

# Waihi Senior Citizens Home Incorporated

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## 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 The DAA Group 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:

<b>Legal entity:</b>	Waihi Senior Citizens Home Incorporated	
<b>Premises audited:</b>	Hetherington House	
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 25 February 2015	End date: 26 February 2015
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	47	

# Executive summary of the audit

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## 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

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	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

Hetherington House continues to provide rest home, hospital and dementia care for a maximum of 50 residents. On the day of audit there were 47 residents. The service is managed by a CEO who is also a registered nurse with experience in providing aged care services.

Residents and family members interviewed expressed satisfaction with the care and services being provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Services Standards and the providers' contract with the District Health Board. The audit process included review of policy and procedures, review of resident and staff files, observations and interviews with residents, management, families and staff. A visiting GP was interviewed as was a member of the board.

There have been no significant changes to the scope or size of the service, no coroner's inquests or issues based audits since the previous certification audit in 2013. The service has addressed the previous shortfall around safe storage of chemicals. There are no improvements required as a result of this surveillance 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.
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There are effective communication systems between staff, between staff and residents and their families and with other health providers. The service adheres to the practices of open disclosure where necessary.

Review of complaint records and interviews with staff, residents and families demonstrated that complaints received since the previous audit has been managed effectively. There have been no known complaints to the Office of the Health and Disability Commissioner (HDC).

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The service is maintaining its quality and risk management system with regular monitoring of all service areas.

Adverse events are reliably reported by all levels of staff. There is evidence that people impacted by an adverse event are notified (eg, general practitioners and families). There have been no serious events requiring notification and there are effective systems in place to ensure regulatory requirements are met.

Human resources systems are in place and staff are recruited and managed effectively. Staff training in relevant subject areas is occurring regularly. All staff are supported and encouraged to attend ongoing performance development and achieve educational

qualifications in health care. There are adequate numbers of skilled and experienced staff on site to meet the needs of residents 24 hours a day seven days a week.

## 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.
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Services are provided by suitably qualified and trained staff to meet the needs of residents. The assessments, care planning and review of care is undertaken within contractual requirements and meets the needs of the residents. When there are changes in the residents' needs, a short term care plan is implemented to reflect these changes. The care plan evaluations are conducted at least six monthly and the evaluation documents the resident's progress towards meeting goals. The provision of services is provided to meet the individual needs of the residents. A team approach to care is provided to ensure the continuity of services.

The service has a planned activities programme to meet the recreational needs of the residents. There is a planned programme in the dementia unit with a focus on residents with impaired cognitive function. Residents are encouraged to maintain links with family and the community.

A safe medicine administration system was observed at the time of audit. The service has documented evidence that staff responsible for medicine management are assessed as competent to do so.

The menu has been reviewed by a dietitian as suitable for the older person living in long term care. Residents' likes, dislikes and special diets are catered for, with food available 24 hours a day.

## **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.

Hetherington House has a current Building Warrant of Fitness. Improvements to the interior and exterior areas of the facility were noted on the day of the audit. Emergency and disaster planning is evident and equipment and resources are available on site and maintained. All building regulations, fire safety, emergency and security standards are met. Residents and families interviewed are satisfied with the environment.

## **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.

The restraint systems and practices meet the requirements of this standard. On the day of audit there were residents using bed rails as restraints and enablers. Assessment, consent, approval and monitoring and review occurs in relation to the use of these interventions.

Staff training on restraint and enabler use continues to be provided regularly.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The service has an appropriate infection prevention and control management system. There is a monthly surveillance programme where infections are collated, analysed, graphed and trends compared with previous data. Where trends indicating an increase in infections are identified, actions have been implemented to reduce infections.

## 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	42	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

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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 service continues to effectively manage the complaints process and maintain its complaints register. Residents interviewed confirmed knowledge of the ways to lodge a complaint. This was also seen in the record of the 12 complaints logged since the previous audit. The documents show that each matter was investigated immediately, and managed effectively for resolution with all parties. There was evidence of ongoing communication with all people involved and external advocacy being offered.
Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	The open disclosure policy clearly and accurately describes the principles of open disclosure and how to implement this when required.  Family/whanau confirm they are kept informed of the resident's status and are notified of adverse events. Contact with the family is documented if the resident has been involved in an incident/accident or there has been any change in the resident's condition. Details from doctors' visits are documented and communicated as required.  Staff know how to contact interpreter services if required.

