

# **Henrikwest Management Limited - Turama House & Catherine Lodge**

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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:

**Legal entity:** Henrikwest Management Limited

**Premises audited:** Catherine Lodge Retirement Home||Turama House Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 24 June 2015 End date: 25 June 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:** 49



# 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

Turama House Rest Home and Catherine Lodge Retirement Home provide rest home level care. Both facilities are owned by a husband and wife team and have the same shared management structure.

This unannounced surveillance audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies and procedures, the review of staff files, observations, and interviews with family/whānau, residents, management staff and a general practitioner. Feedback from residents and family/whānau members was positive about the care and services provided.

No areas for improvement were found during the 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 processes for communication with residents and family/whanau. Full information and open disclosure about any incidents or accidents is provided. Interpreting services are accessible as required to meet the communication needs of the resident.

Both facilities have up to date complaints registers which identify that all complaints have been addressed and followed up within timeframes required to meet policy requirements. At the time of audit there is one complaint which is yet to be officially closed off.

## 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.		All standards applicable to this service fully attained with some standards exceeded.
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Both Catherine Lodge and Turama House have documented goals, mission statement and values. Business processes related to planning are identified and the quality and risk system covers all aspects of service delivery. The processes in place allow residents' needs to be identified and met in a coordinated and safe manner.

Corrective action planning is implemented to manage any areas of concern or deficits identified. Evaluation of corrective actions are clearly shown prior to being signed off by the manager. The quality management system included an internal audit process, complaints management, resident and family/whānau satisfaction surveys and collection of data related to incident/accidents and infection control. Quality and risk management activities and results are shared among staff, residents and family/whānau, as appropriate. The reporting processes includes a monthly report which is taken to the management meetings. Corrective action planning and adverse event reporting are undertaken to a very high standard and this is reflected in the services level of attainment.

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.

The organisation has appropriate processes and tools for the assessment, care planning and evaluation of care to be conducted within required timeframes. The care plans and intervention are recorded and implemented based on the individual needs of each resident at both Catherine Lodge and Turama House. Appropriate links are developed and maintained with other health and disability services to meet the needs of the residents. At Turama House, there are strong links with mental health services for the older person, to meet the needs of the residents there.

Evaluation of care is conducted at least six monthly, or sooner if there is change in the resident's needs. When there are changes, these are either recorded on short term care plans, or the long term care plan is updated.

There are planned activities at both of the facilities. The residents report satisfaction with the range and variety of activities provided. Residents are encouraged to access local community facilities and shopping centres.

There are appropriate processes in place for the safe management of medications. All staff who assist with medicine management are assessed as competent to do so.

The same menu plan is used at both of the facilities. Food and fluids are provided to meet the needs of residents living in a long term care environment.

## **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.

Both facilities have current building warrant of fitness. (Turama House has redeveloped a downstairs area and the partial provisional report in relation to this has been completed separately).

## **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.

Policies and procedures in place reflect current good practice and meet legislative and Health and Disability Services Standards requirements. Policy identifies enablers are voluntary. Neither facility had any form of restraint or enabler in use at the time of audit. Staff undertake annual restraint minimisation education so they have a full understanding of what is required should restraint be required.

## 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 monthly surveillance of the number and types of infections at each facility. Where trends are identified, actions are implemented to prevent further infections occurring.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	15	0	0	0	0	0
Criteria	2	37	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	<p>Policy and procedures identify that the organisation is committed to an effective and fair complaints system. The complaints process is discussed with family/whānau during the admission process and is included in new staff orientation and in the ongoing education programme. This is confirmed in documentation sighted and during interviews.</p> <p>Resident and family members confirmed during interview that the management's open door policy makes it easy to discuss concerns at any time. The complaints received since the previous audit have been managed within policy timeframes and are resolved. This was confirmed in the complaints register sighted.</p> <p>One incident which involved the police has been fully documented in the complaints folder. Documentation identifies all processes have been followed and a full investigation occurred. The manager stated the police have verbally closed off the issue with no required follow up and that they are waiting for documentation to confirm this.</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. They are also</p>

		reported to the general manager/owner (GM) verbally and during monthly formal management meetings as confirmed in documentation sighted.
Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Open disclosure is evidenced in the files and incident/accident forms reviewed. Families report that they are fully informed regarding their relative's condition and any incidents and accidents. Staff understand their responsibility in keeping the residents and families fully informed.</p> <p>There are no residents who require access to interpreting services. Staff are knowledgeable on the organisation's policies and procedures on accessing interpreting services.</p>
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>Annual planning process are identified in the 2014-2015 business plan. It covers all aspects of service delivery. The vision and mission statements of the organisation are documented and reviewed annually as part of the business planning process. Risk management is included in the business planning process.</p> <p>The general manager/owner (GM), and the maintenance person/owner both actively work within the facilities. The management team consists of a manager who is an enrolled nurse, an assistant manager who oversees quality and risk, the accounts manager and the rest home coordinator at Catherine Lodge. As confirmed by management all 49 residents are rest home level</p> <p>The rest home coordinator at Turama House is an experienced caregiver and not part of the management team. Monthly formal management meetings are held and documentation identifies all areas of service provision are discussed. All members of the management team 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>Clinical care at both facilities is overseen by registered nurses. Interviews with residents and family/whānau confirmed their needs are met by the service.</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	The quality and risk management system which includes regular internal audits, incident and accident reporting and investigation, health and safety reporting, and quality data collection, collation and analysis is understood and implemented by service providers. If an issue or deficit is found a corrective action is put in place to address the situation. Information is shared with all staff as confirmed in meeting minutes sighted and verified by staff interviewed. Monthly reporting is

