# Carter Society Incorporated

## 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Carter Society Incorporated

**Premises audited:** Carter Court Rest Home

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

**Dates of audit:** Start date: 3 August 2015 End date: 3 August 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:** 29

# 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 |
|  | 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

Carter Court Rest Home is owned and operated by Carter Society Incorporated, a charitable trust, and provides aged residential care at rest home level in Carterton in the Wairarapa. On the day of audit there were 29 residents. The service is managed by a manager appointed by the Carter Society. All residents and families interviewed spoke positively about the care and support provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Services Standards and the provider’s contract with the district health board. The audit process included a review of staff files and clinical documentation, interviews with residents, management and staff as well as observations.

One area requiring improvement was identified relating to appropriate recording in the clinical files.

## Consumer rights

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| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. |  | Standards applicable to this service fully attained. |

Open disclosure principles were demonstrated. Incident reports, progress notes and family communication records verify that family are notified when appropriate. Informed consent policy and processes are explained to residents and families/whanau and are implemented by the service.

There is a compliments and complaints process which is made available to all residents and families/whanau. Staff receive training in this process at induction. The current complaints register is monitored by the management group at their monthly meetings. At the time of audit there were no complaints with the Health and Disability Commissioner and all complaints in the register had been managed within the time frames required by the Code of Health and Disability Services Consumers' Rights (the Code).

## Organisational management

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| 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. |

The executive committee of the Carter Society regularly reviews the organisational purpose, scope, values and goals. There is a well-developed quality management system which includes a quality plan and a risk management plan. The quality, health and safety coordinator maintains the document management system, with input from the management team. All staff are involved in the review and development of policies and procedures which are current. Quality data is collected which is then collated, analysed and reported to the management group, all staff and the executive committee. Any trends or systemic issues are identified and addressed. There is regular monitoring of service delivery throughout the year through the internal audit programme.

An effective system for human resources management ensures staff are recruited, selected and appointed following appropriate employment procedures. Performance appraisals are conducted annually and are up to date. Professional registration and practising certificates for health professionals who work at Carter Court Rest Home are monitored and all are current.

Staffing rosters meet the contractual requirements for registered nurse hours. Enrolled nurses and health care assistants are all appropriately trained in the support of older people.

## Continuum of service delivery

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| 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. |  | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |

All residents’ files sighted provided evidence that needs, goals and outcomes were identified and reviewed on a regular basis and within required timeframes, however interventions in care plans did not always describe the required support needed to meet the residents’ needs and this is an area requiring improvement. Residents and families interviewed reported being well informed and involved, and that the care provided was of a high standard.

An activities programme exists that includes a wide range of activities and involvement with the wider community.

Well defined medicine policies and procedures guide practice. Practices sighted were consistent with these documents.

The menu has been reviewed by a registered dietitian as meeting nutritional guidelines, with any special dietary requirements and need for feeding assistance or modified equipment met. Residents have a role in menu choice and interviews with residents verified satisfaction with meals.

## Safe and appropriate environment

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| 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. |

The building has a current warrant of fitness which expires on 30 June 2016.

## Restraint minimisation and safe practice

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| 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 facility is restraint free. Enablers are used if requested by residents to support independence and maintaining safety. All required policies and procedures are in place should they be needed at any time.

## Infection prevention and control

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| 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. |

Surveillance of infections was occurring according to the descriptions of the process in the programme. Data on the nature and frequency of identified infections has been collated and analysed. The results of surveillance are reported through all levels of the organisation, including governance.

## Summary of attainment

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | 15 | 0 | 0 | 1 | 0 | 0 |
| **Criteria** | 0 | 38 | 0 | 0 | 1 | 0 | 0 |