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>On the day of this unannounced audit the facility had 47 residents. This included 17 hospital level care, 24 rest home and six dementia level care residents.</p> <p>Interview with the chief executive officer (CEO) and the board chairperson and review of documents showed the quality, risk and business plans have current goals and that the board are provided with regular reports on service delivery and organisational performance. The CEO/RN confirmed ongoing performance development in subject areas related to the role.</p>
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	<p>Review of documents and staff interviews showed that the organisation is maintaining effective quality and risk management systems. Policies and procedures are updated as required to meet known best practice.</p> <p>Residents interviewed confirm they are consulted about services and are being kept informed at regular residents' meetings.</p> <p>All quality data, such as incidents/accidents, infections, results of internal audits, complaints and service delivery improvements continues to be analysed and discussed with all staff. There is evidence of actions being implemented for good effect when service deficits are identified.</p> <p>The organisation's annual quality plan, business plan and associated emergency plans identify current actual and potential risk to the business, service delivery, staff and/or visitors' health and safety. Environmental risks continue to be communicated to visitors, staff and residents as required. Review of staff meeting minutes showed that health and safety, including new hazards and resident risks, are discussed. Trial fire evacuations have occurred every six months.</p>
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	<p>The adverse event reporting system is co-ordinated by the CEO and known by staff who were interviewed. The event records reviewed on audit day showed that reporting occurs immediately and is investigated to determine cause and prevent or minimise recurrence. Service changes required as a result of the investigation are implemented as soon as practical. Staff, families and others who are impacted by an adverse event (eg GP's or DHB) are informed in a timely manner. This is recorded on the event form. The CEO demonstrates understanding and knowledge about</p>

		essential notification reporting. There have been no sentinel or other events which required reporting.
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	<p>The organisation is effectively managing its human resources. The skills and knowledge required is documented in position descriptions and employment agreements. The CEO/nurse manager and a cross section of staff interviewed confirm they understand their roles, delegated authority and responsibilities. Every job applicant is reference checked and police checked. Staff records contained evidence of curriculum vitae (CVs), educational achievements, and copies of current practising certificate. New staff are oriented to organisational systems, quality and risk, the Code of Health and Disability Services Consumers' Rights (the Code), health and safety, resident care, privacy and confidentiality, restraint, infection prevention and control and emergency situations.</p> <p>Individual staff performance appraisals are conducted annually. Staff maintain knowledge and skills in emergency management, first aid certificates and competencies in medicine administration and attend regular training. The service supports all staff to engage in ongoing training and education related to care of older people.</p>
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 an appropriate number of staff on site and a RN available on call 24 hours a day seven days a week. Residents are satisfied with the availability of staff.
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	<p>Most of the medicines are supplied by the pharmacy in a pre-packed administration system. The medicines that are not pre-packed, such as liquid medicines, are individually supplied for each resident. The medicines and pre-packed medicine sheets are checked for accuracy by the RN when delivered. The pre-packed medicines and the signing sheets are compared against the medicine prescription. The GP conducts medicine reconciliation on admission to the service and when the resident has any changes made by other specialists. Safe medicine administration was observed at the time of audit.</p> <p>The medicines and medicine trollies are stored securely in the rest home, hospital</p>

		<p>and dementia units. The medicine fridge is monitored for temperature daily, with the sighted temperatures within medicine storage guidelines. The management of controlled drugs complies with legislation.</p> <p>All the medicine charts sighted had prescriptions that complied with legislation and aged care best practice guidelines. Each medicine was signed by the GP and had the required level of documentation to allow safe administration of the medicines. The prescriptions were legible, recorded the name, dose, route, strength and times for administration. The medicine charts recorded the regular, short course and PRN (as required) medicines for each resident. When medicines are discontinued, these were signed and dated by the GP. The medicine charts sighted had a current photo of the resident and recorded any medicine related allergies. Sample signature verification was recorded for all staff who administer medicines. All of the medicine charts have been reviewed by the GP in the past three months.</p> <p>Medication competencies were sighted for staff that assisted with the medicine management; this included the RNs, ENs and some senior caregivers. The internal audit on medication management for January 2015 recorded that all staff that are authorised to assist with medicine management have a current competency assessment.</p> <p>There was one resident who self-administers some of their medicines. The service's self-administration guidelines were sighted for this resident and met requirements.</p>
Standard 1.3.13: Nutrition, 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.	FA	<p>The menu has been reviewed by a dietitian as suitable for the older person living in long term care and includes a three week rotational menu with seasonal variations. Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets have these needs met. The residents reported satisfaction with the meals and fluids provided. One family member provided feedback that the presentation of meals was not always attractive, particularly for their family member that has soft/pureed meals. The resident did not have issues with the presentation of meals.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal comply with current legislation and guidelines. Fridge and freezer recordings are undertaken daily and meet requirements. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging. Evidence was seen that the kitchen staff had completed safe food</p>

