

Moana House Trust Board

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:	Moana House Trust Board
Premises audited:	Moana House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 25 July 2016 End date: 25 July 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:	43

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

Moana House is a community health trust. It is operated by a trust board of up to 10 members. Currently there are eight members on the board. It offers rest home, hospital and primary care options for up to 51 residents. Four of the 51 beds are serviced apartments which are part of the main facility.

This surveillance audit has been undertaken to establish compliance with the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies, procedures, residents and staff files, observations and interviews with residents, family/whanau, management and staff. The general practitioner (GP) was not available for interview on the day of audit.

The one item identified for improvement from the previous certification audit has been addressed but a new corrective action has been identified under the same criterion. A second quality improvement is required related to formal evaluation of long term care plans.

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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Services are provided in a manner that is respectful of residents' rights and acknowledges cultural and individual values and beliefs. Interpreter services are used when required. The sharing of information with residents and family/whānau is documented.

The service has a complaints management system in place which meets the standard and legislative requirements. At the time of audit there are no outstanding complaints.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Moana House had an up to date business plan which covers all aspects of service delivery planning. The business plan is reviewed annually at board level to ensure service planning and coordination meets the needs of residents.

The facility management team consists of the general manager (GM), clinical nurse manager (CNM), support service manager and the administrator. The GM has overall responsibility for the day to day management of the service. The GM and recently appointed CNM are registered nurses. There are experienced and skilled staff working at the facility.

The service has quality and risk management systems which are understood by staff. Quality management reviews include an internal audit process, complaints management, incident/accident and infection control data collection. Quality and risk management activities and results are shared among staff and residents and family/whānau as appropriate. Corrective action planning occurs as required.

Good human resources practices are implemented. The staffing skills mix is appropriate for the level of care and services provided. Every shift is covered by a registered nurse and at least one staff member who holds a current first aid certificate.

As confirmed during resident and family/whānau interviews, the services provided meet residents' needs.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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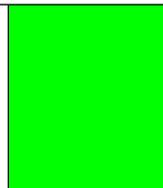
Residents receive appropriate services that meet their desired goals/outcomes. Residents are admitted with the use of standardised risk assessment tools. Long term care plans are developed and interventions are sufficiently detailed. Improvement is required in relation to formally evaluating the care plans. Short term care plans are developed when acute conditions are identified and resolutions are documented. Planned activities are appropriate to the needs, age and culture of the residents who verbalised that the activities are enjoyable and meaningful to them.

The medicine management system is not consistently implemented in order to meet the required guidelines. Improvement is required in relation to documenting the indications of topical medications.

Food services meet the food safety guidelines and legislation. The individual food, fluids and nutritional needs of the residents are met.

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.

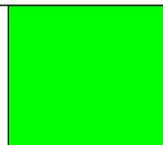


Standards applicable to this service fully attained.

The facility has a current building warrant of fitness.

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 identify that enablers are voluntary and the least restrictive option to allow residents to maintain independence, comfort and safety. There are three residents using enablers. Staff training regarding restraints and enablers is conducted annually. Staff demonstrated good knowledge regarding enablers.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection prevention and control management system includes surveillance and is appropriate for the nature of the service. The infection control coordinator collates monthly surveillance data and this is reported to the GM. Where there are any trends identified, actions are implemented. The infection control surveillance data are reported at management, board and staff meetings.

Expertise is available and can be sought as required.

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	14	0	2	0	0	0
Criteria	0	37	0	2	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>Complaints management is implemented to meet policy requirements. The complaints register sighted was up to date and identifies that at the time of audit there are no open complaints. Complaints processes are explained during the admission process as confirmed during resident and family/whānau interviews.</p> <p>Staff verbalised their understanding and correct implementation of the complaints process. Complaints are a standing agenda item for staff, management and board meetings.</p> <p>Only one complaint has been received since the previous audit and it was fully investigated and closed off. The review of the complaint is documented on an accident investigation and quality initiative (AIQI) form.</p> <p>There has been one coroner's inquest and the letter of closure dated 06 July 2016 identified that no inquiry was necessary.</p> <p>The GM confirmed complaints management information is used as an opportunity to improve services as required.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate</p>	FA	<p>As identified in policy, the service ensures that full and frank information is shared with residents and family/whānau as appropriate. Information sharing was identified in the residents' files reviewed and</p>

