

Montecillo Veterans Home and Hospital Limited

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](#).

The specifics of this audit included:

Legal entity:	Montecillo Veterans Home and Hospital Limited
Premises audited:	Montecillo Veterans Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 November 2014 End date: 6 November 2014
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:	42

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

Montecillo Veterans Home and Hospital Ltd provides medical, geriatric and rest home level care to veteran men and women and their dependants. The service provides care for up to 44 rest home and hospital level residents with 42 residents on the day of audit. The service continues to implement a quality and risk management system and continues to apply the principles of continuous improvement. The nurse manager is supported by a Chief Executive Officer (CEO), experienced registered nurses and care staff. There is an implemented quality and risk programme that involves the resident on admission to the service. Staff interviewed and documentation reviewed identify that the service continues to implement systems that are appropriate to meet the needs and interests of the resident group. The care services are holistic and promote the residents' individuality and independence. Family and residents interviewed all spoke very positively about the care and support provided.

The service has addressed six of six shortfalls identified at the previous audit relating to: completing incident reports for pressure areas; completing initial assessments within expected timeframes; developing individual resident activities goals and plans; medication charts that identify the prescriber; menu reviewed by a dietitian; cleaning staff wearing personal protective equipment provided; and the activities person completing first aid training.

This audit identified that improvements are required in relation to completing staff annual appraisals and aspects of medication management.

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.
--	--	--

The service has an open disclosure policy stating residents and/or their representatives have a right to full and frank information and open disclosure from service providers. Admission agreements are in place for all residents. Family members are informed in a timely manner when their family members health status changes. There is a complaints policy and an incident/accident reporting policy. The complaints process and forms for completion are able to residents and family. Information on how to make a complaint and the complaints process are included in the admission booklet. Complaints are actively managed.

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.		Some standards applicable to this service partially attained and of low risk.
---	--	---

Montecillo Veterans Home and Hospital has a current business and quality plan to support quality and risk management. Quality information is gathered from internal audits, incidents and accidents, feedback from residents, family and staff. Data is collected and collated to provide opportunities for improvement. Corrective actions are implemented. Resident/relative surveys are undertaken annually. Adverse events are investigated and opportunities for improvement are actioned. The service has addressed and monitored this previous finding. Staff requirements are determined using a skill mix process and acuity levels and documented. Duty schedules are available for all shifts. Staffing rosters indicate there is suitable staff on duty to care for residents. The service has a documented training plan. Improvement is required whereby all staff have an annual appraisal completed.

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 medium or high risk and/or unattained and of low risk.</p>
---	--	---

Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. There are entry and admission procedures in place. Residents and family members interviewed state that they are kept involved and informed about the resident's care. Care plans are developed by the registered nurses who also have the responsibility for maintaining and reviewing care plans. Care plans are individually developed with the resident and family/whanau involvement is included where appropriate and evaluated six monthly or more frequently when clinically indicated. Risk assessment tools and monitoring forms are available to assess effectively the level of risk and support required for residents. A range of activities are available in the rest home and residents provide feedback on the programme. The service has addressed and monitored a previous finding relating to activities care planning. The medication management system includes policy and procedures that follows recognised standards. Staff responsible for medication administration receives training. Improvements are required whereby controlled drugs are checked weekly and staff with medication administration responsibilities completes annual competencies. Resident medications are reviewed by the residents' general practitioner at least three monthly. Medication charts record the GP name and medical council number. The service has addressed and monitored this previous finding. Montecillo Veterans Home and Hospital has food policies and procedures for food services and menu planning appropriate for this type of service. All kitchen staff have completed food safety training. The service has a four weekly menu and dietitian input is obtained. The service has made improvements in this area. Residents' food preferences are identified and this includes any particular dietary preferences or needs. Fridge, freezer and hot food temperatures are monitored and recorded.

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.
--	--	--

Montecillo Veterans Home and Hospital displays a current building warrant of fitness which expires on 23 August 2015. The service has addressed and monitored two previous findings relating to cleaning staff wearing plastic aprons and provision of a first aid certificate for the activities coordinator.

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.
---	--	--

There is a restraint minimisation and safe practice policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. The service has eight hospital residents with restraint, and five hospital residents with enablers. Restraint includes the use of bedrails and lap belts. There is a restraint and enablers register. Staff receive training in restraint minimisation and challenging behaviour management. Competencies are also completed.