		handling education.
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 provision of services and interventions is consistent with, and contributes to, meeting the residents' assessed needs, and desired outcomes. The care plans reviewed were individualised and personalised to meet the assessed needs of the resident. The care provided is flexible and focused on promoting quality of life for the residents. The files of the residents reviewed had appropriate interventions for behaviour management. All residents and family/whānau interviewed reported satisfaction with the care and service delivery.
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 residents are included in meaningful activities at the facility and as part of the wider rural community. Feedback is sought from residents at the residents' meetings and during activities. The diversional therapist reported that they gauge the response of residents during activities and modified the programme related to this and the residents' interests. The diversional therapist reported the activities were modified according to the capability and cognitive abilities of the residents. The activities programme covers physical, social, recreational and emotional needs of the residents. There were diversional therapies, activities, social and cultural assessments sighted in the residents' files reviewed. The diversional therapist used the assessments to develop an activities programme that was meaningful to the residents. The service was in the process of implementing the 'Spark of Life' philosophy into the activities programme. The residents and family interviewed reported satisfaction with the activities programme.
Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Where progress is different from expected, the service responds by initiating changes to the long term care plan or by the use of short term care plans. The short term care plans document that the interventions are analysed, reviewed, discussed with the resident and family/whānau and evaluated for achievement towards clearly set out goals. The residents and family/whānau interviews confirmed that they have very high satisfaction with the care provided at the service and that they feel fully involved and informed related to care planning and interventions that are put in place.  The interRAI assessments and outcomes measures are reviewed and evaluated at

		<p>least six monthly or sooner if there are changes to the resident's needs. An evaluation of the resident's response to care is conducted, with new goals and interventions to meet these goals set at least six monthly. The care plans record the outcomes and the level of how the resident had achieved these outcomes (for example fully met, partially met or not met). The evaluation of care is embedded within each interRAI instrument and outcome scales, indicators and outcome measures that can be used to evaluate the resident's current clinical status.</p> <p>With each reassessment the data is collected and changes in the resident's clinical status are evaluated and compared. The residents' files reviewed had outcomes measured for the evaluation of progress for most aspects of the residents care.</p>
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	The improvement required around safe and secure storage of chemicals has been addressed. There is now a combination lock on the cleaning chemical storage door in the dementia unit and there were no chemical containers left unattended anywhere else in the facility on the day of audit.
Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	There is a current building of warrant of fitness. Hazard monitoring and preventative maintenance occurs. New carpeting, room upgrades and creation of a safe external walking path has happened since the previous audit. All external areas are safe.
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	<p>The service conducts monthly surveillance for infections. The service uses standardised definitions of infections that are appropriate to the long term care setting. The monthly surveillance data is collated, graphed, analysed and reported at the monthly health and safety meetings. If a resident develops an infection, this is reported to staff at the shift handovers.</p> <p>The infection and surveillance data for January 2015 recorded that there were three infections. The analysis report showed that this is lower than the previous months. The infections reported were urinary tract and respiratory infections. Recommendations and actions plans were developed to further reduce the occurrence of these infections.</p>

<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There were seven residents with bed rails as restraints and five residents using bed rails as enablers on the day of the audit. Discussions with the restraint co-ordinator and review of residents' records and restraint documentation revealed that assessment and consent had been obtained and that monitoring and quality evaluation and review of all restraints and enablers is occurring. The service complies with this standard.</p>
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## **Specific results for criterion where corrective actions are required**

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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
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## **Specific results for criterion where a continuous improvement has been recorded**

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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.

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End of the report.