<p>effectively with consumers and provide an environment conducive to effective communication.</p>		<p>confirmed during resident and family/whānau interviews.</p> <p>Management confirmed that interpreters would be used as required to ensure residents and family/whānau have a full understanding of issues discussed. At the time of audit, no residents had English as a second language. Monthly resident meetings are used to exchange and share information as confirmed in meeting minutes sighted.</p> <p>Family/whanau confirmed that they were invited to participate in planning of care through discussions with the registered nurse.</p> <p>All resident admission agreements sighted were signed.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The trust board provides governance for the delivery of services. They undertake strategic planning annually (in October) to ensure services are meeting the needs of residents and the community. Key performance indicators are set at this time. The organisation's vision, mission statement, values and scope of service are clearly documented. The 2016 business plan identifies set goals and objectives covering all aspects of service delivery. The general manager (GM) of Moana House reports monthly to the board who monitor the degree to which each objective is progressing. Quality and risk planning details show the risks, current controls and ongoing actions taken to limit risk.</p> <p>On the day of audit, the facility had 43 beds occupied consisting of 22 rest home and 21 hospital level of care residents. Three of the 21 hospital level care residents were under the primary care options contract.</p> <p>The management team at the facility consists of the general manager who has been in the role for 15 years and is a registered nurse, the clinical nurse manager appointed on 09 May 2016 who is experienced in management roles and holds a current nursing practising certificate, support services manager who has been in the role two years and the administrator who has held the role four years. Members of the management team attend professional education forums to ensure their skills and knowledge are maintained. The job descriptions sighted identify the authority, accountability and responsibility related to the role each person undertakes.</p> <p>Interviews with residents and family/whānau members confirmed they can speak with a member of the management team when they wish. No negative comments were made regarding services provided.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and</p>	<p>FA</p>	<p>Moana House had policies and procedures which were reviewed within the last two years, reflected current good practice and met legislative requirements. The general manager operates a document control process.</p> <p>Staff confirmed during interview that the quality and risk management systems documented are</p>

<p>maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>understood and implemented during service delivery. These processes include regular internal audits, incident and accident reporting and analysis, health and safety monitoring, infection control management and data recording and complaints management processes. If an area of deficit is found, corrective measures are put in place to address the situation.</p> <p>All quality data collected is shared with staff as sighted in meeting minutes and confirmed during staff interviews. Quality data information is used by management to inform ongoing service planning and to ensure residents' needs are being met. Corrective measures put in place are evaluated during monthly staff meetings. Any issues of concern are reported to the board.</p> <p>Moana House is a member of the Community Trusts in Care Aotearoa (CTCA) and as a group they undertake joint projects for the improvement of services. Currently, falls, urinary tract infections and pressure injuries are benchmarked against eight other community trust groups.</p> <p>The organisation has a risk management plan in place which shows the strategies used to manage known and/or potential risks effectively. The risk/hazard register sighted was reviewed in January 2016 and was updated to match the current health and safety requirements. Documentation clearly sets out the steps to be followed should a new hazard be found. Newly identified hazards are documented and reported at board level, with staff, residents and visitors 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>	<p>FA</p>	<p>The GM and the CNL confirmed their understanding related to the obligations in relation to essential notification requirements including pressure injury reporting under Section 31 of the Health and Disability Services (Safety) Act 2001. (Two section 31 reports and an infection outbreak report were sighted).</p> <p>Policy is implemented by the service in relation to reporting, recording and monitoring adverse events. The service records all incidents and accidents on a specific form. Any follow up required is undertaken in a timely manner and outcomes are monitored by management. Staff interviewed confirmed they report and record all incidents and accidents.</p> <p>Documentation confirmed that information gathered from incidents and accidents are used as an opportunity to improve services where indicated. Incident and accident information is reported at staff and board monthly meetings and discussed at weekly management meetings as confirmed in minutes sighted. The review of residents' files showed that family/whānau are informed of incidents or adverse events. This was confirmed during interview with family/whānau members.</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>Staff that require professional qualifications have them validated as part of the employment process and annually, as confirmed in documentation sighted.</p> <p>Policies and procedures that identify employment practice meet the requirements of legislation human resources management practices are implemented by the service. Job descriptions clearly described staff responsibilities and accountabilities. The six staff files reviewed showed that staff have completed an orientation programme with specific competencies for their roles. Staff annual appraisals are up to date.</p> <p>There is an annual education calendar in place for on-site education. This covers all aspects related to care provision. Education included regular staff attendance at off-site presentations and all staff confirmed during interview that they are supported and encouraged to undertake a wide range of education. The caregivers are encouraged to undertaken recognised aged care educational papers.</p> <p>Resident and family/whānau members interviewed identified that residents' needs are met by the service in a professional manner.</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>Policy related to staff skill mixes and experience is reflected in the roster and meets contractual requirements. Every shift is covered by a RN and at least one staff member with a current first aid certificate.</p> <p>A review of the roster showed that staff are replaced when on annual leave or sick leave. Staff interviewed confirmed they have adequate staff on each shift to allow all tasks to be completed in a timely manner and that residents' needs are met. Additional staff are rostered as required for example if there is an end stage palliative resident. This is supported by resident and families/whānau interviewed.</p> <p>The GM and CNM work Monday to Friday and they share the after-hours on-call component. There are dedicated kitchen, laundry and housekeeping staff seven days a week. Activities are led by dedicated staff six days a week.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and</p>	PA Low	<p>A medicine management system is in place to ensure that residents receive medicines in a safe and timely manner. All medicines are prescribed by the GPs and are dispensed by the pharmacy. There is evidence that medications are reviewed regularly, allergies are documented and photos are present for identification. Medicines are securely stored. Medicine fridge temperatures are monitored and recorded regularly. There are no expired medications and a system is in place in returning expired or unwanted medications to the pharmacy. The controlled drugs register is correct and there is evidence of weekly</p>

