

Kapsan Enterprises Limited - Chadderton Rest Home

Introduction

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

The audit has been conducted by HealthShare 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:	Kapsan Enterprises Limited	
Premises audited:	Chadderton Rest Home	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 1 November 2018	End date: 2 November 2018
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	18	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Kapsan Enterprises Limited, trading as Chadderton Rest Home, provides rest home level care for up to a maximum of 28 residents. Short stay /respite can also be provided subject to bed availability. Day to day operations and governance is provided by two directors, one of whom is the designated clinical nurse manager (CNM) and the other oversees the building, grounds, equipment and procurement.

There have been no significant changes to the service since the previous surveillance audit in 2017.

This re-certification audit was conducted against the Health and Disability Services Standards and the service's contract with Auckland District Health Board (ADHB). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, the directors, staff, and a general practitioner (GP). The GP, residents and families spoke positively about the care provided.

This audit identified one area requiring improvement. This is related to the timing of assessments and care plan reviews.

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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The Health and Disability Commissioner`s Code of Health and Disability Services Consumers` Rights (the Code) is made available to residents and family/whanau on admission. Their privacy, independence and personal safety is protected. Care and support is provided in a manner which recognises the residents' culture, values and beliefs. Residents` who identify as Maori have their needs met in a manner that respects their cultural values and beliefs. Their care is guided by cultural policies. There was no evidence of abuse, neglect or discrimination and staff understood and implemented related policies. Professional boundaries are understood by staff and maintained. Service delivery is based on good practice principles.

Communication is open and resident choices are recorded and acted upon. Adequately documented processes are in place for informed consent. Residents and family/whanau are assisted and encouraged to formulate advanced directives. Advocacy information is available for residents and family/whanau. Links with family/whanau and the community are encouraged and supported by the service provider. A complaints register is maintained with complaints resolved promptly and effectively.

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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An annual strategic plan describes the scope, direction, goals, values and mission statement of the organisation. The directors are monitoring all aspects of the services provided and are on site daily. One director oversees the facility and operational matters and the other director who is an experienced registered nurse oversees residents care and all clinical matters.

The quality and risk management system collects quality 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. Policies were current and are reviewed and updated as needed at regular intervals.

The appointment, orientation and management of staff adheres to good employment practices. There is a systematic approach to identifying and delivering ongoing staff training. This supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Food services are provided in ways that meet the nutritional needs and preferences of residents. Chadderton Rest Home has a certified food control plan and all stages of food procurement, preparation, handling and storage meet safe food handling guidelines and legislation.

The clinical nurse manager (CNM) and registered nurse (RN) are responsible for the development, evaluation of care plans and assessments. Short term care plans are developed for any acute needs as required.

Planned activities are appropriate for the residents' assessed needs and abilities. Residents and family/whanau interviewed expressed satisfaction with the activities provided by the diversional therapist (DT).

The service uses pre-packaged medication system that is paper based. Medication is administered by staff with current medication competencies. Three monthly reviews are completed by the attending general practitioner (GP).

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility meets the needs of residents and is being kept clean, comfortable and maintained as safe. All equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible and safe for residents' use.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry and cleaning is undertaken by care staff and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and they attend regular fire drills. Residents reported a timely staff response to call bells

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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Chadderton Rest Home has a philosophy and practice of no restraint. On the days of audit there were no restraints in use and one resident was using a bed lever as an enabler to assist their positioning in bed. This were consented to by the resident. .Policies and procedures meet the requirements if a restraint is required. Staff education in restraint minimisation is ongoing.

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.
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The infection control programme is clearly documented and is appropriate for the size and complexity of the service. Infection control responsibilities are clearly documented and are implemented. Education on infection control is provided as part of orientation and on-going educational programme. Infection control is discussed in the staff and management meetings. There is provision for infection control surveillance

