# Ruawai Rest Home 2014 Limited - Ruawai Resthome

## 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:** Ruawai Rest Home 2014 Limited

**Premises audited:** Ruawai Resthome

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

**Dates of audit:** Start date: 12 September 2017 End date: 13 September 2017

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

**Total beds occupied across all premises included in the audit on the first day of the audit:** 17

# 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

Ruawai rest home provides rest home level of care for up to 19 residents. On the day of the audit there were 17 residents.

This surveillance audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with family, management and staff.

The owners/managers have owned the facility since April 2015. One of the owners (manager) who is a registered nurse with a current practicing certificate was the facility manager prior to purchase. The owners/managers are responsible for the daily operations and a part-time registered nurse and long serving staff supports them. The residents and relatives spoke positively about the care and support provided at Ruawai rest home.

The service has addressed four of four previous findings around meeting minutes, professional development, incident reporting, and documented interventions.

## 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. |

Ruawai provides care in a way that focuses on the individual resident. Communication with residents and families is appropriately managed and documented. The complaints process is provided to residents and families as part of the admission process. A complaints register is in place that includes all complaints, dates and actions taken. Complaints are being managed in an appropriate manner and meet the requirements set forth by the Health and Disability Commissioner.

## 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. |

Ruawai is implementing a quality and risk management system that supports the provision of clinical care. An annual resident satisfaction survey is completed and there are regular resident meetings. There is a monthly collation of quality data and this is discussed at quality and staff meetings. Internal audits are completed as per the annual audit schedule. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The staffing policy aligns with contractual requirements and includes skill mixes.

## 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. |  | Standards applicable to this service fully attained. |

The registered nurse is responsible for each stage of service provision. The registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family. Resident files included medical notes and notes of other visiting allied health professionals.

The diversional therapist provides an interesting and varied activities programme for the residents that includes outings and community involvement.

Medication policies reflect legislative requirements and guidelines. The service uses an electronic medication system. Staff who are responsible for the administration of medicines, complete annual education and medication competencies. The general practitioner reviews medications three-monthly.

All meals are prepared on-site. Individual and special dietary needs are catered and alternative options are available for residents with dislikes. A dietitian has reviewed the menu. Residents interviewed responded favourably to the food provided.

## 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.

## 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. |

A restraint policy includes comprehensive restraint procedures. A documented definition of restraint and enablers aligns with the definition in the standards. There were no restraints or enablers in place. Staff have attended training in the management of challenging behaviour.

## 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. |

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinators (shared role) are responsible for coordinating education and training for staff. The infection control coordinators have attended external training. There are a suite of infection control policies and guidelines to support practice. The infection control coordinators use the information obtained through surveillance to determine infection control activities and education needs within the facility.

## 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 | 0 | 0 | 0 |
| **Criteria** | 0 | 39 | 0 | 0 | 0 | 0 | 0 |

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| --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Unattained Negligible Risk****(UA Negligible)** | **Unattained Low Risk****(UA Low)** | **Unattained Moderate Risk****(UA Moderate)** | **Unattained High Risk****(UA High)** | **Unattained Critical Risk****(UA Critical)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