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 control nurse role is shared by the nurse manager and a registered nurse at Montecillo Veterans Home and Hospital. The registered nurse completes a monthly infection summary which is discussed at head of department, nursing, health and safety/infection control and staff meetings. Infection control education is provided and records maintained. All infections are recorded on the surveillance monitoring summary and are based on signs and symptoms of infection. There have been no recent outbreaks reported.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	1	1	0	0
Criteria	0	38	0	3	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>The complaints process and forms for completion are available within the facility. Brochures are also freely available for the Health and Disability and advocacy service with contact details provided. A review of complaints received for the past 12 months was conducted. A record of outcomes is recorded within a complaints register. The complaints register records the details of the complaint, date of corrective actions taken and signed off when resolved. The CEO maintains the records of all complaints that are processed as evidenced by the four complaints received in 2014. Details of the management of the complaints is recorded including letters of follow up and response. Complaints are discussed at the monthly head of department meetings and reported at board level. A complaints procedure is provided to residents within the information pack at entry. Eight residents (three rest home and five hospital) and four hospital relatives interviewed were aware of the complaints process and advised that management is approachable and responsive to any issues or areas of concern.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>There is an open disclosure policy in place, information on which is included at the time of admission. The policy states residents or their representative have the right</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>to full and open disclosure. Incident and accident forms are completed by either nurse aides or the registered nurses and a copy of any incident relating to individual residents is included in the clinical file. A communication sheet records that families are informed following general practitioner (GP) review, incidents or accidents or if there is a change in resident condition (confirmed by four hospital relatives interviewed). Interviews with the nurse manager and two registered nurses all stated that they are to record contact with family/whanau in resident files. Incident forms have a section to indicate if family/whanau have been informed of an incident/accident.</p> <p>Notification of next of kin for the incident reports sampled was confirmed through the clinical files reviewed. There is an interpreter policy in place with information included in the admission booklet.</p> <p>Non-Subsidised residents are advised of the process and eligibility to become a subsidised resident through the admission booklet. The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the admission agreement and admission booklet. Eight residents (three rest home and five hospital) and four hospital relatives interviewed, confirmed they are kept fully informed. The admission booklet is available in large print and can be read to residents if required.</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>Montecillo Veterans Home and Hospital is governed by a trust board with management provided by a chief executive officer (CEO) and a nurse manager. The nurse manager has assumed the quality role since last audit and is also supported by a team of registered nurses. The CEO reports to the Montecillo trust board on a monthly basis with contact and support available from the board chairman. The CEO, nurse manager and registered nurses are responsible for the implementation of the quality and risk management programme with support from an ethical, clinical advisory committee made up of board members and invited experts. The quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities are conducted and these generate improvements in practice and service delivery. Key components of the quality management system link to monthly management (head of department) meetings and monthly staff meetings. Corrective actions are implemented, documented and followed through to resolution. Residents and families are surveyed once a year. Montecillo is certified for 44 dual purpose beds over two floors. The downstairs floor has 20 beds and the upstairs has 24 beds. On the days of audit there were 20 residents downstairs – 14</p>

