J A Crossley Holdings Limited

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking here.

The specifics of this audit included:

Legal entity:	J A Crossley Holdings Limited
Premises audited:	Crossley Court Holiday and Retirement Home||Orewa Beach Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 June 2017 End date: 14 June 2017

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: 42

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

Crossley Court and Orewa Beach Rest Homes are adjacent aged care facilities that provide rest home care for up to 44 residents. The service is a privately-owned family business and is managed by a registered nurse. Residents and families spoke positively about the care provided.

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

The previous audit identified four areas which required an improvement. These have all been addressed. No systemic issues or areas for improvement were identified during this audit.

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.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required.

A complaints register is maintained with all complaints, dates and actions taken. There is currently one ongoing complaint that is being managed by the district health board.

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.

Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Services are monitored and feedback is provided to the directors. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and are current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery, and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

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.		Standards applicable to this service fully attained.

Registered nurses are responsible for the development of care plans with input from the residents, staff and family/whanau representatives. Care plans and assessments are developed and evaluated within the required time frames that safely meet the needs of the resident and DHB requirements.

Planned activities are appropriate to the residents assessed needs and abilities. In interviews, residents and family/whanau expressed satisfaction with the activities programme in place.

A medicines management system is in place and medicines are administered by staff with current medication competencies. All medicine charts are reviewed by the GP every three months.

Nutritional needs are provided in line with nutritional guidelines and residents with special dietary needs are catered for.

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.

There is a current building warrant of fitness in place for both sites. There have been no changes to the facility since the last audit.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.

There are clear and comprehensive documented guidelines on the use of restraints, enablers and challenging behaviours. There was one resident using an enabler voluntarily and no resident using a restraint. Staff interviewed demonstrated a good understanding of restraint and enabler use and receive ongoing restraint education.

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.

Aged care specific infection surveillance is undertaken. The results of infection surveillance are reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	17	0	0	0	0	0
Criteria	0	39	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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints/concerns/issues policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so. The complaints register included all the complaints that have been received over the past year. This included the actions taken, through to an agreed resolution. Time frames for the management of complaints had been met. Action plans show any required follow up and improvements have been made where possible. The nurse manager is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There has been one complaint received from external sources since the previous audit. This complaint is being managed through the district health board, with the service implementing the recommendations. All residents and family members interviewed report high satisfaction with the service, spoke highly of the staff and did not voice any concerns.
Standard 1.1.9: Communication	FA	Residents and family members stated they were kept well informed about any changes to their (or their relative's) health status, were advised in a timely manner about any incidents or accidents and outcomes of regular and urgent medical reviews. This was supported in residents' records sampled. Staff understood the

Service providers communicate effectively with consumers and provide an environment conducive to effective communication.		principles of open disclosure, which is supported by policies and procedures. Staff demonstrated knowledge of how to access interpreter services, though this was rarely required due to all residents being able to speak English.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	The service is planned to meet the needs of the younger and older residents at rest home level of care. Crossley Court has a maximum of 17 residents and the adjacent Orewa Beach Rest Home has a maximum of 27 residents. At the time of audit there were 42 rest home level of care residents (which includes two residents under the age of 65). There is adequate staffing, resources and facilities to meet the needs of the residents in each of the buildings, with a partially covered walk way going between the buildings. There is a staff office in each of the buildings, with the manager's office located at the Orewa Beach Rest Home dwelling. The manager and other registered nurses work across both buildings, with other care staff allocated per building. The strategic and business plans are reviewed annually and outline the purpose, values, scope, direction and goals of the organisation. The documents describe annual and longer-term objectives and the associated operational plans. The nurse manager meets with the director on a weekly basis to provide ongoing monitoring of progress towards the organisational goals and strategic plan. A sample of meeting minutes with the directors/owners confirmed adequate information to monitor performance including financial performance, service delivery, emerging risks and issues. The service is managed by a nurse manager who holds relevant qualifications and has been in the role for six years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The nurse manager confirms knowledge of the sector, regulatory and reporting requirements and maintains currency through updates from an aged care association, ongoing performance development in management and their professional nursing practice. The nurse manager has attended over eight hours of education related to management of an aged care service.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	The documented quality and risk management system is understood and implemented by service providers. This includes the development and update of policies and procedures which identify interRAI requirements, regular internal audits, incident and accident reporting with detailed falls data, adverse events, infection control data collection and complaints management. Staff only have access to current policies and procedures, with the obsolete documents archived. If an issue or shortfall is identified in the internal audits or analysation of the quality data, a corrective action is put in place to address the situation. Corrective actions sighted are documented and signed off by the nurse manager following implementation and evaluation processes.

		All reporting is linked to management processes through the internal auditing system and staff meetings. The quality data is discussed at the staff meetings and with the nurse manager's meetings with the director. Results are used to inform ongoing planning of services to ensure residents' needs are met. Actual and potential risks are identified and documented. This includes hazards, organisational and external risks. Newly identified risk is documented and discussed at staff meetings and if the risk cannot be eliminated, actions are implemented to minimise occurrence. Risks are communicated to residents as appropriate. Staff confirmed that they understood and implemented the risk identification processes. Resident and family/whānau interviewed confirmed they are happy with the services provided. Resident and family satisfaction surveys are completed annually. The most recent survey records positive feedback about the quality of care and services at Crossley Court and Orewa Beach Rest Home. Actions were implemented in relation to aspects of the food, environment and activities. Staff can verbalise quality improvements and how they have been embedded into everyday practice.
Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.	FA	The previous two areas for improvement have been implemented. The policies and procedures reflect regulations and obligations in relation to essential notifications. The nurse manager described essential notification reporting requirements, including for pressure injuries. They advised there has been a notification of significant events made to the Ministry of Health since the previous audit, related to a respiratory infection outbreak in May 2017. Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. All adverse events are recorded into the accidents / incidents register, which now includes the required assessments that were conducted at the time of the incident, and the corrective actions that were implemented.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, validation of qualifications and practising certificates, where required. A sample of staff records sampled confirmed the organisation's policies are being consistently implemented and records are maintained. Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records sampled show documentation of completed orientation and annual performance reviews. Continuing education is planned on a biannual basis, including mandatory training requirements, as