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

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Residents receive safe services of an appropriate standard that comply with consumer rights legislation. Interviewed staff demonstrated knowledge of the Code of Health and Disability Services Consumers` Rights (the Code). The Code is included in staff orientation and in the staff training education programmes. On the days of the audit, staff demonstrated knowledge of the Code when interacting with residents. The residents and family/whānau reported that services are provided in a respectful manner. Service facilitates informed choice, minimises harm, and cultural and individual values and beliefs.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Policies and procedures on consent support the residents' right to make informed decisions. The CNM reported that informed consent is discussed and recorded at the time the resident is admitted to the facility. The policy references Rights 5, 6 and 7 of the Code and the process for determining competency and advanced directives. The residents' files sampled had the required consent forms signed by the resident, or where appropriate, signed by the enduring power of attorney (EPOA). The files contained copies of any advance care planning and the residents' wishes for end of life care. Staff acknowledged the residents' right to make choices based on information presented to them. Residents interviewed confirmed that they were provided with day to day choices and consent was obtained.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>There were appropriate policies regarding advocacy/support services in place that specify advocacy processes and how to access independent advocates. The advocacy policy details contact information for the Health and Disability Commission and Age Concern advocacy services. Information about the right to advocacy and contact details for local services is included in the information given and explained to residents and families on admission. Staff training on the right to advocacy / support is provided annually and staff demonstrated understanding of how residents can access advocacy/support persons.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>There are no set visiting hours and relatives are encouraged to visit at any time. Family/whanau reported that there were no restrictions to visiting hours. Residents are supported and encouraged to access community services with visitors or as part of the planned activities programme.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints 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 said they felt comfortable and wouldn't hesitate to raise a concern if they had one.</p> <p>The complaints register reviewed recorded one complaint received in the past two years. This had been acknowledged in writing, and was investigated immediately by the facility manager/director. The matter resolved itself and is now closed.</p> <p>The director/facility manager (FM) is responsible for complaints management and follow up. All staff interviewed confirmed a good understanding of the complaint process and what actions are required. There have been no complaints to the Health and Disability Commissioner (HDC) nor any requests for advocacy services to provide support for residents' in this certification period.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The Code and information about the Code, advocacy services and the complaints process are provided on admission and displayed at the facility. The clinical nurse manager (CNM) reported that an advocate visits the service and can be accessed as required.</p> <p>Residents and family/whanau interviewed were aware of their rights and confirmed that information was provided to them during the admission process. Chadderton Rest home's information pack was</p>

		sighted and outlines the services offered. Signed residents' agreements were sighted and meet the requirements of this standard and district health board requirements.
<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 privacy and dignity policy explain how staff are to ensure the privacy of residents, ensuring the protection of personal property and maintaining the confidentiality of residents' related information. The process for accessing personal health information is detailed and the care planning process identifies and records interventions for respecting residents' individual beliefs and values. Residents are kept safe and are not subjected to, or at risk of, abuse and/or neglect. Rooms are single or shared, maintain physical, visual, auditory and personal privacy. Residents' personal belongings are maintained in a secure manner. There are documented policies and procedures on abuse and neglect including the required reporting process.</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>The Maori perspective on health is documented and includes Maori models of Health and barriers to access. Terminal care and death of the Maori resident is included. Cultural needs are included in the care plans (if identified). There is access to cultural advice, resources and documented procedures to ensure recognition of Maori values and beliefs. There were residents who identified as Maori and expressed that, their cultural, values and beliefs are respected. The organisation maintains contact with local Iwi. Cultural safety training is provided to all staff. The Code is available in Maori and satisfaction surveys include cultural and spiritual beliefs.</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>Cultural needs are determined on admission, policies and procedures are developed to ensure that care and services are delivered in a culturally and/or spiritually sensitive manner. Residents' values and beliefs are discussed and incorporated into the care plans. Residents and family/whanau members interviewed confirmed they are encouraged to be involved in the development of the long-term care plan. In interviews conducted, staff demonstrated an understanding of cultural safety in relation to care.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other</p>	FA	<p>Policies sighted evidence processes for providing an environment that is free from discrimination, coercion, harassment, sexual, financial or other exploitation. The staff code of conduct and professional behaviour is included in the employment and orientation process. The code of conduct states that any form of discrimination constitutes a serious misconduct.</p> <p>In interviews, with residents and family/whanau, and observation during the audit, indicated that</p>

