# Ruawai Rest Home 2014 Limited

## Introduction

This report records the results of a Provisional 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: 18 December 2014 End date: 18 December 2014

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

**Total beds occupied across all premises included in the audit on the first day of the audit:** 18

# 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 is certified to provide rest home level care for up to 19 residents. On the day of the audit there were 18 residents. Ruawai’s nurse manager is well qualified in aged care for her role. There is an improvement required around documentation of interventions.

The prospective owner/managers are in negotiations with Ruawai Management Limited to purchase Ruawai rest home. The anticipated change of ownership is due to occur February 2015. The new provider owner/operators are the current nurse manager and her husband as the director. There is a transitional plan in place around the purchase, including quality management systems, staffing and planned upgrading of the facility.

## 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. |

Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. The service functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and related services is readily available to residents and families. A two yearly staff training programme supports staff understanding of residents’ rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed according to the Code. Residents and family interviewed verified on-going involvement with community.

## Organisational management

|  |  |  |
| --- | --- | --- |
| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Standards applicable to this service fully attained. |

The service is implementing a quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to the quality meetings. An annual resident satisfaction survey is completed and there are regular resident meetings. Quality performance is reported to staff at monthly meetings and includes a summary of incidents, infections and internal audit results. 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. There is an in-service training programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## Continuum of service delivery

|  |  |  |
| --- | --- | --- |
| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. |  | Some standards applicable to this service partially attained and of low risk. |

Resident files demonstrate implemented systems to assess, plan and evaluate care needs of the residents. Care plans are reviewed six monthly, or when there are changes in the residents health status. Resident files include notes by the GP and allied health professionals. Communication with family was well documented. There is an improvement required around the documentation of interventions to reflect the resident’s current health status.

Planned activities are appropriate to the residents' interests and residents confirm their satisfaction with the programme. Activity plans including goals and interventions are completed and evaluated at least six monthly. Individual activities are provided either within group settings or on a one-on-one basis. An appropriate medicine management system was implemented and staff responsible for medicine management complete annual competencies and attend regular education. Medication charts sighted evidence documentation of three monthly medication reviews completed by general practitioners. A dietitian reviews the menu. Resident dislikes and dietary requirements are known and alternative foods are offered. Residents interviewed are very complimentary about the food services.

## 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 service has implemented policies and procedures for fire, civil defence and other emergencies. The building holds a current warrant of fitness. Rooms are individualised. External areas are safe and well maintained. The facility has a van available for transportation of residents. There is a main lounge and separate dining room. There are adequate communal toilets and showers. Fixtures, fittings and flooring are appropriate for rest home level care. Cleaning and laundry services are well monitored through the internal auditing system. Chemicals are stored securely. The temperature of the facility is comfortable and constant and able to be adjusted in resident’s rooms to suit individual resident preference.

## 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 is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There were no restraints and three enablers are in place. Enablers are reviewed for each individual through the monthly staff meeting and reviewed three monthly for each resident. 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 co-ordinator (nurse manager) is responsible for coordinating education and training for staff. The infection control co-ordinator has attended external training. There are a suite of infection control policies and guidelines to support practice. Appropriate training of staff is included as part of the programme. The infection control co-ordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Staff receive on-going training in infection control.