		rest home and six hospital including one rest home respite resident. On the upstairs floor there are currently 22 residents – two rest home and 20 hospital including one hospital respite resident and one palliative care contract resident (medical).
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The service has a current strategic plan and quality and risk management plan for 2014 that are implemented. The service has an annual planner/schedule which includes audits, meetings, education and policy review time table. There is an internal audit schedule and internal audits are completed. The quality programme is managed by the nurse manager and CEO. The service has an ethical/clinical advisory committee (ECAC) which meets two monthly (last met 30 October 2014 with minutes sighted). This committee is made up of the CEO, the nurse manager, five board trustees, an external member and is chaired by a local surgeon affiliated with the armed forces. The ECAC committee reviews all aspects of service delivery and provides a process of accountability. Items discussed include quality and risk, activities, kitchen, health and safety, incidents and accidents, complaints, policy and procedure review and the annual quality report. Progress with the quality plan is monitored through the monthly heads of department (HOD) meeting, two monthly ethical clinical advisory committee (ECAC) meetings, infection control, health and safety committee, registered nurse meetings, and nurse aide meetings. The ECAC and HOD meeting agenda and the staff meetings agenda includes (but is not limited to): complaints/concerns, audits, training, risks and hazards, health and safety, infection control, incidents/accidents, restraint, quality activities, policies and procedures. Minutes are maintained and easily available to staff. Quality improvement activities are identified from audits, meetings, staff and resident feedback and incidents/accidents. The HOD quality committee incorporates heads of department from around the facility including kitchen, laundry, nurse manager, CEO, and the chief financial officer (last met 3 October 2014 and minutes sighted). Minutes include actions to achieve compliance where relevant. This, together with staff training, demonstrates Monticello's commitment to on-going quality improvement. Discussions with two registered nurses and five nurse aides confirm their involvement in the quality programme. Resident/relative meetings take place three monthly - last conducted 16 October 2014.</p> <p>Audits are conducted and include: cleaning, laundry, resident files, cultural, medication management, informed consent, incidents and accidents, wound documentation, restraint, and infection control. The service has a health and safety management system and this includes the identification of a health and safety officer. Security and safety policies and procedures are in place to ensure a safe</p>

	<p>environment is provided. Emergency plans ensure appropriate response in an emergency.</p> <p>There is an infection control manual, infection control programme and corresponding policies. There is a restraint use policy and health and safety policies and procedures.</p> <p>There is an annual staff training programme that is implemented that is based around policies and procedures. Records of staff attendance are maintained. There is a document control policy that outlines the system implemented whereby all policies and procedures are reviewed regularly. Documents no longer relevant to the service are removed and archived.</p> <p>D5.4 The service has the following policies/ procedures to support service delivery; Policies and procedures align with the client care plans. Policies are provided by an external provider who provides the service with regular updates. The quality coordinator reviews the policies with the nurse manager.</p> <p>D10.1 Death/Tangihanga policy and procedure that outlines immediate action to be taken upon a consumer's death and that all necessary certifications and documentation is completed in a timely manner.</p> <p>D17.10e: There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>D19.3 There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management</p> <p>D19.2g Falls prevention strategies such as falls risk assessment, walking aids, physiotherapy assessment, use of appropriate footwear, correct seating, increased supervision and monitoring and sensor mats if required.</p> <p>The service collects information on resident incidents and accidents as well as staff incidents/accidents. There is an incident/accident policy. Incident/accident forms are completed and given to the registered nurse who completes the follow up. All incident/accident forms are seen processed by a registered nurse, and by the nurse manager who completes any additional follow up. The nurse manager collates and analyses data to identify trends. Results are discussed with staff through the registered nurse meetings, nurse aide meetings, HOD meetings, health and safety meetings, ECAC meetings and Trust board meetings. Audits for 2013 and 2014 have been completed with documented management around non-compliance issues identified via corrective action plans. Finding statements and corrective actions</p>
--	---

		<p>have been documented.</p> <p>A resident and family survey was conducted in from September 2014 and evidences that residents and families are over all very satisfied with the service. A survey evaluation has been conducted for follow up and corrective actions implemented. The results of the survey were communicated to consumers via a letter and discussed at a resident's meeting.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an incident and accident reporting policy. Incidents, accidents and near misses are investigated and analysis of incidents trends occurs. There is a discussion of incidents/accidents at monthly staff meetings and two monthly ECAC meetings including actions to minimise recurrence. Discussions with the service confirms that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p> <p>A sample of incident reports (seven) for September 2014 were reviewed and involved two rest home residents and four hospital residents. Incidents related to falls, skin tear, pressure area, and bruising. The sample of reports evidenced that all reports were completed appropriately including assessment and follow up by a registered nurse and family notified as appropriate. Incidents and accidents are reported in progress notes and communication with family regarding incidents is also recorded. Staff have received education regarding open disclosure, incident reporting and communication with families. Post incident response documentation includes the use of short term care plans, referral to acute care and neurological observations where required. Monthly incident/accident analysis occurs with subsequent annual summary and analysis. The development of pressure injuries is now recorded and reported via the incident/accident reporting system as evidenced in three pressure injury reports for 2014. The service has addressed and monitored this previous finding. The service has achieved tertiary ACC accreditation.</p> <p>D19.3b; There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are</p>	PA Low	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates including the registered nurses, pharmacist, podiatrist,</p>