<p>safe practice guidelines.</p>		<p>stocktake. Six monthly stocktakes are also conducted by the pharmacist.</p> <p>Medication reconciliation is conducted by the RNs.</p> <p>The RNs observed during medication rounds complied with the medication administration policies and procedures. All staff have current medication competencies.</p> <p>There are no residents who self-administer their medications. Policies and procedures are in place in relation to self-administration.</p> <p>The previous area for improvement in relation to the “as required” medications has been fully implemented as evident in all reviewed medication records.</p> <p>Improvement is required in relation to documenting the indications for the use of topical medications in the medication records.</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>Food service policies and procedures include food safety, ordering, storage, cooking, reheating and food handling. A system is in place when receiving and using supplies. All meals are cooked and served onsite. Food temperatures are monitored and recorded regularly. Fridge and freezer temperatures are monitored and recorded daily. All staff working in the kitchen have current food handling training. The staff demonstrated safe food handling practices when preparing meals.</p> <p>Modified diets are provided for specified residents. Residents reported that they are offered an alternative meal. Resident's weights are stable in reviewed resident's records. Food supplements are provided for residents with weight changes.</p> <p>A kitchen cleaning schedule is in place.</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 RNs. All reviewed care plans evidenced sufficiently detailed interventions to address the identified issues during the assessment process. The trends generated from the interRAI assessment are also addressed in the care plans.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the</p>	<p>FA</p>	<p>The activities coordinator provided activities that are appropriate to the needs, age and culture of the residents. Activities are planned to be physically and mentally stimulating. The resident's profile gathered during the interview with the residents and their families are utilised to develop a personalised activity plan</p>

service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.		for each resident. Weekly activities are provided to all residents and posted in the common areas. Activity plans reflect the resident's preferred activities and interests. A participation log was maintained. Interviewed residents and families reported satisfaction with the activities provided by the facility.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	PA Low	All reviewed resident's files have care plans in place but there is no evidence that care plans are formally evaluated by the RNs. Short term care plans are evaluated and the resident's response to treatment is consistently documented.
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 facility undertakes all requirements to meet building warrant of fitness requirements. The current warrant of fitness expires 16 June 2017.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	<p>The infection prevention and control surveillance data documented by staff is collated and monitored by the infection control co-ordinator. This data is reported weekly at the management meetings and monthly at staff meetings as confirmed in meeting minutes sighted.</p> <p>The surveillance data collected is appropriate to the size of this aged care setting as demonstrated in the infection control programme. The monthly analysis includes comparisons with the previous month, quality improvements and any significant comments. Urinary tract infections are benchmarked via the Community Trusts in Care Aotearoa (CTCA).</p> <p>Infection prevention and control is connected to the risk management programme. There was one outbreak since the previous audit. All essential reporting was sighted with a clearly documented log of the number of people affected by the outbreak and a beginning and end date shown. Records are clearly maintained.</p>
Standard 2.1.1: Restraint	FA	The service demonstrated that the use of restraint is actively minimised. There are three residents using

<p>minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>an enabler. The policies and procedures have good definitions of restraints and enablers. Staff demonstrated good knowledge about enablers.</p>
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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)
<p>Criterion 1.3.12.6</p> <p>Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.</p>	PA Low	Indications of use of topical medications are not consistently documented in five out of 10 reviewed medication records.	Topical medications do not consistently have documented indications of use in the reviewed medication charts.	<p>Ensure that topical medications have documented indications of use in the medication records.</p> <p>90 days</p>
<p>Criterion 1.3.8.2</p> <p>Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.</p>	PA Low	All reviewed resident's records have care plans developed but no evaluation was evident in all the files.	No evidence could be found to indicate the degree of achievement or response to the interventions shown in the care plans sampled	<p>Provide evidence that evaluations are conducted to identify the degree of achievement reached for each goal set.</p> <p>180 days</p>

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.