## 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 | 44 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 92 | 0 | 1 | 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](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).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation. | FA | Ruawai has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Families and residents are provided with information on admission which includes the Code. Staff receive training about abuse and neglect and advocacy services that includes the Code, at orientation and as part of the two yearly in-service programme. Interview with two caregivers demonstrate an understanding of the Code. Residents interviewed confirm staff respect privacy, and support residents in making choice where able. |
| Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | Appropriate informed consent is gained for ‘do not’ resuscitate or resuscitation orders in the five files sampled. Resuscitation forms are reviewed annually. Files reviewed were found to have valid consents. It was stated by the nurse manager and registered nurse that family involvement occurs with the consent of the resident. EPOA documents are kept on the resident's file. Residents interviewed confirm they were given good information to be able to make informed choices. Two caregivers, one nurse manager and one registered nurse interviewed confirm information is provided to residents prior to consents being sought and they are able to decline or withdraw their consent.  D13.1: There were five of five admission agreements sighted.  D3.1.d: Discussion with family identify the service actively involves them in decisions that affect their relative’s lives. |
| Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Interviews with residents and family confirmed they were aware of their right to access advocacy. Advocacy pamphlets are displayed in the main entrance.  D4.1d; Discussions family confirm that the service provides opportunities for the family/EPOA to be involved in decisions.  ARC D4.1e. The resident files include information on residents’ family/whanau and chosen social networks. |
| Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community. | FA | D3.1h: Interview with residents and family confirm relatives and friends can visit at any time and are encouraged to be involved with the service and care. Visitors were observed at the facility all various times during the day of audit. Maintaining links with the community is encouraged. Activities programmes include opportunities to attend events outside of the facility. D3.1.e: Interviews residents confirm the staff help them access the community such as going shopping and attending church. |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | There is a complaints policy to guide practice. The nurse manager leads the investigation and management of complaints (verbal and written). There is a complaints register that records activity in an on-going fashion. Complaints/concerns/compliments are discussed at the monthly staff, and quarterly quality meeting. Complaints forms were visible around the facility on noticeboards. There were no complaints for the 2014 year. Discussion with residents and family confirm they were aware of how to make a complaint. There have been a number of compliments that have been received across the 2014 period.  D13.3h. a complaints procedure is provided to residents within the information pack at entry |
| Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights. | FA | There is a welcome pack that includes information about the Code and the opportunity to discuss prior to, and during the admission process with the resident and family. Large print posters of the Code and advocacy information was displayed through the facility. The three monthly resident meetings provide the opportunity for residents to raise issues (minutes sighted). The nurse manager (registered nurse) informed she has an “open door” policy for concerns or complaints.  D6.2 and D16.1b.iii The information pack provided to residents on entry includes how to make a complaint, Code of Rights pamphlet, advocacy and Health & Disability Commission.  D16.1bii. The families and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | There are policies in place to guide practice in respect of independence, privacy and respect. Staff were observed to be respectful of residents’ personal privacy by knocking on doors prior to entering resident rooms during the audit. Resident files are stored out of sight. Two caregivers and the registered nurse could describe aspects of abuse and neglect. Residents interviewed stated that the care provided was very good and staff were respectful.  D3.1b, d, f, i: The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Resident preferences are identified during the admission and care planning process with family involvement. The service actively encourages residents to have choices and this includes voluntary participation in daily activities. Interview with two caregivers describe how choice is incorporated into resident cares.  D4.1a: Five resident files reviewed identified that cultural and /or spiritual values, individual preferences are identified on admission with family involvement and integrated with the residents' care plan. Interviews with residents confirm their values and beliefs were considered.  D14.4: There are clear instructions provided to residents on entry regarding responsibilities of personal belonging in their admission agreement. Personal belongings are documented and included in resident files. |
| Standard 1.1.4: Recognition Of Māori Values And Beliefs  Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs. | FA | Ruawai has a Maori health plan that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). D20.1i: There is a cultural safety policy to guide practice including recognition of Māori values and beliefs and identify culturally safe practices for Māori. Family/whanau involvement is encouraged in assessment and care planning and visiting is encouraged. Links are established with community representative groups as requested by the resident/family. At the time of audit the staff report there are no residents that identify as Maori. |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs. | FA | The resident and family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Six monthly reviews occur to assess if needs are being met. Discussion relatives and residents confirm values and beliefs were considered.  D3.1g: The service provides a culturally appropriate service by ensuring it understands each resident's preferences and where appropriate their family/whanau.  D4.1c: Care plans reviewed included the residents’ social, spiritual, cultural and recreational needs. |
| Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | Job descriptions include responsibilities of the position and signed copies of all employment documents are included in staff files. Staff meetings occur monthly and include discussions on professional boundaries and concerns as they arise (minutes sighted). Interviews with the nurse manager, registered nurse and two caregivers confirmed an awareness of professional boundaries. |
| Standard 1.1.8: Good Practice  Consumers receive services of an appropriate standard. | FA | Ruawai has a suite of appropriate policies and procedures that are updated as necessary. There is an established quality improvement programme that includes performance monitoring against clinical indicators. There is a two yearly staff in-service programme being implemented. There was evidence of education being supported outside of the biannual training plan such as palliative care training and district health board (DHB) professional development recognition programme.  ARC A2.2: Services are provided at Ruawai that adhere to the health & disability services standards  ARC D17.7c: There are implemented competencies for caregivers and registered nurses. The nurse manager and RN have access to external training. Discussions with residents and families were positive about the care they receive. Interview with caregivers inform they are well supported by the nurse manager and RN. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | There is a policy to guide staff on the process around open disclosure. Accident/incident forms have a section to indicate if family have been informed (or not) of an accident/incident. Seven of seven incident forms reviewed for September 2014 identify family were notified following a resident incident. The nurse manager and RN confirm family are kept informed. There is access to an interpreter service.  The residents have been informed of the pending change of ownership however are unaware of the new purchaser at this stage.  D12.1: Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health “Long-term Residential Care in a Rest Home or Hospital – what you need to know” is provided to residents on entry.  D16.1b.ii: 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 agreement  D16.4b: Families stated that they were informed when their family members health status changes.  D11.3: The information pack is available in large print and this can be read to residents. |
| Standard 1.2.1: Governance  The 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 18 rest home residents. As part of this total there was one dedicated respite bed that at the time of audit was not occupied. The facility is owned by a family trust and the nurse manager reports fortnightly through to the owner who was overseas at the time of audit. Ruawai goals for the 2013-2014 year includes: developing strategic alliances, provide a stimulating environment for residents and expansion and growth of the service. Each objective then has a strategic goal that includes timeframes and person responsible, and identified performance indicators.  There is an established and implemented quality programme that includes discussion about clinical indicators (e.g. incident trends, infection rates), at the quarterly quality meeting and monthly staff meeting. The service is managed by an experienced registered nurse who has been the nurse manager at Ruawai for three years. The nurse manager (full time) has a second in charge who is the diversional therapist (also full time). A part-time registered nurse with aged care experience works two days a week.  ARC,D17.3di, the nurse manager has maintained at least eight hours annually of professional development activities related to managing a rest home including staff management and InterRAI training.  The prospective provider (the current nurse manager and her husband) were interviewed. The new owner/manager and director (husband) will be trading as Ruawai 2015 Limited. An accountant will maintain the financial accounts. The new owners have a transitional plan (2014-2015) in place that covers the two to four week period to ensure a seamless transition of change of ownership for residents and staff. There will be no changes to the role for the new owner who is currently the nurse manager. The nurse manager will continue to be responsible for the business and operational management of the rest home. The nurse manager has maintained a current practicing certificate, professional development and has mentoring and support available through provider meetings and forums which include other regional managers. |
| Standard 1.2.2: Service Management  The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers. | FA | During temporary absence of the nurse manager, the diversional therapist (DT) will cover the managerial responsibilities with clinical support provided by the RN. The DT is also a qualified caregiver. She has attended staff management training and currently undertaking dementia care course “walking in another’s shoes”. Management support/advice is available from another local facility manager. The RN increases from the current two days to full-time (including on-call) during the absence of the nurse manager. This will remain the same with change of ownership.  The DT will continue as the second in charge with the change of ownership. The prospective owner (nurse manager) interviewed confirmed the job descriptions of the DT and RN will be reviewed to include their responsibilities under the new ownership. This is also identified in the transitional plan (sighted).  D19.1a; a review of the documentation, policies and procedures and from discussion with staff identified that the service operational management strategies, QI programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality |
| 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 | Ruawai has implemented 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 on a regular basis. The content of policy and procedures are detailed to allow effective implementation by staff. Each policy manual has an amendment log. The new owner/manager has an arrangement to purchase the policies and procedures from the current owner. This is identified in the transitional plan. The current quality/risk management systems will continue.  Quality matters are taken to the quarterly quality meetings, and then to monthly staff meetings. The quality meeting minutes demonstrate key components of the quality management system are discussed including internal audit, infection control, incidents (and trends) and education. Monthly accident/incident reports, infections and results of internal audits are completed. The service has linked the complaints/compliments process with its quality management system and communicates relevant information to staff. Meeting minutes reviewed indicate issues raised are followed through and addressed, including resident meetings (three monthly).  Ruawai has an annual internal audit programme that includes aspects of service delivery including clinical care. For any audit outcome below 95% a corrective action plan was raised and corrective action implemented and signed off. Resident, relative and staff surveys are conducted annually. There was 100% satisfaction with meals.  D19.3: There is a comprehensive H&S and risk management programme in place including policies to guide practice. The nurse manager is the health and safety coordinator for the facility and monitors accidents and incidents and investigations as applicable. There is a current hazard register (reviewed May 2014) that identifies hazards for each area of work.  D19.2g Fall prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case by case basis to minimise future falls.  There is no planned changes to the quality system with change of owner. |
