

Beattie Community Trust 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 Health Audit (NZ) 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:	Beattie Community Trust Incorporated
Premises audited:	Beattie Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 1 June 2016 End date: 1 June 2016
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

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

Beattie Home is owned and operated by a charitable trust, located within a retirement village. The service provides rest home level of care for up to 37 residents. The residents, families and general practitioner all expressed high satisfaction with the quality of care and services provided.

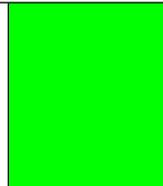
This unannounced (spot) surveillance audit was conducted against the relevant Health and Disability Services Standards and the service's contract with the district health board. A surveillance audit is undertaken part-way through a service provider's period of certification to verify the service continues to meet all relevant standards. The audit process included the review of documentation and records, observations and interviews. Interviews were conducted with management, clinical and non-clinical staff, residents, family/whanau and a general practitioner.

The focus of the audit is on service delivery and review of criteria not fully attained at the previous audit. The last certification audit identified one area of improvement related to documentation of the three monthly medical reviews, this was closed out the partial provisional audit. At the previous part provisional audit there were no areas identified for improvement. There are no new areas for improvement identified at this unannounced audit.

The strengths of the organisation are the individualised care, services and activities provided to residents and the ongoing commitment to implementing the quality management systems. The organisation has also maintained continuity of care during the temporary absence of the manager.

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.



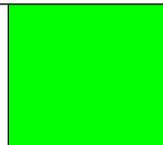
Standards applicable to this service fully attained.

There was evidence of open disclosure in the way the service communicates with the residents and families after any adverse events. The organisation has access to interpreting services as required.

The complaints management system is accessible. There is a complaints register that contains any complaint received and actions taken to address any shortfalls.

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.

Organisational strategic plan and goals are monitored at a management and board level. Organisational performance is aligned with quality objectives and key performance criteria. The organisation's philosophy and goals are identified and monitored. The quality and risk management system is implemented and promotes opportunities for improvement. The quality systems include the review of service delivery, incidents/accidents, infections, complaints and reports from the internal audit programme. Policies are reviewed as required.

There was a temporary manager at the time of audit. The temporary manager has been approved by the chair of the board and has consulted with the DHB regarding the temporary absence of the usual manager. The temporary manager is supported by administration staff and a registered nurse.

The adverse event reporting system is planned and coordinated. The risk management system includes the identification of hazards and risks to service delivery, with preventive and corrective actions implemented to make improvements. Systems are in place for human resource management with documented recruitment and employment processes. There are adequate staff numbers each shift to meet the resident's needs. The education programme for all staff is available and planned each year.

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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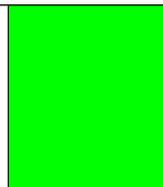
Residents receive appropriate services that meet their desired goals/outcomes. Residents are admitted with the use of standardised risk assessment tools. Care plans are consistently developed and evaluated for. Short term care plans are sufficiently detailed. Planned activities are appropriate to the needs, age and culture of the residents. Residents reported that activities are enjoyable and meaningful to them.

The medicine management system is consistently implemented and meets the required regulations and guidelines.

Food service meet the individual food, fluids and nutritional needs of the residents.

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.

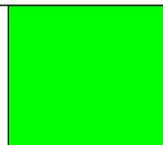


Standards applicable to this service fully attained.

There is current building warrant of fitness. The internal layout of the building has not changed since the previous audit and trial evacuation.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

The service has clear and comprehensive policies and procedures which meet the requirements of the restraint minimisation and safe practice standards. There are no residents using a restraint or enabler. Staff training occurs on restraints and enablers is provided annually.

Infection prevention and control

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

Standards applicable to this service fully attained.

The type of infection surveillance undertaken is appropriate to the rest home level of care provided. There is monthly surveillance and benchmarking on the number of infections. Results of surveillance are acted upon, evaluated and reported to staff, management and the board.

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	16	0	0	0	0	0
Criteria	0	38	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Families and residents report that if they needed to, they would feel comfortable making a complaint. Residents and families report that the complaints process is discussed with them as part of the admission process and reinforced at resident meetings. Complaint forms are on display throughout the service, and are easily accessible.</p> <p>Complaints are responded to in a responsive and fair manner. Complaints sampled for 2016 were responded to immediately, investigated and closed to the satisfaction of the complainant within time frames consistent with Right 10 of the Code. The complaints register contains all complaints, dates and a summary of actions taken and outcomes. Staff interviewed demonstrated knowledge of the complaints management process.</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 residents and families had high praise for the openness and honesty of the way the staff communicate with them and inform them of any adverse events. The incidents and accidents forms record that, when it is appropriate and consented by the residents, families are informed. Staff were observed to be communicating effectively with the residents.</p> <p>All residents are able to effectively communicate in English. There are processes in</p>

