# Peter Mathyssen and Sharon Jordan

## 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 and Disability Auditing New Zealand 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:** Peter Mathyssen and Sharon Jordan

**Premises audited:** Glenbrook Rest Home

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

**Dates of audit:** Start date: 9 August 2016 End date: 9 August 2016

**Proposed changes to current services (if any):**

**Total beds occupied across all premises included in the audit on the first day of the audit:** 22

# 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

Glenbrook Rest Home provides rest home level care for up to 23 residents and on the day of audit, there were 22 residents. The service is owned and operated by the nurse manager and the administration manager. The residents and relatives interviewed all spoke positively about the care provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the agreement with the district health board. The audit processes included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

The service has addressed the two shortfalls from the previous certification audit around the content of the admission agreement and additional fees reflect the DHB contractual agreement, and standing orders for the administration of medicines.

This surveillance audit identified that improvements are required in relation to medicine prescribing.

## 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. |

The service communicates effectively with residents and provides an environment conducive to effective communication. There is a system in place for the management of consumer complaints. There have been no serious consumer complaints since the previous audit. Residents and a relative interviewed were aware of the consumer complaints process.

## 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 service is managed by a registered nurse, who is one of the owners. There is a business risk assessment and management plan in place, which includes the quality plan. The business operates a quality risk and management system, which includes a range of policies, procedures and associated forms. The service contracts an external quality advisor who supplies policies, associated procedures and forms. There is a system in place for recording adverse events. Human resource management is overseen by the administration manager, who is the other owner, in consultation with the nurse manager. There were clearly documented and implemented processes, which determine staffing levels and skill mix in order to provide safe service delivery, which considers the layout of the service. The nurse manager is onsite most days of the week, Monday to Friday. There is at least one registered nurse on duty each day and on call overnight, and minimum one caregiver on duty at all times. The care staffing levels for the service meet the minimum requirements as specified in the aged residential care agreement.

## 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. |

Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. There is information gained through the initial support plans, specific assessments, discharge summaries, and the care plans to guide staff in the safe delivery of care to residents. The care plans are resident and goal orientated and reviewed every six months or earlier if required, with input from the resident/family as appropriate. Files sampled identified integration of allied health and a team approach is evident in the overall resident file. There is a review by the general practitioner at least every three months. The activities coordinators implement the activity programme to meet the individual needs, preferences and abilities of the residents. Community links are maintained. Caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three monthly by the general practitioner. Residents' food preferences and dietary requirements are identified at admission. All meals are cooked on site.

## 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. There have been no alterations to the building since the previous certification audit.

## 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. |

There are no enablers in use. The service does not use restraint. There is a restraint minimisation policy in place.

## 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. |

There is an appropriate system in place for the surveillance of infections. The system is managed by the infection prevention and control coordinator, who is the registered nurse manager. There have been no outbreaks of infection since the previous audit.