exploitation.		residents are free of any form of coercion or discrimination. In interviews conducted, demonstrated awareness of the importance of maintaining professional boundaries and processes they are required to adhere to.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Residents receive services of an appropriate standard. There are systems in place to ensure staff receive a wide range of opportunities which promote good practice within the facility. Staff reported that they were satisfied with the relevance of the education provided and were able to explain how they maintain good practice. Policies and procedures are linked to evidence-based practice. There are regular visits by the GP and allied health providers as required. The clinical team are available and accessible to care staff for clinical support and advice when required.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Residents and family/whanau reported that they are accorded the right to full and frank information or open disclosure. The environment is conducive to effective communication and interpreter services are provided if required. Policies and procedures are in place if the interpreter services are needed to be accessed. Staff education has been provided related to appropriate communication methods. Documentation regarding open disclosure following incidents/accidents was evident.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>The quality/business/risk plan which is reviewed annually, outlines the purpose, values, scope, and direction of the organisation. This also contains detailed annual and longer-term goals. A sample of directors/management meeting minutes for 2017-2018 confirmed regular discussions and actions to monitor performance. For example, occupancy, human resources (HR), service performance, and any emerging risks and issues. Interview with both directors/managers and the documents reviewed verified effective methods for ensuring services are provided in ways to meet the needs of residents.</p> <p>The directors/managers have been in their positions for 14 years and have sufficient experience and qualifications to carry out these roles. For example, the CNM is a registered nurse who maintains a nursing portfolio, attends regular education to maintain skills and also works part time as an RN in a surgical hospital. The FM has qualification and experience in building management, and occupational health and safety.</p> <p>The service holds contracts with Auckland DHB, for rest home level care and respite. On the days of audit, 18 of the maximum 23 beds were occupied, although only 16 residents were on site as one was on leave and another in public hospital. Four residents were under 65 years with chronic long term health conditions, all were interviewed and one record was included in the audit sample. There</p>

		was no one receiving respite care on the days of audit.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>Chadderton Rest Home has been operated by the same two managing directors since 2004. One of the directors/facility manager (FM) oversees the facility and operational management and the other is a registered nurse (RN) with a current practicing certificate and acts as the clinical nurse manager (CNM) providing clinical oversight. Both demonstrated knowledge of the sector, regulatory and reporting requirements. Both maintain currency through ongoing professional development in management and nursing for at least eight hours of education per annum as required in the agreement with the DHB.</p> <p>Both managers live in close proximity to the home and one or both are on site during the weekdays and weekends. They and the other RN cover for each other's absences.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Chadderton Rest Home has established quality and risk management systems with which includes policies and procedures that guide best known practice. The policies used are a generic system moderated by an external quality consultant and these cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>Review of the business, quality and risk management plan revealed that this is updated annually or as required. Service delivery and organisational performance is monitored by internal audits and resident and family feedback. Results of audits and monthly analysis of complaints, incidents and accidents and infections are considered to identify issues of changes required.. There was sufficient evidence for example, documents, observations and interviews, to show that the managers and staff respond to things that require improvement by implementing corrective actions as soon as practicable.</p> <p>Staff meetings occur monthly and the managing directors meet three monthly to review and discuss outcomes from the quality and risk management programme. Resident meets occur every three to six months which family members are invited to attend. Minutes of these confirmed ongoing consultation and inclusion of residents and their families in decision making. All staff interviewed including the caregivers, the diversional therapist and the cook report they are kept informed of quality improvements.</p> <p>There is a comprehensive risk management programme in place which includes health and safety</p>

		<p>policies and procedures and a current hazard register. Health and safety audits occur regularly. Any issues identified are documented in a corrective action plan and signed off when resolved. Hazards identified are risk rated, eliminated, minimised or isolated, and documented in the register. The managing director/facility manager said that staff understand the importance of identifying any issues as soon as these arise so these can be fixed immediately. Review of meeting minutes confirmed that health and safety, hazards and management of any other risks is discussed at every staff meeting.</p> <p>The annual resident/family satisfaction survey and results documented from the 2018 surveys indicate that resident or family are happy with the service provided.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff document adverse and near miss events on accident/incident forms. The sample of forms reviewed from 2017-2018 were consistent in clearly describing and detailing the incident and recording who had been notified. Each falls event had attached records of post fall neurological observations. The managers review all incidents/accidents and investigate where necessary. Each incident form reviewed contained a management comment or preventative action for closure or follow-up. The managers demonstrated understanding about essential notification reporting requirements, including for pressure injuries. They advise there have been no events requiring notification to the Ministry of Health, or the DHB since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Staffing policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs) where required. Copies of current practising certificates for the two RNs were in their personnel files. A sample of staff records reviewed, confirmed the organisation's policies are being consistently implemented and records are maintained. The director/FM routinely reviews personnel records to ensure compliance with policy and employment legislation.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review after a three-month period and then annually.</p> <p>Continuing education is planned on an annual basis and occurs each month. These include mandatory training requirements such as fire drills, first aid and medicines competency for those who administer medicines and other education to meet the requirements of the provider's agreement with the DHB.</p> <p>Most health care assistants (HCAs) have educational achievements related to the care of older people. The two HCAs who have not completed a qualification in aged care are very experienced</p>