		place for access interpreting services if this is required. Staff were aware of how to access an interpreter if needed.
<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>The organisation currently provides rest home level of care for up to 37 residents. There were 29 residents at the time of audit (which included one resident receiving respite care). Services are planned to meet the needs of the residents. Resident feedback included comments the service excels at 'getting to know' the residents and implementing care and services that the residents 'like'. Resident/relative satisfaction surveys confirmed that residents/families are satisfied with all aspects of service delivery.</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified. Goals are reviewed annually and there are quarterly strategic planning meetings. The board chair confirmed the ongoing review of progress towards meeting the strategic goals, with the business plan currently under review. The organisation is also part of a wider charitable company which runs other rural aged care services. The charitable company has undergone an external strategic review to set goals and capacity planning for the next five years.</p> <p>Beattie Home governance is provided through a community trust board. There are clear terms of reference for the board and board members' individual roles. The board and its members are responsible to the community to ensure there is sound organisational management with beneficial outcomes and systems.</p> <p>At the time of audit, the manager was not available. A temporary manager has been appointed in the interim. The regular manager is a suitably qualified and experienced registered nurse (RN) with authority, accountability, and responsibility for the provision of services, as confirmed in their file and interview with the chair of the board. The manager has an annual performance appraisal with the board (last conducted April 2016). The manager maintains their nursing portfolio, which includes at least eight hours' education annually on the management of aged care services. The manager is a member of an aged care association, and receives ongoing education on the management of aged care services from this organisation.</p> <p>The temporary manager commenced the role on the day of audit. The temporary manager has a background in finance and management of medical practices. The temporary manager has previously worked as a temporary manager in a rest home. Their role includes the non-clinical aspects of management. Clinical management responsibilities are provided by the facility registered nurse (RN) and other</p>

		<p>members of the wider trust group for. The temporary manager's appointment has approval of the board and they have consulted with the district health board portfolio manager regarding the uptake of the temporary management position.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Staff demonstrated an understanding of quality and risk management processes and confirmed their involvement with quality activities. Clinical and administration staff have continued to implement the quality and risk management system in the temporary absence of the manager. Staff reported that quality improvements are a team effort and that they have a better understanding of quality, including the significance for gaining better outcomes, due to ongoing education and reinforcement by management.</p> <p>The chair of the board demonstrated a commitment to ensuring quality management is implemented in order to make continued improvements and meet the need of the community to maintain an aged care facility in Otorohanga.</p> <p>The service has started continuous improvement activities into pressure injury management and catheter care, though these quality activities have not yet evidenced the final review and outcomes. The service is commended for the progress with the implementation of the quality improvement process, and with continued review of specific programmes, they have started to provide documented evidence on potential continuous improvement rating, once the outcomes of the programmes have been finalised.</p> <p>The organisation develops and implements policies and procedures that are aligned with current good practice and meet the requirements of legislation. Policies and procedures are reviewed every two years or earlier if there has been a change to legislation or best practice. Documents are controlled, with staff only having access to the current version.</p> <p>There are a number of activities implemented to measure achievement against the quality and risk management plan and the strategic direction. This includes the collection of quality data. Quality data is collected, analysed, and evaluated. Trends, quality improvements and benchmarking results are discussed at monthly staff and management meetings.</p> <p>Internal audits cover all aspects of service delivery and ensure work procedures and policies are followed. The results of internal audits are communicated to the board and staff. An improvement summary of findings, comments, recommendations and comparison with the previous audit is undertaken. Corrective actions are addressed with the improvements recorded. When indicated, repeat</p>

		<p>internal audits are conducted to review if the corrective, or preventive, action was effective. In addition, the organisation has started continuous improvement activities into pressure injury management and catheter care.</p> <p>There is a current risk register which identifies actual and potential risks for all levels of service. Minimisation strategies have been implemented as required. Staff education includes risk management processes. Interviews with staff confirmed their awareness and knowledge regarding the identification and reporting of hazards. Information related to potential hazards is set out in the information book given to all residents and family/whanau members. The organisation has gained Accident Compensation Corporation (ACC) certification at the tertiary level.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff use an accident/incident form to document adverse, unplanned, untoward events or near misses (forms sighted). This information is monitored, evaluated and reported to staff and the board at their respective meetings. Where shortfalls are identified, actions are taken to prevent the incident from recurring. The analysis records the opportunities for improvement to service delivery and if a review of hazards is required.</p> <p>Staff demonstrated a knowledge and understanding of their obligations to report essential notifications and the correct authority to report to. This included the required notification of stage pressure injuries. The service has completed an essential notification form for the temporary absence of the manager.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>The organisation implements human resource policies which describe good employment practices and reflect current legislative requirements. The employment and orientation process was confirmed during staff interviews and in the staff files sampled. The sample included a mix of clinical and non-clinical staff.</p> <p>Professional qualifications are validated, including evidence of registration and scope of practice for permanent and contracted staff. Annual practising certificates were sighted for those who required them. All staff have a current first aid qualification. All caregivers have completed or commenced the training and education for the national certificate in providing care to the older person. Nursing staff maintain professional portfolios.</p> <p>Staff reported that they are supported to attend ongoing education. Training was provided on-site, off-site and with self-directed learning packages. Education records were maintained for the in-service and external education attended by staff. Staff appraisals were up-to-date and staff confirmed appraisals were used to</p>