<p>conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>physiotherapist, dietitian and general practitioners is kept and these were sighted. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Six staff files were reviewed (two registered nurses, three nurse aides, and one activities person). Advised that reference checks are completed before employment is offered as evidenced in one recently employed staff file reviewed. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Five nurse aides were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Orientation checklists evident in six of six staff files reviewed.</p> <p>Discussion with the CEO, chief financial officer (responsible for HR management), nurse manager, registered nurses and nurse aides confirm that a comprehensive in-service training programme is in place that covers relevant aspects of care and support and meets requirements. There is an in-service calendar for 2014. The annual training programme exceeds eight hours annually. Five nurse aides interviewed have either completed the national certificate in care of the elderly or have completed an aged care education programme. The registered nurses attends external training including conferences, seminars and sessions provided by the local DHB. The nurse manager has attended education and training sessions from external providers in 2014. The education programme provided in 2014 includes dysphagia, death and dying, fire safety, civil defence, personal cares, wound care, manual handling, abuse and neglect, challenging behaviours, continence and safe chemical handling. Fire drill was conducted in June 2014.</p> <p>On review of six staff files, annual performance appraisals have not been maintained and are overdue for all six staff as evidence in the files reviewed.</p>
<p>Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a staff rationale and skill mix policy which include rostering and acuity levels. Sufficient staff are rostered on to manage the care requirements of the residents. There is a registered nurse on duty at all times. All 44 beds within Montecillo are dual purpose beds. The service is divided over two floors with 20 rooms downstairs and 24 rooms upstairs. The downstairs wing is where the majority of rest home residents reside. There are currently 14 rest home residents and six hospital residents in the downstairs wing. This unit is run by a senior nurse aide (Monday to Friday) with support from the registered nurse and nurse manager. The upstairs unit currently has 20 hospital residents and two rest home residents.</p>

		<p>Advised that extra staff can be called on for increased resident requirements.</p> <p>The roster includes a registered nurse rostered on every shift with four nurse aides upstairs and two nurse aides downstairs on the morning shift; three nurse aides upstairs and one downstairs plus a short shift nurse aide on the afternoons; and two nurse aides on overnight – one up and one downstairs. Other staff include activities coordinator, cleaners, laundry staff, and activities person 40 hours per week, food service manager 40 hours per week, cooks and kitchen hands.</p> <p>The nurse manager works 40 hours per week and oversees the downstairs unit. Maintenance staff are contracted and are on call.</p> <p>Eight residents (three rest home and five hospital) and four hospital relatives identify that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline: 2011 Medicines Care Guides for Residential Aged Care.</p> <p>The service has in place policies and procedures for ensuring all medicine related recording and documentation is: a) legible, b) signed and dated, and c) meets acceptable good practice standards. Residents have individual medication charts with photo ID, allergies listed, with three monthly reviews of medication by the GP. Montecillo Veterans Home and Hospital uses the four weekly blister pack system. Verification is completed by the RN against the drug chart on arrival from the pharmacy. There is a signed agreement with the pharmacy. Medications are checked on arrival by a registered nurse and any pharmacy errors recorded and fed back to the supplying pharmacy. The two medication trolleys are kept in the locked treatment rooms – one on each floor. Medication charts record the prescribers name and medical council registration number. The service has addressed and monitored this previous finding. Medication charts record prescribed medications by residents' general practitioners, these are kept in the medication folders (two). The medication folders includes a list of specimen signatures. Medication profiles are legible, up to date and reviewed at least three monthly by the G.P. Residents/relatives interviewed stated they are kept informed of any changes to medications. The medication chart has alert stickers for; a) controlled drugs, b) allergies and c) duplicate name. Education on medication management occurred in 2012 and is planned for 2014. Competencies are conducted for all registered</p>