		<p>and currently considering their options. There was sufficient evidence that all staff attend ongoing training and engage in annual performance appraisals.</p> <p>Both RNs are trained to undertake interRAI assessments and are maintaining their annual competency requirements.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week.</p> <p>Observations and review of a month's roster cycle confirmed more than adequate staff cover has been provided, with staff replaced in any unplanned absence. All staff have a current first aid certificate. The directors and care staff interviewed stated that staffing levels are adjusted to meet the changing needs of residents. There is an afterhours on call roster shared by the two RNs, 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. This was supported by the residents and family members interviewed.</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>All records sighted are in hard copies. Residents' records sighted are integrated. Progress notes are completed daily by care staff and weekly by RNs. Appropriate documentation requirements are met. All records are securely stored and accessible when needed. Old records are archived for 10 years and retrievable when needed.</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>The entry to service is facilitated in a competent, equitable, timely and respectful manner. Assessments and entry screening processes are documented and clearly communicated to the family/whanau of choice where appropriate, local communities and referral agencies. Records sampled confirmed all entry requirements were conducted within the required time frames. Family/Whanau and residents interviewed confirmed that they received sufficient information regarding the services to be provided.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned</p>	FA	<p>There is a documented process for the management of transfers and discharges. A standard transfer form notification from the DHB and facility temporary hospital transfer form are utilised when residents are required to be transferred to the public hospital or another service. Residents and their</p>

and coordinated transition, exit, discharge, or transfer from services.		families are involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management system is implemented to ensure that residents receive medicines in a secure and timely manner. Medications are stored in a safe and secure way in the trolley and locked cupboards. Medication reconciliation is conducted by the CNM or RN when the resident is transferred back to service. All medications are reviewed every three months and as required by the GP. Allergies are clearly indicated, and photos current for easy identification.</p> <p>An annual medication competency is completed for all staff administering medications and medication training records were sighted. The RN was observed administering medicines following the required medication protocol guidelines and legislative requirements. Standing orders are used when required in consultation with the CNM or RN.</p> <p>The controlled drug register is current and correct. Weekly and six-monthly stock takes are conducted, and all medications are stored appropriately. There was one resident self-medicating inhalers and was assessed as competent. The medication is stored securely in the resident's room. Self-medication policy was sighted.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>Food services are provided on site by a cook and other staff who have completed safe food handling training. The menu adheres to recognised nutritional guidelines for older people and follows a summer and winter four-week rotated menu pattern. The menus were reviewed by a registered dietitian in October 2018 and the recommendations made are being implemented. These were primarily recommendations for more detail in the written descriptions about the food items being served at each meal.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with a food safety plan and registration was issued by the local authority which expires in June. 2019. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Three residents are provided with soft meals and two with diabetic meals. Special equipment, such as modified plates and cutlery is available for those residents who need this to make eating easier.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews,</p>

		satisfaction surveys and residents' meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided. All the residents interviewed expressed satisfaction with the food provided.....
<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	The CNM reported that all consumers who are declined entry are recorded. When a consumer is declined entry, family/whanau and are informed of the reason for this and made aware of other options or alternative services available. The consumer is referred back to the referral agency to ensure that the consumer will be admitted to the appropriate service provider.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	The initial assessments were completed within the required time frame on admission while care plans and InterRAI were completed within three weeks according to policy (refer to 1.3.3.3). Assessments and care plans are detailed and include input from the family/whanau and other health team members as appropriate. The nursing staff utilise standardised risk assessment tools on admission. In interviews residents and family/whanau expressed satisfaction with the assessment process.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	Care plans are resident focussed, integrated and provide continuity of service delivery. Assessments are completed (refer 1.3.3.3). Long term and short- term care plans are developed for acute and long-term needs. Goals are specific and measurable, and interventions are detailed to address the desired goals/outcomes identified during the assessment process. Care plans sampled were integrated and included input from the multidisciplinary team. The residents and family/whanau interviewed confirmed care delivery and support is consistent with their expectations and plan of care.
<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</p>	FA	The documented interventions in short term care plans and long-term care plans are sufficient to address the 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 in the interview conducted. Progress notes are completed on every shift. Monthly observations are completed and are up to date. Clinical supplies are adequate, and the staff confirmed they have access to the supplies and products they needed.