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

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.  | FA | The service has a complaints policy that describes the management of the complaints process. Information about complaints is provided on admission. The manager/owner leads the investigation and management of complaints (verbal and written). Complaint forms are visible around the facility on noticeboards. Two complaints had been received in the last eighteen months with evidence of appropriate and timely follow-up actions taken. Documentation including follow-up communication and resolution demonstrates that the complaints were well managed.  |
| Standard 1.1.9: CommunicationService providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Incident/accident forms reviewed include a section to record family notification. All forms sighted indicated family were informed. Relatives interviewed confirmed they were notified of any changes in their family member’s health status. Interpreter services can be accessed. |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Ruawai provides care for up to 19 rest home residents. On the day of audit, there were 17 rest home residents. The manager, an experienced registered nurse, and her husband own the facility. A part-time registered nurse (three days a week) and a full-time diversional therapist support the manager/owner. The Ruawai rest home key objectives for the 2017 year includes developing strategic alliances, creating a stimulating environment for residents (including providing equipment that makes the residents’ life easier), education of staff, re-certification, maintaining occupancy and a viable business and safety for residents, relatives and staff. Each objective has a strategic goal that includes timeframes with identified performance indicators. The manager/owner has maintained well in excess of eight hours annually of professional development activities related to managing a rest home. |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | Ruawai is implementing a quality and risk management system. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are reviewed at least two yearly. The content of policy and procedures is detailed to allow effective implementation by staff. Caregivers interviewed confirm they are made aware of any reviewed policies and sign to declare they have read and understood the content. Quality matters and monthly data are discussed at the facility staff meetings and three-monthly quality assurance meetings. Infection control, and health and safety are incorporated into the facility meetings, meeting minutes evidenced trending and analysis of quality data including accidents and incidents, infections and the use of enablers/restraint. Meeting minutes reviewed, including resident meetings, demonstrated that issues raised are followed through and closed out. This is an improvement on previous audit.An internal audit programme is followed with corrective actions followed up and addressed.A relative satisfaction survey is completed annually (the last survey occurred in 2016). The relative survey results reported that they are either very satisfied or satisfied with the service. Falls prevention is managed on an individual basis with identified risks and interventions documented in the resident care plan. There is a current hazard register.  |
| 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 | There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise risk. Nine incident forms reviewed were fully completed and showed timely RN assessments and follow-up. Incident forms had been completed where required and this is an improvement on previous audit.Discussions with service management, confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications. |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | FA | There are human resources policies to support recruitment practices. Current practising certificates are available in the RN files. Six staff files were reviewed (manager, registered nurse, caregiver, cook, cleaner and diversional therapist) and all had relevant documentation relating to employment. Performance appraisals were current.The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented checklists. Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.There is a two-yearly education plan in place. All mandatory topics had been covered, including (but not limited to), communication (Aug 2016), cultural safety (July 2016) and complaints/open disclosure (May and Aug 2016) and this is an improvement on previous audit. There is evidence that additional training opportunities are offered to staff such as attendance at a palliative care series. Interviews with caregivers and the registered nurse confirm training opportunities are available.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. Staffing is as follows: two caregivers in the morning and afternoon, and one on night shift. The manager/owner/RN is on-site Monday to Friday with a part-time RN on duty three days a week. Both are available on-call afterhours. The caregivers, residents and relatives stated there are sufficient staff on duty at all times.  |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | Medication policies align with legislative requirements and safe practice guidelines. The service uses an electronic medication system. The RNs and caregivers responsible for the administration of medications have completed annual competencies and medication education. Medications are checked on arrival by the registered nurse and any pharmacy errors recorded and fed back to the supplying pharmacy. The RN and care staff interviewed, were able to describe their role in medicine administration. Medications were stored safely. The medication fridge temperature was monitored weekly. Eye drops are dated on opening and there were no expired medications. There were no residents self-medicating. Standing orders were not in use. Ten medication charts and administration signing was viewed on the electronic medication system. Prescribing and three-monthly medication chart reviews met legislative requirements. Medication administration observed on audit met safe practice. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | All food is prepared and cooked on-site at Ruawai rest home. Two qualified cooks cover the seven-day week. They have completed food safety units. There was a six-weekly rotating menu in place, which a dietitian had reviewed.The food is prepared in the main kitchen and served directly to residents in the dining room. The cook receives resident dietary profiles and is notified of any dietary changes and requirements. Dislikes are accommodated. Fridge and freezer temperatures were recorded daily. Food temperatures had been taken and recorded daily. All foods were date labelled and stored correctly. A cleaning schedule is maintained.  |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | When a resident's condition alters, the registered nurse initiates a review and if required, arranges a GP visit. There is evidence of three-monthly medical reviews or earlier for health status changes. Residents and relatives interviewed confirm care delivery and support by staff is consistent with their expectations. Families confirmed they were informed of any changes to resident’s health status. Resident files reviewed included communication with family.Staff report there are adequate continence and dressing supplies. On the day of the audit, supplies of these products were sighted. There were no wounds on the day of audit. There were no pressure injuries. A wound management plan, evaluations and wound monitoring forms were evidenced for the last wound that a resident had. The manager/RN and RN interviewed could describe the referral process to a wound specialist or continence nurse. Care plans reviewed identified all assessed needs and this is an improvement on previous audit. |
| Standard 1.3.7: Planned ActivitiesWhere 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 | The service employs a full-time diversional therapist (DT) Monday to Friday, who is responsible for the planning and delivery of the activities programme. The DT links into the monthly DT regional meetings. The DT has attended the “walking in another’s shoes” course and holds a current first aid certificate.The programme is flexible and provides a variety of activities that are meaningful to the residents. Residents have the opportunity to provide suggestions for activities and outings. Volunteers are involved in the programme. Residents are encouraged to maintain links with community groups such as senior citizens club, RSA visits, concerts, inter-home visits and the library. Guest speakers, entertainers, pet therapy and outings are scheduled weekly. Ruawai rest home has its own van for transportation.Residents attend church services on-site and are supported to attend church in the community. Residents have an activity assessment completed on admission. Activity plans were sighted in the resident files reviewed. Activity plans had been reviewed at the same time as care plans.  |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | The RN has evaluated three initial nursing assessment/care plans (sighted) within three weeks of admission. InterRAI assessments are completed six-monthly or earlier due to changes in health status. Long-term care plans are reviewed at least six-monthly by the multidisciplinary (MDT) team. Families are invited to attend the MDT meeting. Evaluations indicate if resident goals have been met or unmet. Short-term care plans have been reviewed regularly by the RN and either resolved or added to the long-term care plan if the problem is ongoing.  |
| 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 holds a current warrant of fitness expiring 8 July 2018. |
| Standard 3.5: SurveillanceSurveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Individual infection report forms are completed for all infections. Infections are included on a monthly register and a monthly report, and the infection control coordinators complete graphs. Definitions of infections are in place, appropriate to the complexity of service provided. Infection control data is collated monthly and discussed at both the quality and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GPs who advise and provide feedback/information to the service. The infection control nurse specialist MCDHB is also readily available. Systems in place are appropriate to the size and complexity of the facility.There have been no outbreaks.  |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | FA | Ruawai rest home has policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. The owner/RN is the restraint coordinator with a job description defining responsibilities of the role. The restraint coordinator confirms that the service promotes a restraint-free environment. There are no residents assessed as requiring restraint or using enablers. Challenging behaviour and restraint minimisation and safe practice education has been provided. Restraint/enabler use is discussed at monthly staff meetings. The caregivers interviewed were knowledgeable in the use of enablers/restraint.  |

# 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.

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

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

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

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

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End of the report.