		<p>nurses and for senior nurse aides with medication administration responsibilities. However, on review of staff files, it is noted that medication competencies have not been maintained on an annual basis. This is an area requiring improvement. Signing sheets are in place for packed medication, short term, and prn medication. There were no residents self –administrating medications.</p> <p>The service has in place and has implemented systems to ensure, a) residents medicine allergies/sensitivities are known and recorded on the medication sheet, b) adverse reactions and administration errors are identified and appropriate clerical intervention occurs, and c) adverse reactions and administration errors are recorded. Allergies are identified in residents’ medication charts and resident files on the front page. Fourteen medication charts reviewed identified that the GP had reviewed the resident three monthly and the medication chart was signed. PRN medication charted by the GP had indication for use. Staff signed appropriately for prn medication including time given. Effectiveness of prn medication is recorded in the progress notes.</p> <p>Medications were safely stored on the trolleys which are kept in a locked treatment rooms when not in use. All medications were up to date. All medications were safely stored. There are residents currently prescribed regular controlled drugs. The controlled drugs are stored securely in two locked safes in the upstairs nurse’s station along with the controlled drug register. On review of the controlled drugs and register it is noted that regular weekly checks have not been conducted and six monthly stock takes have not been conducted. The controlled drug register show evidence of two staff when signing out controlled drugs and the counts were correct. One registered nurse was observed safely administrating medications at a medication round. There are two medication fridges - one on each floor which are checked daily and recorded weekly.</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>The qualified chef has been at Montecillo for the last six years and leads the food services staff in the provision of nutritious meals to rest home and hospital residents. There is a four weekly summer and winter menu. The dietician visits fortnightly and reviews each resident’s diet plan and meets with the chef to discuss any dietary changes and interventions required such as modified, special diets or weight loss management. The four weekly menu has been reviewed by the dietitian – in September 2013, and in October 2014. The service has addressed this previous finding. The chef advised that he meets all new residents to discuss their likes and</p>

		<p>dislikes.</p> <p>The chef is responsible for the ordering of food items, stock rotation, correct storage of foods, temperature monitoring of chiller, fridges, deep freezers (two) and kitchen water temperature. The kitchen holds at least three days of food for use in an emergency.</p> <p>All food is cooked on the premises in the well-equipped and spacious kitchen with a combo oven and thermawave oven. There are food preparation, cooking, serving, dishwashing, delivery, storage and hand washing areas. Daily hot food temperatures are recorded and within the acceptable range. Food is held in a Bain Marie until served. Meals are covered with heat lids when delivered on trolleys to the bedrooms and hospital area.</p> <p>Staff wear appropriate protective apparel and safe footwear. All staff are trained in food safety and chemical safety.</p> <p>All chemicals and safety data sheets are supplied by Johnson Diversity. Quality control checks are done monthly. Residents provide feedback on food and suggestions at the resident meetings held two monthly.</p> <p>Kitchen staff are responsible for all cleaning duties including the mopping of floors and sanitizing of all workbenches.</p> <p>There are Food Service policies and procedures available. Food service audit was conducted in September 2014.</p> <p>D19.2 staff have been trained in safe food handling.</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>The long term care plan is completed within three weeks of admission by the registered nurses, providing a holistic approach to care planning with resident and family input. This is supported by other allied health care professionals providing input such as physiotherapist, dietitian and podiatrist. Activity assessments and the activities sections in care plans have been completed by the activities coordinator. The care being provided is consistent with the needs of residents. This is evidenced by discussions with residents, families, nurse aides, and registered nurses. There is evidence of three monthly medical reviews in four (one rest home and three hospital) of five files. One of the residents is a respite resident. The nurse manager is responsible for the education programme and ensure staff have the opportunity to receive updated information and follow best practice guidelines. Residents' care</p>