outcomes.		
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>Activities are planned and provided/facilitated to develop and maintain strengths, skills, resources and interests. The activities programme covers physical, social, recreational, emotional and cultural needs of the residents. The residents were observed to be participating in meaningful activities on the audit days and going offsite with family/whanau and friends. There are planned activities and community connections that are suitable for the residents including those under 65 years of age. Attendance is noted on daily basis and activities plans are reviewed every six months by the DT in consultation with the clinical team (refer 1.3.3.3). The residents and relatives interviewed reported overall satisfaction with the level and variety of activities provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Residents' long-term care plans, interRAI assessments and activity plans are evaluated at least six monthly and updated when there are any changes. Relatives and staff input are sought in all aspects 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 acute problems have resolved.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>There is a documented process for the management of all referrals. The service utilises a standard referral form when referring residents to other service providers. The GP confirmed that processes are in place to ensure that all referrals are followed up accordingly. Residents and family/whanau are kept informed of the referrals made by the service. All referrals are facilitated by the nursing staff or GP.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Staff adhere to the documented processes for the safe management of waste and infectious and hazardous substances, as confirmed by onsite observations and interviews. Hazardous chemicals are stored securely, and staff described appropriate processes for protecting themselves and others from exposure to body waste. Soiled linen is separated. An external company is contracted to supply and manage all chemicals/cleaning products and provide training for staff on new chemicals. All staff have received education on safe chemical handling. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur. There is provision and availability of protective clothing and equipment and staff were</p>

		observed using this.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building warrant of fitness is current and expires on 24 June 2019.</p> <p>Appropriate systems are in place to ensure that the residents' physical environment and facilities are fit for their purpose and maintained. The building is an old villas and is owned by another party, which can create delays in attending to building maintenance or the upgrade of those chattels which are the landlord's responsibility. Inspection of all areas revealed no unsafe areas. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with the director, the health and safety officer and on-site visual inspections. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted. External areas are safely maintained and the outside furniture provided is appropriate to the resident group and setting. Shade from the sun is available and was in use on audit days.</p> <p>Residents and staff confirmed they know the processes they should follow if any repairs or maintenance is required. They said requests are appropriately actioned and that they are happy with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are sufficient bathrooms and toilets throughout the home for the number of residents. These are all shared and have functional locks and signage for privacy.</p> <p>Hot water temperature monitoring to check the water is at a safe temperature, occurs at regular intervals. The temperatures recorded are at below 45 degrees in bathrooms and 60 degrees in the kitchen and laundry.</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>Residents who require mobility aids and/or staff assistance, occupy single bedrooms. These inspected provide sufficient space for transfers and use of equipment. There are four rooms with two beds but not all of these have two occupants. The residents who share bedrooms have signed agreement to this.</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>	<p>FA</p>	<p>The home has a spacious and welcoming open plan lounge and dining room which is the hub for daily activity and socialising. There are other inside and outside areas if someone doesn't want to participate in the programme or residents may choose to stay in their rooms. Furniture is appropriate to the setting and residents' needs. All but one resident is independently mobile enabling them access to all areas including the outside via disability accessible ramps. The resident in a wheelchair can self-manoeuvre for short distances. Visitors tend to meet with their family and friends in communal areas or in their rooms for privacy.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Care staff provide the laundry and cleaning services. These tasks are carried out predominately in the morning. Staff interviewed about laundry demonstrated good knowledge of laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and that their clothes are returned in a timely manner. The machines and equipment provided are fit for purpose. Staff change each resident's bed linen once a week and stated there is sufficient time allocated for completing daily/weekly tasks. The care staff also carry out cleaning tasks such as rubbish removal, dusting, vacuuming and bathroom cleaning each day. All staff have attended training in the safe handling of the chemicals on site and in health and safety matters, as confirmed by review of personnel files and interviews with staff. Bulk chemicals are stored in a lockable room when not in use and are decanted into clearly labelled containers.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme. All areas of the facility were spotless on audit days. The residents and family members interviewed were happy with the cleanliness of their rooms and other areas in the home.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are current and are known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency.</p> <p>A fire evacuation plan has been approved by the New Zealand Fire Service. Trial evacuations take place every three months and a copy of the finding from each drill is sent to the local fire service. The most recent drills occurred on 27 September 2018 and 14 June 2018. The time taken for evacuation is recorded and there have been no issues or risks identified. The most vulnerable or mobility impaired residents are listed on the fire board and are assisted first. The new staff orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets,</p>

