuals to relax or take part in activities. Residents were observed safely moving between the communal areas with the use of their mobility aids. There is adequate space within the hospital communal areas for manoeuvre of specialised lounge chairs. Activities take place in the communal lounges.</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>Personal clothing and laundry are taken off site and laundered by a contracting company. When the laundry is returned to site the caregivers sort the personal clothing and take it to the residents' rooms. There is a defined clean and dirty area of the laundry and an entry and exit door. The laundry area is well equipped. Personal protective clothing is available including gloves, aprons and face masks. Adequate linen supplies were sighted.</p> <p>Cleaners are available seven days per week. Monday to Friday a cleaner works seven and a half hours per day and in the weekend the cleaner works five hours per day. Cleaners clean communal living areas, toilets and resident rooms. The cleaners' room containing chemicals is locked. Cleaners' trolleys are well equipped and kept in locked areas when not in use. All chemicals have manufacturer labels. Cleaning staff were observed to have appropriate personal protective equipment available. The environment on the day of audit was clean and tidy. There is a daily and monthly room clean schedule. The cleaning staff have completed chemical safety training.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response</p>	FA	<p>There is a comprehensive emergency and disaster manual and flip charts in all areas to guide staff in managing emergencies and disasters. There is a staff member with a first aid certificate on duty at all times. The facility has an approved fire evacuation plan which includes a new assembly point established due to the rebuilding of the facility. Fire drills are completed six monthly and included in the orientation programme. Smoke alarms, sprinkler system and exit signs are in place. A gas barbecue and torches are available in the event of a power failure. Emergency lighting is in place. A civil</p>

<p>during emergency and security situations.</p>		<p>defence bin is well stocked and checked at regular intervals. Supplies of stored water is in tanks. The service has a close association with the Omokoroa volunteer fire brigade and first response unit. Electronic call-bells are evident in resident's rooms, lounge areas and toilets/bathrooms. A new resident call system will be implemented with the opening of the new building.</p> <p>The security policies are being implemented around locking of the facility from dusk to dawn.</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>All resident rooms and communal rooms have external windows allowing adequate natural light. Windows can be opened safely to allow adequate ventilation. The facility is heated and kept at a comfortable temperature. Residents and relatives interviewed confirmed the environment and the bedrooms are warm and comfortable.</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>The infection control coordinator is the clinical coordinator (RN) and has completed an infection control course. The infection control coordinator oversees infection control for the facility and is responsible for the collation of infection events. The infection control coordinator has a defined job description. Infection events are collated monthly and reported to combined quality, infection control and health and safety monthly.</p> <p>The IC programme has been reviewed annually.</p> <p>The infection control programme and is linked to the quality system.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator has attended external infection control and prevention control education. The combined infection control/health and safety committee form part of the quality risk group. The group meets monthly and discuss infection control events and quality data as evidenced in meeting minutes.</p> <p>The infection control coordinator has access to GPs, local laboratory, Bug Control, the infection control nurse specialist at the DHB and public health departments at the local DHB for advice and an external infection control consultant specialist.</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>	FA	<p>The infection control policies include a comprehensive range of standards and guidelines, including defining roles and responsibilities for the prevention of infection, training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping, incorporate the principles of infection control. The policies are reviewed regularly by the CHT senior management team.</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>	FA	<p>The infection control coordinator 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. Resident education is expected to occur as part of providing daily cares as appropriate.</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>	FA	<p>The infection control coordinator/RN oversees infection surveillance for the service. Surveillance is an integral part of the infection control programme and is described in CHTs infection control manual. Monthly infection data is collected for all infections based on standard definitions as described in the surveillance policy. The infection control coordinator (RN) uses the information obtained through surveillance to determine infection control activities, resources and education needs. Internal infection control audits also assist the service in evaluating infection control needs. Infection control data is monitored and evaluated monthly and annually. Trends and analysis of infection events, outcomes and actions are discussed at the combined quality/health and safety and infection control and clinical and staff meetings. Results from laboratory tests are available monthly. There have been three outbreaks in quick succession in August and September 2018. The outbreaks were appropriately managed and included comprehensive handouts for all staff</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use</p>	FA	<p>There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. On the day of the audit there were three with restraints in use (lap belts) and one resident with a lap belt as an enabler.</p>