		<p>discussed and reviewed at management meetings and the information is used to inform ongoing planning of services to ensure residents' needs are met.</p> <p>Quality improvement data is benchmarked against previously collected data and results are clearly documented. Staff, residents and family/whānau interviewed confirmed any concerns they have were addressed by management and verbal examples of quality improvements were given.</p> <p>Corrective action planning is undertaken to a comprehensive level which has gained a continuous improvement attainment level.</p> <p>Policies and procedures are managed by an off-site company and are aligned with current good practice and meet legislative requirements. Policies and procedures are personalised for each facility.</p> <p>Actual and potential risks are identified and documented in the hazard register. Newly found hazards are communicated to staff and residents as appropriate. Staff confirmed that they understood and implemented documented hazard identification processes.</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>	CI	<p>Policy identifies that the organisation requires all incidents, accident and adverse events to be reported immediately. Service providers are able to demonstrate that incident and accident reporting is embedded into everyday practice. Incident and accident forms sighted were clearly documented and any corrective actions to be taken are shown on the forms used by the service. The documented corrective actions are evaluated prior to sign off by the manager. Documentation identifies how corrective actions have improved service provision to enhance resident safety and satisfaction resulting in the service gaining a continuous improvement level of attainment.</p> <p>The incidents and accident forms reviewed corresponded with information sighted in the files reviewed. Staff interviewed stated they report and record all incidents and accidents and that evaluated information is shared at staff and management meetings including follow up action outcomes. The monthly report compares numbers and types of accidents to help inform ongoing planning. The analysis of incidents and accidents are broken down into specific areas and each area is trended.</p> <p>Management fully understood their obligations in relation to essential notification reporting and know which regulatory bodies must be notified.</p> <p>Family/whānau interviewed confirmed they are kept well informed of any</p>

		<p>concerns the staff may have or of any adverse events related to their relatives. This is supported by the results of the resident and family/whānau satisfaction survey results.</p>
<p><b>Standard 1.2.7: Human Resource Management</b> Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<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 describe staff responsibilities and best practice standards. Staff have completed an orientation programme with specific competencies for their roles as confirmed in staff files reviewed.</p> <p>Staff undertake training and education related to their appointed roles. Staff education onsite includes guest speakers, off-site seminars and training days which cover topics to ensure all aspects of service provision are met. This was confirmed in the education records sighted for 2014-2015 and documentation in staff files reviewed. Staff confirmed during interview they can access education to enhance their service delivery both on and off site and that they are encouraged to do so by management.</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>Family/whānau members interviewed, along with the satisfaction survey results, identified that residents' needs are met by the service.</p>
<p><b>Standard 1.2.8: Service Provider Availability</b> Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Policy identifies staffing levels and skill mix are maintained to meet residents' needs and to comply with contractual requirements. Rosters reviewed identify that adequate numbers of suitably qualified staff are on duty to provide safe care. Staff interviewed confirmed there are adequate staff on all shifts to allow them to complete all tasks to meet residents' needs. The manager reported that additional staff would be rostered to meet increased residents' needs and this was confirmed by staff interviewed.</p> <p>There is a registered nurse and medical staff on call at all times. Residents and family/whānau interviewed stated they feel all their needs are met in a timely manner.</p> <p>There is always a staff member on duty who holds a current first aid certificates. Dedicated cleaning, laundry and kitchen staff work seven days a week.</p>

<p><b>Standard 1.3.12: Medicine Management</b></p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medicines are individually supplied for each resident by the pharmacy in a pre-packed administration system. The medicines and medicine signing sheets are checked for accuracy by the RN when delivered. The GP conducts a medicine reconciliation on admission to the service and when the resident has any changes made by other specialists. Safe medicine administration was observed at both Turama House and Catherine Lodge.</p> <p>The medicines and medicine trolley were securely stored. There were no controlled drugs or standing orders used. Medications that require refrigeration were stored in a container in the kitchen fridge, the recordings are observed daily and recorded at least weekly.</p> <p>All the medication files sampled in the electronic record had prescriptions that complied with legislation and aged care best practice guidelines. The medicine review date is recorded on the medication chart, with all residents having their medicines reviewed within the last three months.</p> <p>Medication competencies were sighted for all staff who assist with medicine management.</p> <p>Staff reported that there were no residents who self-administer medicines at Turama House and two residents who do at Catherine Lodge. The service has policies, procedures and self-administration guidelines and risk assessments are evidenced for the two residents who self-administer their medications.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></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 menu had been reviewed by a dietitian in the last two years as being suitable for the older person living in long term care. There are some younger residents at both Catherine Lodge and Turama House, who report the meal service meets their needs. Both the services have the same four 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 had these needs met. All residents and family reported satisfaction with the meals and fluids provided, reporting that there is good presentation and a variety of meals.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal complies with current legislation and guidelines. Fridge and freezer recordings were 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 of all kitchen staff having completed safe food</p>