		<p>identify educational needs, wants and interests. Education sighted covered all key components of service delivery. A consultant registered nurse (RN) is currently completing the interRAI assessments until the facility RN can attend interRAI training. This is scheduled for August 2016.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The staffing and staff skills mix policy exceeded the requirements for rest home level of care. Staff confirmed that staffing takes into consideration the assessed needs (acuity) of residents, associated roles, responsibilities and levels of experience of staff. Rosters sighted confirmed that staffing is in excess of the contractual requirements, with at least two staff members on duty at all times, five caregivers and one RN on morning duty. There are nursing staff on duty after hours.</p> <p>The organisation employs a sufficient number of administration, cooking, cleaning, laundry, maintenance and activities staff that met the needs of the residents. The retirement living villas are privately owned and are not staffed by the rest home. The adjoining dementia day stay service is also separately staffed.</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>A medicine management system is consistently implemented to ensure that the residents receive medicines in a safe and timely manner. All medicines are prescribed by the GP and dispensed by the pharmacy. The organisation utilises an electronic medicine management system.</p> <p>Medications are securely stored. Medication fridge temperatures are monitored and recorded daily. There are no expired or unwanted medications. A system is in place when returning expired or unwanted medications to the pharmacy. The controlled drugs register is current. The weekly stocktake of controlled drugs is conducted by the RN while the six-monthly register check is conducted by the pharmacist.</p> <p>Medicine reconciliation is conducted by the RN when a resident is discharged back to the service. Medications are reviewed regularly by the GP. Allergies are well-documented. A system is in place when using standing orders. The enrolled nurse observed administering medications complied with the medication administration policies and procedures. Current medication competencies of RN, ENs and senior caregivers are evidenced in staff files. There are no residents who self-administer their medications; however, there are self-administration policies and procedures in place.</p> <p>The previous area for improvement regarding the review of medication charts has been addressed and implemented.</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>Residents are provided with meals that meet their food, fluids and nutritional needs. The RN completes a dietary requirement form for each resident on admission and provides a copy to the kitchen. Additional or modified foods are also provided by the service.</p> <p>Fridge and food temperatures are monitored and recorded daily. Cooked meals are plated from the main kitchen to the dining area. The meals are well-presented and residents confirmed they are provided with alternative meals if requested. All residents are weighed regularly and there was no evidence of significant weight change in the resident's files sampled. It is reported that residents with significant weight changes are provided with food supplements and fortified foods if required.</p> <p>Food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. A system is in place when receiving deliveries. All meals are prepared and cooked onsite. Kitchen staff have current food handling certificates and use safe food practices when preparing meals. A kitchen cleaning schedule is in place. The kitchen is observed to be clean, tidy and well stocked.</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>Long and short term care plans are developed by the RN. Documented interventions in all care plans address the issues identified during the assessment process. Residents reported that the RN discussed the planned interventions with them including interventions for acute conditions. The trends generated by the interRAI assessments are addressed in the long term care plans.</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>Activities provided are appropriate to the needs, age and culture of the residents. Activities were observed to be physically and mentally stimulating. There is a designated activities coordinator. The activities coordinator develops the activity plans using the resident's profile gathered during the interview with the resident and their families. Weekly activities are posted in the corridors in different areas within the facility. Activity plans are well-documented and reflect the resident's preferred activities and interests. A participation log was maintained. The activities coordinator referred the residents to the RN when changes are noted regarding involvement in the activities. In interview, residents and families said that the activities provided were adequate and enjoyable. There are also community volunteers who provide activities for the residents.</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>Care plans are developed and evaluated by the registered nurse. Changes to the care plan are made when the desired outcomes are not met. This was evident in resident files sampled. Short term care plans included the resident's response after completing treatment. Wound care plans were documented and evaluated regularly.</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>The facility has a current building warrant of fitness displayed. This building warrant of fitness includes the recent extension to the service. There have been no changes to the layout of the building since the building warrant of fitness and last evacuation drill (May 2016).</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance requirements are implemented to meet policy and standard requirements. Monthly infection control surveillance data is collected, recorded, reviewed, analysed and trended at a facility level. There is also monthly benchmarking with other aged care services in the Waikato. Standardised definitions of infections, which are appropriate to the long term care setting, are used.</p> <p>If an unexplained increase in infection rates is noted corrective actions are taken. The infection control coordinator (RN) confirmed they actively undertake interventions to help reduce infection numbers. This is confirmed in documentation sighted including meeting minutes. All infection control data is shared with staff, management and the board. Staff confirmed they understand the data results presented and how to implement interventions to reduce recurrence of infections.</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>The use of restraint is actively minimised. There were no residents using a restraint or enabler at the time of the audit. Policies and procedures have correct definitions of restraints and enablers. De-escalation techniques are used to manage residents who demonstrate behaviours of concern. Staff interviewed demonstrated a good knowledge of what constitutes a restraint and an enabler.</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.