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| --- | --- | --- | --- | --- | --- |
| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **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 has a detailed complaints and compliments policy and procedure that complies with Right 10 of the Health and Disability Commissioner’s Code of Health and Disability Services Consumers’ Rights (the Code). Training for all staff around the Code is included in the induction programme with ongoing training regularly scheduled. The manager is advised immediately if a complaint is received and the process as outlined in the policy is instigated.  The complaints register was reviewed and all complaints received had followed the required process and had been resolved satisfactorily. Documentation was filed in the register. A number of compliments had also been received and recorded in the past six months. Residents were aware of how to make a complaint and staff were also clear on how to provide support for residents who had any concerns. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | The services provided by Carter Court reflect an environment of effective communication with residents and their families. The service has open disclosure and informed consent policies which provide guidance to staff around the principles and practice of open disclosure and informed consent. Staff confirmed they understand that relatives and residents must be informed of any incidents/accidents or changes in care provision. The files reviewed confirmed this. Residents and family interviewed confirmed communication with staff was open and effective, that they were always consulted and informed of any untoward event or change in care provision.  Currently no residents need interpreter services, however if these are required at any time they are accessed from the national interpreting service via the DHB. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The organisation’s values, purpose, scope, directions and goals are clearly documented and were last reviewed by the governing body, the Carter Society, in 2014.  The executive committee meets monthly with the manager, who provides comprehensive reports on the operational side of the business. Monthly meetings are also held with the management group and the quality, health and safety group to monitor and review performance.  The manager has been in the role for four and a half years and has had significant previous experience in the health and disability sector. Support is provided by the nurse manager and the quality, health and safety coordinator who also have significant sector experience. |
| 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 organisation has a well-documented quality and risk plan and procedures in place to monitor the plan. All policies and procedures are reviewed regularly in a staged rolling process with appropriate staff consultation. All incidents and accidents, complaints, infections and health and safety data is collected and analysed and forms the basis for quality improvement activity. This process is managed by the quality, health and safety coordinator who reports to management and staff on a regular basis. The health and safety and the management committee meet each month to review the data and formulate any corrective actions that may be indicated. An internal audit programme also feeds into this process.  Staff are included in all quality initiatives and report that they receive regular updates and are involved in the implementation of quality activity. Regular resident meetings are also held to ensure input from residents is included in the system. Meeting minutes reviewed reflected the process is being followed across all quality indicators. A recent initiative underway is a project aimed to reduce the number of falls. This was identified from data collected over the past few months. Data collection includes the time and place where falls were occurring as well as the person and any other contributing factors. Strategies to address the increased fall rate are currently in place and progress reporting is occurring across the organisation. Staff training is provided to support these initiatives.  The risk management plan 2015-16 identifies organisational risk and management strategies aimed to minimise any impact. This is monitored and reviewed regularly by the governance finance and audit committee. All relevant risks are communicated to residents and families where appropriate. |
| 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 | Incident and accident management policy and procedures document the process for reporting and recording all adverse events. A standard form is in use. The adverse event reporting system provided evidence of a planned and co-ordinated process. Staff document adverse, unplanned or untoward events on an incident/accident form which are then recorded in the quality system database. These are then filed in relevant residents’ files and the facility register. All incidents are reviewed and analysed at the monthly quality meetings and any corrective actions identified that could improve service delivery and mitigate any risks are raised.  Documentation for the previous month was reviewed and all reports followed the required process with all actions and outcomes recorded, including notification of families.  Policy and procedures comply with essential notification reporting including health and safety, human resources and infection control. The manager demonstrated a clear understanding of what is required for essential notification reporting and the appropriate authorities to contact. |
| 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 | There are well described human resources management system which includes the recruitment and appointment of employees, orientation, training and on-going education, performance development and management and for associated good employment practices.  The skills and knowledge required for each position within the service is documented in job descriptions which outline accountability, responsibilities and authority. These are reviewed on staff files along with reference checking, criminal record vetting, interview questionnaires, employment agreements, completed induction training and competency assessments.  Professional qualifications are validated during recruitment. A copy of the annual practising certificate (APC) for all qualified nurses employed by Carter Court is kept on their personnel file. All files reviewed had the appropriate qualifications recorded. A copy of all current APC’s for the pharmacist, podiatrist, doctors and allied health professionals are also kept in a separate file which was reviewed. Additional competencies are also monitored, including medication management competencies for all team leaders.  There is a planned education programme which includes modules on restraint, the Code, infection prevention and control, challenging behaviours, wound care, nutrition and continence. An induction programme is completed for all staff and covers the core aspects of the person's position as well as the essential aspects of service delivery which are the responsibility of all staff members. This includes fire safety; rights and responsibilities; informed consent; dignity, privacy and respect of residents and their property; the society's mission and purpose; standard precautions and hand hygiene. A new staff member confirmed the induction programme facilitated a comprehensive introduction to the work and the facility and was very thorough.  All staff members interviewed reported they had received appropriate training to be able to do their jobs safely and well. Individual training records are kept in staff files.  Residents and families reported satisfaction with staff who they felt were well trained, competent and able to meet their needs. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The nurse manager completes all the rosters for the facility. The rostering template used ensures the allocation for hours and staff meet the required levels to reflect the needs of the residents who are currently in Carter Court.  The rosters for the current two week period were reviewed. These all showed sufficient staff levels and skill mixes were in place to meet the residents’ needs. The facility has a number of causal staff who are available to cover for any absences in addition to the on call nursing cover which is in place overnight. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The Medication Management Policy is comprehensive and identifies all aspects of medicine management. The use of a software system to manage the charting of medications has recently been implemented at Carter Court. Reports verified administration records and three monthly GP reviews.  A safe system for medicine management was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.  Controlled drugs are stored in a separate locked cupboard. Controlled drugs are checked by two nurses for accuracy in administration. The controlled drug register evidences weekly and six monthly stock checks and accurate records.  The records of temperature for the medicine fridge have readings documenting temperatures within the recommended range.  Residents’ who self-administer their medicines have appropriate processes in place to ensure this is managed in a safe manner.  Medication errors are reported to the RN and recorded on an incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process is verified.  Standing orders are not used. Any pro re nata (PRN) (as required) medication administered is authorised on the resident’s medication chart. PRN medication requests include indications for use. |
| 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 | The food, fluid and nutritional requirements of the residents is provided in line with recognised nutritional guidelines for older people as verified by the dietitian’s documented assessment of the planned menu.  A dietary assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences of the residents, special diets and modified nutritional requirements are known to the cook and accommodated in the daily meal plan. Special equipment, to meet resident’s nutritional needs, was sighted.  All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal complies with current legislation and guidelines.  The effectiveness of chemical use, cleaning, and food safety practices in the kitchen is monitored by an external provider. The facility receives monthly reports and recordings on the effectiveness of the programme. A cleaning schedule was sighted as was verification of compliance.  Evidence of resident satisfaction with meals was verified by resident and family/whanau interviews and resident meeting minutes.  There are sufficient staff on duty in the dining rooms at meal times to ensure appropriate assistance is available to residents as needed. The dining rooms are clean, warm, light and airy to enhance the eating experience. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | PA Moderate | Residents and family/whanau members expressed satisfaction with the care provided. Observations and interviews verified the provision of care provided to residents was consistent with residents’ needs and desired outcomes; however documentation in some files reviewed was unable to support this and this is an area identified as requiring improvement.  There were sufficient supplies of equipment seen to be available that complied with best practice guidelines and met the residents’ needs. |
| 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 | Residents are assessed on admission to ascertain their needs and appropriate activity and social requirements. Activities assessments are analysed to develop an activities programme that is meaningful to the residents. The planned monthly activities programme sighted, matches the skills, likes, dislikes and interests evidenced in assessment data. Activities reflected residents’ goals, ordinary patterns of life and include normal community activities. Family/whanau and friends are welcome to attend all activities. Group activities are developed according to the needs and preferences of the residents who choose to participate.  A residents’ meeting is held monthly. Meeting minutes and satisfaction surveys evidence the activities programme is discussed and that management are responsive to requests. Interviews and observation verified feedback is sought and satisfaction with the activities offered. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Residents’ care is evaluated daily and reported in the progress notes. If any change is noted it is reported to the RN.  Formal care plan evaluations are carried out by the RN, to measure the degree of a resident’s response in relation to desired outcomes and goals occur every six months, or as residents’ needs change. Where progress is different from expected, the service is seen to respond by initiating changes to the service delivery plan.  A short term care plan is initiated for short term concerns, such as infections, wound care, changes in mobility and the resident’s general condition. Short term care plans are reviewed daily, weekly or fortnightly as indicated by the degree of risk noted during the assessment process. Interviews verified residents and family/whanau are included and informed of all changes. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The current BWOF expires on June 30 2016. There have been no changes to the buildings since the certification audit. |
| 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 | In line with the infection prevention and control policy and procedures, monthly surveillance is occurring. These are collated each month and analysed to identify any significant trends or possible causative factors. Incidents of infections are presented at the management and staff meeting every month. Any ongoing actions required are presented and any necessary corrective actions discussed, as evidenced by meeting records, infection control records and staff interviews. Any immediate action required is presented to staff at hand over. Incidents of infections are graphed and on display in the staff room. A comparison of previous infection rates is used to analyse the effectiveness of the programme. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | There have been no episodes of restraint in the two years the current nurse manager has been in the role. Restraint would only ever be used as a last resort option and appropriate systems are in place should this occur. While there are no enablers in use at present, the clinical staff are aware of the need to respond to any requests from residents should they wish to use enablers for their personal safety. They will assist with queries and ensure appropriate enablers are provided. A restraint/enabler committee is in place to review all requests. |

# Specific results for criterion where corrective actions are required

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.3.6.1  The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes. | PA Moderate | The documented interventions in three of five care plans reviewed, did not always describe the required support needed to meet the resident’s assessed needs. | Interventions are not always consistent with meeting residents’ assessed needs. | Interventions are consistent with meeting residents’ assessed needs.  90 days |

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

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

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

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

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| No data to display |

End of the report.