		handling certificates. There was some deterioration noted to the laminated surfaces on the kitchen doors, with this identified in the ongoing maintenance plan to be repaired.
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 care plans are based on the assessed needs of the residents. The care plans record the need, goals/aims of the residents and interventions required to meet these goals. The care plans record integration of service delivery, with interventions recorded from nursing, medical, allied health and other health providers. The caregivers report that the care plans provide adequate information in the care plans to guide care. The residents and families report they are satisfied with care provided at Turama House and Catherine Lodge.
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	<p>The residents were included in meaningful activities at both care facilities. Feedback was sought from residents at the residents meeting and during activities. Staff reported that they gauge the response of residents during activities and modified the programme related to resident's response and interests. The activities were also modified according to the capability and cognitive abilities of the residents. The activities programme covered physical, social, recreational and emotional needs of the residents.</p> <p>There were diversional therapy, activities, social and cultural assessments sighted in the residents' records. These social assessments are used to develop an activities programme that is meaningful to the residents. Most residents report satisfaction with the level and variety of activities provided, one resident at Turama House did comment that they felt there was not enough activities, though reported they are satisfied with the range and variety of activities that are provided. This is not reflective of a systemic issue as all other residents reported satisfaction.</p>
Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	<p>Evaluations are recorded at least six monthly. The evaluations that are documented in all other files described how the resident is progressing towards meeting their goals and interventions.</p> <p>When there are temporary needs or the resident is not meeting their goals, the services use short term care plans to capture these needs. The short term care plans record the needs, interventions and how the interventions have worked. There are specific care plans and treatment plans for wound care. The residents and families report satisfaction with the care and report input into the reviewing and evaluation of care.</p>

<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>Documentation sighted identified that all processes were undertaken as required to maintain the building warrant of fitness for both facilities. The service has not made any changes to the building footprint since the previous audit at either facility. Both Catherine Lodge and Turama House have a current building warrant of fitness.</p>
<p><b>Standard 3.5: Surveillance</b></p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The service conducts monthly surveillance for infections. The service uses standardised definitions of infections that are appropriate to the long term care setting.</p> <p>The infection and surveillance data for 2015 was sighted at both Turama House and Catherine Lodge. Each of the services undertakes an analysis report that identifies any increase and trends in the number and types of infections. The infection surveillance data records any corrective and preventive actions that are implemented to reduce infections. Catherine Lodge has conducted a project on the use of disposable gloves and cross contamination from the analysis of data in March 2015. This involves staff education. The number of infections has been reduced to zero in April 2015. Staff demonstrated knowledge in infection prevention and control. There is an additional annual summary and trend analysis for the infections that have occurred in the previous 12 months.</p>
<p><b>Standard 2.1.1: Restraint minimisation</b></p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Restraint policy identifies that enablers are voluntary and the least restrictive option. Both facilities are restraint free environments. No restraints or enablers were in use at the time of audit. Staff confirmed they use no restraint but are able to verbalise their understanding of processes should it be required. Staff files and education records sighted confirmed staff undertake restraint education at least annually.</p>

## **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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.8 A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.	CI	Corrective action planning sighted for all areas of service delivery ensures specified standard and legislative requirements are met. Any upward tends identified, such as an increase in falls or skin tears or results from internal audits, are documented to show corrective actions taken to improve services. Some corrective actions are written up as projects, such as one related to infection control.	Having fully attained the criterion the service can in addition clearly demonstrate a review process including analysis and reporting of findings, evidence of actions taken based on those findings and improvements to service provision and resident safety as a result of the review process. Corrective action planning covers all aspects of service delivery and monthly reporting identifies the outcomes achieved.
Criterion 1.2.4.3 The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify	CI	Incident and accident forms sighted for 2014-2015 are fully completed and indicate family/whānau and GP notification. All incident and accidents forms identify actions taken to improve service by looking at ways to prevent or decrease incidents and accidents. This information is shared will all staff. Findings are analysed to identify how the	Incident and accidents are documented for all adverse, unplanned, or untoward events. This information is used to identify opportunities to improve service delivery. Monthly itemised reporting along with annual reporting and analysis is clearly shown. Trending is monitored as all information is benchmarked against previously

and manage risk.		corrective actions taken have either been successful or if another action is required.	collected data.  An example relates to a resident who had bruising on the arm from an unknown cause. Staff were requested to monitor the bruising which is clearly documented in the resident's notes. A full investigation was undertaken with family and GP input and it was conclude that the cause was the flu vaccination the resident had had. Residents and family are now informed that bruising may be a side effect of having flu vaccination  Having fully attained the criterion the service can in addition demonstrate a review process which included analysis and reporting of findings in a manner that improves resident safety and/or satisfaction as a result of the review process.
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End of the report.