

Sandra MacLean

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:

Legal entity:	Sandra MacLean
Premises audited:	Lady Elizabeth Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 April 2015 End date: 28 April 2015
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:	52

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

Lady Elizabeth Home and Hospital provides hospital level and rest home care for up to 55 residents. The facility has been owned and operated by the same nurse manager for over 25 years. She is supported by a management team of five other staff members who are suitably qualified and educated for the roles they undertake.

This spot surveillance audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. Corrective actions identified in the previous audit have all been addressed and met the standards.

Feedback from residents and family/whānau members was very positive about the care and services provided.

There were no areas identified for improvement.


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 was evidence that staff communicate effectively with residents and provide an environment conducive to good communication. There are processes in place to access interpreting services when this is required. The previous area for improvement to ensure that advance directives comply with legal requirements has been addressed.

The service has a documented complaints management system which is implemented. There were no outstanding complaints at the time of audit.

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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Lady Elizabeth Home and Hospital have a mission statement and goals identified. The purpose, scope, direction and goals are all considered during the annual planning process. Strategic planning covers all aspects of service delivery in a coordinated manner to meet residents' needs.

The quality and risk system and processes support safe service delivery. Corrective action planning is completed for any areas of concern or deficits identified. Evaluations of corrective actions are documented prior to the nurse manager signing them off as complete.

The quality management system includes an internal audit process, complaints management, resident and family/whānau satisfaction surveys and quality data collection (incident/accidents, restraint, health and safety, and infection control). Data is compared to previously collected data. Quality and risk management activities and results are shared among staff, residents and family/whānau, as appropriate.

The service implements the documented staffing levels and skill mix to ensure contractual requirements are met. Human resources management processes implemented identify good practice and meet legislative requirements.

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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The processes for assessment, planning, provision of care, evaluation, review, and exit from the service are provided within time frames that safely meet the needs of the resident and contractual requirements of the funder. The care plan identifies the resident's needs and has clearly documented interventions to address the assessed needs. The care is evaluated at least six monthly to ensure the residents are receiving the care and services they require. When there are changes in the resident's needs the care plan is updated, or short term care plans are used to address the temporary needs. The service is coordinated in a manner that promotes continuity in service delivery and a team approach to care delivery.

The activities are planned and provided to develop and maintain skills and interests that are meaningful to the residents.

There are processes in place for safe medicine management. Staff responsible for medicine management are assessed as competent to perform the function for each stage they manage.

The food, fluid and nutritional services are suitable for the older person living in long term care. The menu has been reviewed by a dietitian. Any special nutritional needs are met by the service.

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 service has a building warrant of fitness inclusive of all areas.

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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Policies and procedures reflect current good practice and meet legislative and Health and Disability Services Standard requirements. Enablers are described as voluntary. Staff undertake annual restraint minimisation education and implement all requirements to maintain safe restraint processes. At the time of audit there is one bedside rail restraint in place and no enablers.

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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There is a monthly review of infections. The infection data is collated, reviewed and analysed, with interventions implemented to reduce and prevent infections. There is an additional three monthly evaluation and trending of the infection surveillance data. The infection data and recommendations are reported to staff and management in a timely manner.

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	40	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.10: 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>The previous audit identified an area for improvement to ensure advance directives meet legal requirements. The advance directives in the residents' files reviewed are signed by the resident. The files reviewed also contained advance care plans and records of discussion with the resident on the care planning and their wishes for end of life care. Staff demonstrated knowledge about providing care that respects the resident's wishes and any advance directives.</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 organisation implements policies and procedures to ensure there is an effective and fair complaints system maintained. Complaints management is explained as part of the admission process for residents and family/whānau and is part of the staff orientation programme and ongoing education. This is confirmed during interview.</p> <p>Residents and family/whānau confirmed that the management's open door policy makes it easy to discuss concerns at any time. The organisation receives more compliments than complaints. The complaints received since the previous audit have been managed within policy timeframes and are resolved. There are</p>