		confirmed in the staff files and training records sampled. There are three trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records sampled demonstrated completion of the required training. There has been specific training and education on pressure injury prevention and management.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery 24 hours a day, seven days a week. The staffing levels and rosters sampled evidenced that there is adequate staffing that meets, or exceeds, contractual requirements for rest home level of care in each of the buildings. Sick and planned leave is covered where possible by the staff at the service. At least one staff member on duty in each building has a current first aid certificate. Staffing levels meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medicines management system is implemented to ensure that residents receive medicines in a secure and timely manner and medicine charts sampled complied with legislation, protocols and guidelines. Medicines were stored safely and securely in the treatment rooms and locked cupboards. Medicine reconciliation is conducted by the RNs when the resident is transferred back to the service. The organisation uses pre-packed medicine packets which are checked by RNs on delivery. All medicines are reviewed every three months and as required by the GP. Allergies are clearly indicated and photos are available to assist with identification. An annual medicine competency is completed for all staff administering medicines and training records were sighted. The RN and caregiver were observed administering medicines correctly. The controlled drug register is current and correct. Weekly and six-monthly stock takes are conducted and all medicines are stored appropriately. There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy in a timely manner. There was one resident who was self-administering their medicines at the time of the audit. This resident had been assessed as competent to do so and their medicines were stored in a secure safe place. A self-administration policy and procedure is in place. The previous areas for improvement regarding transcribing and signing/dating of prescribed medications have been addressed.
Standard 1.3.13: Nutrition,	FA	Meal services are prepared on site and served in the respective dining areas. The menu has been reviewed

Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.		by a dietitian. The kitchen staff have current food handling certificates. Diets are modified as required and the cook confirmed awareness of dietary needs of the residents. The residents have a nutritional profile developed on admission which identifies dietary requirements, likes and dislikes. The resident's weight is monitored regularly and supplements are provided to residents with identified weight loss issues. The kitchen and pantry were observed to be clean, tidy and well stocked. Labels and dates are on all containers and records of temperature monitoring on food, fridges and freezers are maintained. Regular cleaning is undertaken and all services comply with current legislation and guidelines. The residents and family/whanau interviewed indicated satisfaction with the food service. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	The documented interventions in short term care plans and long-term care plans are sufficient to address the residents assessed needs and desired goals/outcomes. Significant changes are reported in a timely manner and prescribed orders carried out satisfactorily as confirmed by the GP. Progress notes are completed on every shift. Adequate clinical supplies were observed and the staff confirmed they have access to enough supplies. Residents and family/whanau members interviewed reported satisfaction with the care and support they are receiving.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	The planned activities are meaningful to the residents needs and abilities. The activities are based on assessment and reflect the residents social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests and enjoyments. The residents were observed to be participating in meaningful activities on the audit day. Residents were also observed to be going offsite with family/friends and several community organisations provide activities at the service. There are planned activities and community connections that are suitable for the residents. The activities coordinator develops an activity planner which is posted on the notice boards and residents rooms respectively. Residents' files have a documented activity plan that reflects their preferred activities of choice and are evaluated every six months or as when necessary. The residents and relatives interviewed reported overall satisfaction with the level and variety of activities provided.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely	FA	Resident's long-term care plans, interRAI assessments and activity plans are evaluated at least every six months and updated when there are any changes. Family/whanau and staff input is sought in all areas of care. The evaluations record how the resident is progressing towards meeting their goals and responses to interventions. Short term care plans are developed when needed and signed and closed out when the short-

manner.		term problem has resolved.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are documented processes for handling waste and hazardous substances. Processes for the collection, storage and disposal of biomedical waste, single use items, household rubbish and recyclables complies with infection control principles and local council board requirements. A hazardous substances register is maintained. Staff receive training in the handling of chemicals and hazardous waste. There is secure storage of chemicals. Safety data sheets are available in the laundry and cleaner's cupboard. Staff have access to personal protective equipment such as gloves, aprons and face masks to use when cleaning up hazardous waste. This addresses the previous area for improvement.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The current building warrant of fitness displayed on both sites expiring May 2018.There have been no changes to the layout of the building that has required the approved evacuation scheme to be amended.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. The nurse manager/infection control coordinator reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff through regular staff meetings and at staff handovers. The monthly analysis includes identifying trends and comparisons against previous years. A summary report for a recent respiratory infection outbreak was sampled and demonstrated a systematic process for investigation and follow up. Learnings from the event have now been incorporated into practice, with additional staff education and transmission based precautions implemented.

Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The restraint minimisation policy provides consistent definitions for restraints and enablers. There were no residents using restraint but one resident was using an enabler (bed guard) voluntarily. The restraint register is current and updated. All staff receive education regarding restraint minimisation and challenging behaviours. Staff interviewed were aware of the difference between a restraint and an enabler.

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.

No data to display

End of the report.