## 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 | 16 | 0 | 0 | 1 | 0 | 0 |
| **Criteria** | 0 | 39 | 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 operates a consumer complaints process that references Right 10 of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). Complaints forms are displayed at the entrance to the facility. These document the complaints process and provide contact details for the health advocacy service. Information about the complaints process is also included in information given to new residents and their family.  The service has a complaints register, which identifies the date of the complaint, the complainant, description of the issue and the actions taken. There have been no consumer complaints.  Residents and family/whānau interviewed confirmed they have had the complaints procedure explained to them, and that they understand and know how to make a complaint if required. Staff were aware of their responsibility to record and report any consumer complaints they may receive. |
| Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights. | FA | Consumers are informed of their rights on admission. They are provided with opportunities to discuss concerns with management and staff. Information about the Nationwide Health and Disability Advocacy Service is clearly displayed within the facility and easily accessible.  The previous certification audit identified that the process for on-charging additional services to residents who pay privately, but have been assessed as eligible for rest home level care, did not reflect the district health board contract requirements. The facility now uses the Care Association New Zealand admission agreement template and all residents who have been assessed as eligible to receive rest home level care, are not charged for additional services. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | There is an open disclosure policy, which identifies that frank discussions with residents and their support person/family are conducted where required/relevant. Interpreters are available if required. There was evidence in records of adverse events, residents’ files and resident meeting minutes that open communication was occurring. Four family members interviewed confirmed they were kept informed of all relevant issues, and were able to speak to the manager or staff openly. Five residents interviewed were able to identify staff involved in their care. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Glenbrook Rest Home is privately owned and operated by the administration manager and the nurse manager. There is a business, quality risk and management plan in place, which includes the purpose, values, scope, and direction, and goals of the organisation are clearly identified and have been reviewed annually. The purpose, values, scope, direction and goals are described in the plan. The service is certified to provide rest home level care for up to 23 residents. On the day of audit, there were 22 residents – all on the age related contract. There were no respite residents.  Both managers have maintained eight hours of education per annum related to the management of an aged care service. Both are committee members of the Care Association of New Zealand (CANZ). The nurse manager is a registered nurse with a current practising certificate. She has over 40 years nursing experience. She is a workplace assessor for caregivers seeking to obtain qualifications recognised by the New Zealand Qualifications Authority. |
| 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 business operates a quality management system, which includes a range of policies, procedures and associated forms. The quality and risk management system includes consumer satisfaction monitoring, human resource management, adverse event management, health and safety, restraint minimisation practices and infection prevention and control systems.  There are a range of policies and procedures in place that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy. There is a document control system to manage the policies and procedures, which requires that documents be reviewed annually. The service purchases policies from an external provider. This document review system ensures documents are approved, up-to-date, available to staff and managed to preclude the use of obsolete documents. Staff have access to a hard copy of current versions of policies and procedures in the nurses’ station.  Key components of service delivery were linked to the quality management system. The quality and risk management system is closely linked with the health and safety, complaints management and infection prevention and control programme for the service through the internal auditing process. The internal audit system reviews practices and the key components of the service delivery. The nurse manager reports on the quality improvement data and results from internal audits at the monthly staff meetings. Corrective actions are identified either through the internal audit programme, consumer satisfaction surveying and the consumer complaints system, the incident accident system, the infection prevention and control programme or external audits.  Actual and potential risks were identified, documented and where appropriate, communicated to residents, their family/whānau of choice, visitors, and those commonly associated with providing services. The hazard register included the identified risks, how these are monitored, if the risk is a significant risk and if the implemented actions can isolate, eliminate or minimise the risk.  The resident/relative satisfaction survey for 2016 records overall satisfaction with the service. |
| 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 | The service had clearly documented and known processes for reporting, recording, investigating and reviewing adverse events. Review of incident/accident records and analysis and interview with the nurse manager confirmed that all events were reported, recorded and reviewed by the nurse manager, as soon as possible.  The nurse manager understands the responsibilities for essential notification to the relevant authorities. Since the previous audit, the service has had to report an incident that occurred in late January 2016 related to medicines management to the Police. The Police reviewed the evidence and took no further action. A Section 31 notice was sent to the Ministry of Health with a copy to the Portfolio Manager, Counties Manukau DHB. The incident is now closed. The service has completed a Section 31 notice for a non-facility acquired stage-three pressure injury in July 2016. |
| 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 | Human resources policies described good employment practices that meet the requirements of legislation. The review of a sample of employee records, which included two registered nurses, two caregivers and the cook, demonstrated that the service employs staff appropriately. There is a process in place for reference and qualification checking, police vetting prior to appointment, orientation and induction and annual performance appraisals. Professional qualifications are validated, including evidence of registration and scope of practice for service providers.  The nurse manager ensures that staff who require practising certificates have them validated annually. There are copies of current practising certificates for the nurse manager, the two part-time registered nurses, the residents’ general practitioners, pharmacist and the podiatrist.  New staff receive an orientation/induction programme that covers the essential components of the service provided.  The service employs two part-time registered nurses to support the nurse manager. The nurse manager and one of the registered nurses have completed InterRAI training.  The service encourages caregivers to achieve NZQA qualifications through the Aged Care Education (ACE training). On the day of audit, the service employed 14 caregivers. One caregiver had achieved Level 2 or equivalent NZQA qualification, seven had achieved level 3 or equivalent qualifications and one caregiver is a student nurse. The service is changing from ACE training to Careerforce. In addition to promoting ACE training, a training plan is maintained to ensure regular staff education occurs. The service provides three days of mandatory training per year for all staff. Records of attendance are maintained. Registered nurses are supported to maintain their registration. They are encouraged to attend the Aged Related Residential Care education forums hosted by the community geriatric service, Counties Manukau DHB. The forum is holding an education session on pressure injury prevention in October 2016. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There were clearly documented and implemented processes, which determine staffing levels and skill mix in order to provide safe service delivery, which considers the layout of the service. The policy is included in the good employer policy. There is a registered nurse on duty seven days a week during the daytime. The nurse manager is onsite usually four to five days a week or on call if not onsite. She is supported by two part-time registered nurses who work day shifts. The registered nurses share the on call commitments when not on-site with the nurse manager. Staff interviewed confirmed that staffing levels meet the needs of the residents. The residents and family/whānau interviewed reported satisfaction with the skills of the staff and the level of care staff on duty. |
| 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. | PA Moderate | There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There was one resident self-administering medicine on the day of audit. The resident had signed a consent form and all medicines were stored safely. All medications were securely and appropriately stored. The facility uses a pre-packed medication system. Medication competent caregivers administer the medications. Medication competencies are updated annually. The administration manager types the medication orders and the GP signs them. Medication charts have photo IDs. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. Staff initial for the administration of medications on medication sheets held with the medicines and this was documented and up-to-date in all 10 medication signing sheets reviewed. The medication folders include a list of specimen signatures. Medication profiles reviewed were legible, up-to-date and reviewed at least three monthly by the GP. All 10 medication charts reviewed have ‘as required’ medications prescribed with an individualised indication for use. The medication refrigerator has temperatures recorded daily and these are within acceptable ranges. Standing orders are no longer used. The service has addressed this previous audit finding. |
| 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 service employs two cooks who work four days on and four off. They prepare the evening meal and the caregivers’ heat and serve this. Both have current food safety certificates. They are both responsible for the procurement of the food and management of the kitchen. There is a small but well equipped kitchen and all meals are cooked onsite. Meals are served from the kitchen, which opens into the dining room. Residents eating in their rooms have meals delivered on trays with the food covered and kept warm. On the day of audit, meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Kitchen refrigerator, food and freezer temperatures were monitored and recorded daily. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents’ dietary needs have been communicated to the kitchen. Special diets were noted on the kitchen noticeboard, which can be viewed only by kitchen staff. An external dietitian has approved the menus. Residents and families interviewed were very happy with the meals provided. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | All five care plans reviewed included documentation that meets the needs of the residents, and all care plans had been updated as residents` needs changed. The GP was not available for interview. Family members agreed that the clinical care is good and that they are involved in the care planning.  Caregivers and RNs interviewed state there is adequate equipment provided including continence and wound care supplies. Wound assessment, wound management and evaluation forms are in place. All wounds have appropriate care documented and provided. There are currently two skin tears, one ulcer, and one fungal infection of the toenails, three small lesions, and two pressure injuries being treated. Access to specialist advice and support is available as needed. Care plans document allied health input. Monitoring charts include weight, blood pressure, and behaviour monitoring as required. |
| 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 | There are two activities coordinators, one works three days a week and the other two (22.5 hours weekly). One has a background in social services and one has a background in caregiving. At the weekends, activities are left out for residents; an activities coordinator will come in if there is something special on. Both activities coordinators assist residents with exercises set by the physiotherapist. On the day of audit, residents were observed being actively involved in the activities programme.  The activities programme is in each resident’s room and in large print on a whiteboard in the hall outside the dining room. The activities coordinators have ensured there are a variety of activities, celebrations and outings to suit all residents. Residents have an assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career, family etc. Resident files reviewed identified that the individual activity plan is reviewed at least six monthly. Church groups visit weekly and a priest visits weekly to give Catholic residents communion. Events such as birthdays, Easter, and Mother’s Day are celebrated. Residents who prefer to stay in their rooms have one-on-one, which may involve a chat, hand massage or being read to. The facility has a mobile shop. The facility has two Kunekune pigs and hens, and the owners bring their three dogs to work daily. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Care plans reviewed were evaluated by the registered nurses six monthly or when changes to care occurs. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. The multidisciplinary team, the resident and the family are involved in reviews. There is at least a three monthly review by the GP. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews. |
| 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 building warrant of fitness expires on 31 May 2017. There has been no reconfiguration of the building since the previous 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 | Surveillance is outlined in the infection prevention and control programme (which is reviewed annually) and described in policy. The surveillance activities are appropriate to the size of the service. The infection prevention and control coordinator (who is the nurse manager) oversees the monitoring activities. Surveillance data is documented. Monthly analysis is completed and reported at monthly staff meetings, which are a standing agenda item. There have been no outbreaks of infection since the previous audit. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | Restraint minimisation policy and procedures are congruent with the restraint minimisation and safe practice standard. The service was not using any enablers at the time of audit. Restraints are not used in the service. |

# 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 1.3.12.1  A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines. | PA Moderate | The medication system with the exception of prescribing, complies with legislation, protocols and guidelines. The administration manager types the medication orders on the resident medication charts, and the GP signs them. | Medication orders are transcribed (typed) by the manager, and not documented by the prescriber. Following the draft report, the facility stated, they have been doing this for nearly nine years. There was evidence that the typed medication orders were clearer than the average hand written ones and easy to follow for the caregivers. No known medication errors have been attributed to this practice. | Ensure medication orders are documented by the prescriber.  60 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.

|  |
| --- |
| No data to display |

End of the report.