		<p>no outstanding complaints at the time of audit.</p> <p>Staff confirmed that they understood and implemented the complaints process for written and verbal complaints that occur. Complaints are a standing agenda item for staff meetings, as confirmed by meeting minutes sighted.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The service promotes an environment that optimises communication through the use of interpreter services as required and staff education related to appropriate communication methods. The service has not required access to interpreting services for the residents to date. Policies and procedures are in place if the interpreter services are needed to be accessed.</p> <p>The family member interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Evidence of open disclosure was documented on the accident/incident form and in the residents' progress notes sighted.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Strategic planning is undertaken annually and all aspects of service delivery are considered during the planning process to ensure resident needs are met. Risk management is included in the planning process. The vision and mission statements of the organisation are documented.</p> <p>The nurse manager/registered nurse (owner) has worked as part of the multidisciplinary team for over 25 years. She is supported by a management team consisting of the secretary, cook, the activities coordinator and two registered nurses (RNs).</p> <p>All staff members attend education appropriate to the role they undertake. Job descriptions identify management members' experience, education, authority, accountability and responsibility for the provision of services.</p> <p>On the day of audit there were 21 rest home level care and 31 hospital care resident. Interviews with residents and family/whānau confirmed that their needs were met by the service.</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</p>	FA	<p>The service has a quality and risk management system which is understood and implemented by service providers. This includes the development and update of policies and procedures which align with current good practice, regular internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. If an issue or deficit is found, a corrective action is put in place using a specific planning form. Information is shared with all staff as confirmed in meeting minutes sighted and verified during interview. This information is used to inform ongoing planning of services to</p>

<p>that reflects continuous quality improvement principles.</p>		<p>ensure residents' needs are met. The corrective actions sighted are reviewed and evaluated to show if they have been successful or not.</p> <p>Staff, resident and family/whānau interviews confirmed any concerns they have were addressed by management and verbal examples of quality improvements were given.</p> <p>Actual and potential risks are documented in the hazard register which identifies a risk rating and shows actions to eliminate or minimise the risk. Staff interviewed understood the process around reporting and managing newly found hazards.</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>	<p>FA</p>	<p>Policy is implemented regarding incidents, accident and adverse events being documented and reported. Staff interviewed stated they report and record all incidents and accidents and that this information was shared at all levels of the organisation, including any follow up actions required. Incident and accident forms are not signed off as completed until the nurse/manager is sure all corrective actions are identified and evaluated.</p> <p>The nurse/manager fully understood the obligations in relation to essential notification reporting and knows which regulatory bodies must be notified related to uncontrollable events and deaths that need to be referred to the coroner.</p> <p>Family/whānau interviewed confirmed they are kept well informed of any concerns the staff may have or of any adverse events related to their relatives. Management confirmed that information gathered from incident and accidents is used as an opportunity to improve services where indicated.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Policies and procedures identify human resources management that reflects good employment practice and meet the requirements of legislation. Newly appointed staff are police vetted upon employment, referees are checked and job descriptions clearly describe staff responsibilities. Staff complete an orientation programme related to the roles they undertaken. Competencies are completed annually for specific roles, such as medicine management. Staff annual appraisals are up to date. This was confirmed in staff files reviewed.</p> <p>Staff undertake training and education related to their appointed roles. Staff education occurs both on-site and off-site covering topics to ensure all aspects of service provision are met. This was confirmed in the education records sighted for 2014-2015. (The manner in which staff education is recorded is being undertaken as part of an ongoing quality improvement project).</p> <p>Staff that require professional qualifications have them validated as part of the employment process and annually, as confirmed in documentation sighted.</p> <p>Resident and family/whānau members interviewed, along with the 2014 satisfaction survey results, identified</p>