		<p>plans are completed by the registered nurses. Progress notes are written on every shift by nurse aides and registered nurses (evidenced in all five residents' progress notes sighted). When a resident's condition alters, the registered nurses (one nurse manager and two registered nurses) advice that they initiate a review and if required, arranges a GP visit or a specialist referral. The five nurse aides, two registered nurses, and the nurse manager interviewed stated that they have the equipment necessary to provide care, including transfer belts, hoists, wheelchairs, weighing scales, continence supplies, gowns, masks, aprons and gloves and dressing supplies (sighted). Eight residents interviewed (three rest home and five hospital) and four hospital relatives interviewed were complimentary of care received at the facility.</p> <p>D18.3 and 4 Dressing supplies are available. Wound assessment and wound management plans are in place for seven residents with wounds which includes three pressure areas, one cracked heel, one sacral abrasion, one cellulitis, and one resident with an infection at a pacemaker insertion site. Wound care documentation includes assessments, treatment plans and evaluations. Progress of wounds is recorded on wound progress notes and in file progress notes. The registered nurses interviewed described the referral process and related form for referral to a wound specialist or continence nurse. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described. Continence and wound management in-services have been provided in 2014.</p> <p>During the tour of facility it was observed that all staff treated residents with respect and dignity, knocked on doors before entering residents' rooms and ensured residents' dignity and privacy was protected when transferring residents to the shower or toilet. Residents interviewed were able to confirm that privacy and dignity was maintained.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities co-ordinator works 40 hours a week and reports directly to the nurse manager. There is a visiting occupational therapist available for the activities co-ordinator to provide professional support in the absence of a qualified diversional therapist (DT). The activities co-ordinator attends local monthly meetings with other co-ordinators and DT's and attends courses twice a year. She receives monthly newsletters. The activities co-ordinator meets with the clinical staff daily regarding resident status. Visits are made to the hospital level residents each morning spending 1:1 time with them. The programme is interesting, varied and appropriate</p>

		<p>to the resident's needs. Weekly programmes in large print are displayed for the residents. Hospital level residents choose to join the rest home resident activities. The rest home programme includes: bowls (ladies and men's teams), housie, quizzes, walks, exercises, cards, domino's (large print), and newspaper reading, shopping. There is entertainment with singing, electric organ, guitars, country and western music. Links are maintained with community groups with invitations to attend Age Concern monthly concerts, South Dunedin town hall concerts and the Green Island Women's Institute. The local SPCA visit two weekly with the dog squad. There are visiting children's group with the local kindergarten and schools close by.</p> <p>The recreational area is welcoming with suitable seating. There is a large screen TV and a selection of DVD's are available through the local library.</p> <p>Festivities and theme days are enjoyed. Birthdays are celebrated and special events are catered for such as special family events, wedding anniversaries. The activities co-ordinator has the use of a car and can access wheelchair vans as required for planned outings. Resident and management meetings are held three monthly with activities on the agenda. This allows for resident feedback and suggestions on the activities programme. Meeting minutes are made available to the residents.</p> <p>D16.5d the residents have a life/social history completed after admission. The service delivery plan developed by the RN's three weeks after admission includes cultural, spiritual and social needs. An activities plan is developed by the activities coordinator with goals and interventions specific for each resident. The evaluations are written at least three monthly. There is a resident attendance record kept. The service has addressed and monitored this previous finding.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>There is at least a three monthly review conducted by the medical practitioner.</p> <p>D16.4a Care plans are reviewed and evaluated by the registered nurses six monthly as sighted in four of five care plans sampled (one rest home and three hospital). One rest home respite resident has been at the service for two weeks. Evaluations are conducted in relation to each nursing goal recorded on the long term care plan and all identified issues are recorded on the long term care plan. There are short term care plans (STCP) to focus on acute and short-term issues. STCP's reviewed evidence evaluation and are signed and dated by the registered nurses when issues have been resolved. Staff are informed of any changes to resident need at</p>

		handover between shifts. Examples of STCP's in use included; infections, weight loss, changes to medication, return from hospital care, behaviours and wounds. Nurse aides interviewed confirmed that they are updated as to any changes to/or in resident's care or treatment during handover sessions which occur at the beginning of each shift. Communication books are in use and staff advised that they read care plans and progress notes prior to commencing their shift.
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 service displays a current building warrant of fitness which expires on 23 August 2015.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	Previous certification audit identified that cleaning staff were observed to not be wearing plastic aprons provided when carrying out bathroom and toilet cleaning duties. On the days of audit, cleaning staff were observed to be wearing plastic aprons during cleaning duties. Advised by the nurse manager that a memo was circulated to cleaning staff to address this issue, which staff when read, and it was also discussed at a housekeeping meeting. The service has addressed and monitored this previous finding.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	Previous certification audit identified that the activities coordinator did not have a current first aid certificate. The activities person is responsible for residents during off site activities and outings. Advised by the activities coordinator, and confirmed on review of the staff member's file, that a current first aid certificate is now held. The staff member completed the training in July 2013. The service has made improvements in this area.
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	Infection surveillance and monitoring is an integral part of the infection control programme and is described in the infection monitoring policy. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections are entered on to a monthly infection summary. This data is monitored and