		<p>mobile phones and gas BBQ's were sighted and meet the requirements for 23 residents. Water storage tanks are located around the complex, and emergency lighting is regularly tested.</p> <p>The call bell system was functional on audit days and staff were observed to attend to these in a timely manner. Residents and families were happy with staff responses to call bells at all times of the day and night.</p> <p>Staff lock the external doors and windows each night for security purposes</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 residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light and opening external windows. Heating is provided by electric heaters in communal areas and individually temperature-controlled panel heaters in residents' rooms. Areas were warm and well ventilated throughout the audit and residents and families confirmed the home is maintained at a comfortable temperature year-round.</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 service provides an environment that minimises the risk of infection to residents, staff and visitors by implementing an appropriate infection prevention and control programme. The role of the infection control coordinator (ICC) is held by the CNM who has access to external specialist advice from the GP practice and DHB infection control specialists when required. A documented role description for the ICC is in place.</p> <p>The infection control programme is approved and reviewed annually. Infection rates are discussed at three monthly staff and management meetings. Staff are made aware of new infections through daily handovers on each shift and reporting.</p> <p>There are processes in place to isolate residents with infectious conditions when required. Hand sanitisers and gels are available for staff and visitors to use. There have been no outbreaks documented and infection control guidelines are adhered to. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources</p>	FA	<p>The ICC is responsible for implementing the infection control programme and indicated there are adequate human, physical, and information resources to implement the programme. Collation, analysis and reporting of infection are completed and discussed at three monthly staff and management meetings. The ICC has access to all relevant resident data to undertake surveillance,</p>

<p>to implement the infection control programme and meet the needs of the organisation.</p>		<p>internal audits and investigations respectively.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The service has documented policies and procedures in place that reflect current good practice. Staff were observed to be following the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Staff education on infection prevention and control is conducted by ICC and other specialist consultants. The ICC attended the infection control training facilitated by the local DHB to keep knowledge of current practice. A record of attendance is maintained and was sighted. The training content meets best practice and guidelines. External contact resources included: GP practice, laboratories and local district health boards. There is an understanding of outbreak management where visitors are warned of any outbreak and advised to stay away until contained. Staff interviewed confirmed an understanding of how to implement infection prevention and control activities into their everyday practice.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance of infections is carried out as specified in the infection control programme. The ICC reviews all reported infections, and these are documented. New infections and any required management plans are discussed at handover, to ensure early intervention occurs. All infections are recorded on the infection register, this information is collated monthly, reviewed and analysed by the ICC who will advise staff and management of the outcome.</p> <p>The GP is notified if there is any resistance to antimicrobial agents and evidence of GP involvement and laboratory reporting was sighted. Surveillance programme is reviewed during the infection control programme review.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Interview with the clinical nurse manager/restraint coordinator confirmed that Chadderton Rest Homes is succeeding in its philosophy to maintain a restraint free environment. There has not been any restraint used in the past three years. One resident was using an enabler (a bed lever) on audit days. Their file reviewed, confirmed the bed lever was voluntary and had been requested and agreed to in writing by the resident.</p> <p>The restraint policy describes processes for assessment, consent and monitoring that would meet this standard in the event that a restraint intervention was required. It contains definitions that are congruent with this standard and describes methods for avoiding or minimising the use of restraint. Policy designates a restraint coordinator, and clearly describes the processes for evaluation, review and ongoing staff education.</p> <p>Review of a sample of staff files and training documents confirmed that staff engage in ongoing education. This included managing challenging behaviour, use of de-escalation techniques and preventing the use of restraint. There is also an emergency restraint policy which authorises an RN to initiate an emergency restraint before a GP assessment. The service has a reputation for effectively managing residents with antisocial and challenging behaviours. This was confirmed by GP interview and review of the resident files that documented monitoring and responses to challenging behaviour. Two residents who had histories of and displayed unsettled and/or aggressive behaviour on entry are now settled within the home.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	All files sampled identified that initial care plans and long-term care plans were completed however long-term and activity care plans were not in sync with interRAI assessments	Not all care plans were reviewed in conjunction with interRAI assessments in a timely manner.	<p>Provide evidence that care plans are in sync with interRAI assessments.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.