		that residents' needs are met by the service. Positive comments were received during resident and family/whānau interviews.
<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>Policy documents the process undertaken to ensure staffing levels and skill mix are maintained to meet residents' needs and to comply with contractual requirements. Documentation identifies that at all times adequate numbers of suitably qualified staff are on duty to provide safe and quality care to all residents and to ensure appropriate socialisation occurs.</p> <p>A review of rosters shows that staff are replaced when on annual leave or sick leave. Staff interviewed confirmed there are adequate staff on each shift and that they have time to complete all tasks to meet residents' needs. Residents interviewed stated all their needs have been met in a timely manner.</p> <p>There is a registered nurse and at least one staff member on duty at all times who holds a current first aid certificates. Caregivers either hold or are encouraged to gain a recognised certificate in care of the aged.</p> <p>The activities coordinator works Monday to Friday and there are dedicated kitchen and cleaning staff seven days a week.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Medicines are supplied by the pharmacy in a pre-packed administration system. The nursing staff review the medications delivered for accuracy against the medicine charts. The GP conducts medicine reconciliation on admission to the service and when the resident has any changes made by other specialists. Safe medication administration was observed.</p> <p>The medicines and medicine trolley were securely stored at audit. The temperature of the medicine fridge is recorded weekly, with temperatures noted to be within medicine storage guidelines. The management of the controlled drugs meets legislative requirements.</p> <p>All the medicine charts sighted had prescriptions that complied with legislation and aged care best practice guidelines. The medicine charts 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 all staff that assisted with medicine management.</p> <p>The RN reported that there were no resident who self-administer their medicines. The service has appropriate policies, procedures and self-administration guidelines if a resident is assessed as able to self-administer their medicines.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The service has a four week rotational menu with summer and winter variations. The menu has been reviewed by a dietitian as suitable for the residents.</p> <p>Residents are routinely weighed at least monthly and more frequently when indicated. The service is conducting an ongoing project on weight loss and nutritional assessments, with this indicating that any recorded weight loss has been related to palliative conditions. Residents with additional or modified nutritional needs or specific diets have these needs met. The residents and family/whanau satisfaction of meals, fluids and the nutritional services was demonstrated in satisfaction surveys reviewed and interviews at the time of audit.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal comply with current legislation and guidelines. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging. The kitchen staff have completed safe food handling training and ongoing education.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The provision of services and interventions are recorded on the long and short term care plans. The interventions are consistent in meeting the assessed needs of the resident. Care provision is based on the resident centred model of care, with the resident's specific and individualised goals recorded. The care plans reviewed were personalised to meet the assessed needs of the resident. The staff reported that the care plans provide sufficient guidance as to the interventions required for each resident. All residents and family members reported satisfaction with the care and service delivery.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>There are planned activities provided five days a week. The activities programme covers physical, social, recreational and emotional needs of the residents. There were diversional therapy, activities, social and cultural assessments sighted in the residents' files reviewed.</p> <p>Feedback is sought from residents at the residents' meeting and during activities. The activities coordinator reported that they gauge the response of residents during activities and modified the programme related to response and interests. The diversional therapist reported the activities were also modified according to the capability and cognitive abilities of the residents. The residents reported satisfaction with the activities programme. One family member reported that they were impressed with the range and variety of activities and that there are activities that focus on each resident being made to feel special.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Evaluations of care are conducted monthly. The care plans documented the resident's response to interventions. The RNs reported that the monthly evaluation of care provides a greater opportunity to review the resident's response and satisfaction with the care and services provided. The families are also involved and consulted in the process of evaluation of care. Where progress was different from expected, the service responded by initiating changes to the care plan or by use of short term care plans for temporary changes. Short term care plans were sighted in the files reviewed. The residents and family members interviewed were satisfied with the care provided at the service.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>Documentation sighted identified that all processes were undertaken as required to maintain the building warrant of fitness. The current warrant of fitness expires on 2 August 2015. This covers all buildings at the facility.</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>The service conducts monthly surveillance for infections. There is an additional three monthly evaluation and trending of infections and a three monthly review of compliance with infection control practices. There is a monthly infection control meeting with any recommendations also discussed at the staff meetings.</p> <p>The infection and surveillance data for 2015 recorded an increase in urinary tract infections in January. The staff meeting minutes and handover reports recorded the actions implemented to reduce the infections, which included further staff and resident education, increased fluids, hand hygiene and informal education with the resident. There were no urine infections in the subsequent month.</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>Restraint is minimised at Lady Elizabeth Home and Hospital with only one bedside rail in use at the time of audit.</p> <p>Policy identifies that an enabler is voluntary and the least restrictive option to keep the resident safe. All documentation completed complies with policy and legislative requirements.</p> <p>Staff are aware of the difference between an enabler and a restraint and what actions need to be taken related for the use of both. Staff attend annual restraint management education.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.