of restraint is actively minimised.		The resident file was reviewed for enabler use and identified the resident had given voluntary consent.
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	A registered nurse is the restraint coordinator with a defined job description. Restraint discussion and quality data around restraint and enabler use is included in the quality/risk meetings and clinical meetings. Care staff receive education on safe restraint use at orientation and annually. There is ongoing education including challenging behaviours.
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	A restraint assessment tool is completed for residents requiring an approved restraint for safety. The RN in partnership with the restraint coordinator, the resident and their family/whānau undertakes assessments. Ongoing consultation with the resident and family/whānau are evident. A restraint assessment form had been completed for three resident files reviewed requiring restraint (sighted). Assessments identify risks related to the use of restraint and the specific interventions or strategies to try (as appropriate) before implementing restraint.
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service. Monitoring and observation is included in the restraint policy. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Each episode of restraint is monitored at pre-determined intervals, depending on individual risk to that resident.</p> <p>Restraint use is recorded in the care plan and risks and cares to be carried out during the restraint episode are well documented. Individual restraint monitoring charts evidence that checks and cares have been carried out according to the documented frequency described in the monitoring tool. There is an up-to-date restraint register.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of</p>	FA	The restraint evaluations occur six monthly as part of the ongoing review for residents on the restraint register, and as part of their care plan review. Families (where possible) and the GP and RNs are

restraint.		included as part of this review.
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>Restraint usage is monitored regularly. The review of restraint use is discussed at the quality risk meetings and relevant facility meetings. There are annual CHT restraint coordinator meetings which includes but is not limited to discussion on minimisation, approval process, risks, monitoring and staff education. The facility is proactive in minimising restraint. Internal restraint audits are completed six monthly and demonstrate compliance of the standard.</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.

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</p>	CI	<p>In October 2018 the Unit Manager (UM) identified several residents who were early risers and often requesting a cup of tea or breakfast from care staff or kitchen staff. Breakfast is served from 8.00 am onwards. The requests for early breakfast and cups of tea were happening between 6.00 am – 7.30 am. The UM set up an initiative whereby residents were enabled to maintain and promote independence. Residents were invited to make their own breakfasts with the Compass kitchen manager. A toaster, spreads, cereals, cereal containers and milk jugs were purchased in collaboration with the Compass kitchen manager. The dining</p>	<p>A rest home resident reported he enjoys being able to make breakfast for himself and being able to make breakfast for some of the other less capable residents. Residents with cognitive decline, who were not initially part of the identified group due to health and safety concerns, are now having a cup of tea and/or breakfast made for them by some of the residents who were identified as being capable of doing this for themselves. Residents are showing compassion for each other. This has reportedly created a great sense of comradeship and social connectedness. A sense of independence has developed for residents. Five residents were identified as being capable of making their own breakfast. Into the future it is planned that new residents who potentially could be part of the early breakfast group be identified. As the new build focuses around suites of 10 beds with their own kitchenettes, this concept will work well. Creating a sense of independence for residents is important when wanting to create a home like environment. This initiative has also relieved the stress created for care staff and kitchen staff when trying to meet the breakfast needs of the early risers along with meeting the needs of the other residents. As these residents dine in the dining</p>

<p>consumer group.</p>		<p>room was set up to allow these early risers to make their own breakfasts. The UM identified from the early riser group, residents who were capable from a health and safety perspective of preparing their own breakfasts.</p> <p>CHTs Purpose is 'We take great care of Older People. Underpinning this are CHTs Values: Connectedness, Companionship, Comfort, Care and Compassion. This quality initiative encompasses these values. Residents connect with other residents; dine with other residents; prepare their own breakfast at a time that suits them; create a sense of independence and a sense of home; and more capable residents assist those less capable.</p>	<p>room for breakfast, this means less breakfast trays are having to be prepared. The kitchen manager reported there is far more conversation being had in the dining room amongst these residents than at any other mealtime during the day. This is now a permanent happening and forms part of the introductory information given to all new residents.</p>
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End of the report.