		<p>evaluated monthly and annually. Outcomes and actions are discussed at the head of department meetings, and within staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the nurse manager who along with another registered nurse, shares the infection control coordinator role. A registered nurse is responsible for the collation of surveillance data. Staff receive training in infection prevention on orientation to the service and as part of the annual training programme. The service reports that they have had no outbreaks in the past two years.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a restraint minimisation and safe practice policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. The service has no rest home residents with either restraint or enablers. There are eight hospital residents with restraint (six residents with a lap belt and bedrails and two with bedrails), and five hospital residents with enablers (one with lap belt and bedrails and four with bedrails). There is a restraint and enablers register. Staff receive training in restraint minimisation and challenging behaviour management (2013). Competencies are also completed. Policy dictates that enablers should be voluntary and the least restrictive option possible. The staff interviewed are familiar with this. Restraint/enabler use is discussed at registered nurses meetings. Restraint use audit was conducted in September 2014. The service has appropriate procedures and documents for the safe assessment, consent, planning, monitoring and review of restraint and enablers as evidenced in three files reviewed (one restraint and two enablers).</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	<p>Discussion with the CEO, chief financial officer (responsible for HR management), nurse manager, registered nurses and nurse aides confirm that a comprehensive in-service training programme is in place that covers relevant aspects of care and support and meets requirements. There is an in-service calendar for 2014. The annual training programme exceeds eight hours annually. Five nurse aides interviewed have either completed the national certificate in care of the elderly or have completed an aged care education programme. The registered nurses attends external training including conferences, seminars and sessions provided by the local DHB. The nurse manager has attended education and training sessions from external providers in 2014. The education programme provided in 2014 includes dysphagia, death and dying,</p>	<p>Six of six staff files reviewed did not evidence that annual appraisals have been conducted and maintained.</p>	<p>Ensure that all employees have annual staff appraisals conducted as per ARC contractual requirements.</p> <p>90 days</p>

		fire safety, civil defence, personal cares, wound care, manual handling, abuse and neglect, challenging behaviours, continence and safe chemical handling. Fire drill was conducted in June 2014. Staff files reviewed evidence employment agreements, job descriptions, completed orientation booklets, copies of qualifications and completed courses.		
<p>Criterion 1.3.12.1</p> <p>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.</p>	PA Low	<p>Residents have individual medication charts with photo ID, allergies listed, with three monthly reviews of medication by the GP. Montecillo Veterans Home and Hospital uses the four weekly blister pack system. Verification is completed by the RN against the drug chart on arrival from the pharmacy. There is a signed agreement with the pharmacy. Medications are checked on arrival by a registered nurse and any pharmacy errors recorded and fed back to the supplying pharmacy. The two medication trolleys are kept in the locked treatment rooms – one on each floor. Medication charts record the prescribers name and medical council registration number. The service has addressed and monitored this previous finding. Medication charts record prescribed medications by residents' general practitioners, these are kept in the medication folders (two). The medication folders includes a list of specimen signatures. Medications were safely stored on the trolleys which are kept in a locked treatment rooms when not in use. All medications were up to date. There are residents currently prescribed regular controlled drugs. The</p>	<p>On review of the controlled drugs and register it is noted that regular weekly checks have not been conducted and six monthly stock takes have not been conducted.</p>	<p>Ensure that all required checks and stock takes for controlled drugs are conducted at the appropriate times.</p> <p>60 days</p>

		controlled drugs are stored securely in two locked safes in the upstairs nurse's station along with the controlled drug register. The controlled drug register shows evidence of two staff when signing out controlled drugs and the counts were correct. One registered nurse was observed safely administering medications at a medication round.		
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Low	<p>Senior nurse aides and registered nurses are responsible for medication administration. Education relating to medication management was provided in 2012 and is planned for 2014. Registered nurses complete syringe driver training and associated competencies. Advised that medication administration competencies are conducted for senior nurse aides and registered nurses on an annual basis.</p>	<p>On review of staff files it is noted that in two registered nurse staff files and one senior nurse aide file, medication competencies have not been maintained annually.</p>	<p>Ensure that all registered nurses and senior nurse aides with medication administration responsibilities have medication competency conducted annually.</p> <p>60 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.