| 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 | D19.3c: The service collects incident and accident data and reports aggregated figures monthly to the staff meeting. Quarterly information is discussed at the quality meeting. Seven incident forms reviewed had been completed appropriately and had nurse manager final sign off. Family are notified.  D19.3b; The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Trending data is considered.  Discussions with 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 were sighted for the nurse manager and part-time RN. Five staff files were reviewed 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. Staff interviewed (two caregivers, one registered nurse) believed new staff were adequately orientated to the service on employment. The service has a stable workforce.  All staff will be retained under the prospective owner/managers and commence on new individual employment agreements. There will be no staff changes with the exception of the RN who will increase from 16 hours to 24 hours per week.  There is a two yearly education plan implemented that includes all required education as part of these standards. There is evidence that additional training opportunities are offered to staff. The nurse manager and RN have attended InterRAI training. All caregivers hold the national certificate in the support of the older person. One caregiver has commenced DT training. . |
| 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. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. There is a registered nurse who works two days/week, and the nurse manager and diversional therapist (second in charge) work full time. The nurse manager and the RN manage on-call requirements. The caregivers, residents and relatives interviewed inform there are sufficient staff on duty at all times.  Advised that staffing will remain the same with change of owner. |
| Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within required timeframes into the resident’s individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Individual resident files demonstrate service integration including records from allied health professionals and specialists involved in the care of the resident.  D7.1 Entries were legible, dated and signed by the relevant caregiver or registered nurse including designation. Policies contain service name. |
| Standard 1.3.1: Entry To Services  Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | Prior to entry potential residents, have a needs assessment completed by the needs assessment and co-ordination service. The service has an admission policy, admission agreement and a resident information pack available for residents/families at entry. The information pack includes all relevant aspects of service and residents and/or family are provided with associated information such as the health and disability code of rights, how to access advocacy and the complaints process.  D13.3: The admission agreement reviewed aligns with a) -k) of the ARC contract.  D14.1: Exclusions from the service are included in the admission agreement.  D14.2: The information provided at entry includes examples of how services can be accessed that are not included in the agreement. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | There are policies to describe guidelines for death, discharge, transfer, documentation and follow up. There is an associated form for staff to complete. A record is kept and a copy of details is kept on the resident’s file. All relevant information is documented and communicated to the receiving health provider or service. A transfer form accompanies residents to receiving facilities. Follow up occurs to check that the resident is settled, or in the case of death, communication with the family is made and this is documented. Family contact records document regular communication with family/EPOA regarding the transfer and updates on residents' condition. |
| 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 accepted guidelines. Medications are stored in a locked trolley in a locked nurse’s station/treatment room. Registered nurses and senior caregivers administer medicines. Medication competencies are completed annually and medication education attended May 2014.  The service uses the four monthly robotic medication management system. Medication charts have photo ID’s. There is a signed agreement with the pharmacy. Medications are checked on arrival by the nurse manager and registered nurse and any pharmacy errors recorded and fed back to the supplying pharmacy. Eye drops checked all had the date of opening evident. There are no resident’s self- administrating medications.  Staff sign for the administration of medications on medication signing sheet. All 10 administration sheets sampled correlate with prescribed instructions. The two medication folders include 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. All 10 medication charts have indication for use of as required medications.  One senior caregiver was observed administrating medications on the day of the audit and correct procedures were carried out including checking the GP prescribed medication chart and signing for administration after the medication was taken.  D16.5.e.i.2; Ten medication charts reviewed identified that the GP had seen the reviewed the resident three monthly and the medication chart was signed. |
| 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 | Ruawai rest home cooks all food on site. There are two cooks that work on a rolling roster. The cook interviewed has been working in the service for the last 12 years. She has current food safety and handling certificates. There is a seven weekly rotating menu in place. The menu was last reviewed by a dietitian in October 2014.  A food services manual was available that ensures that all stages of food delivery to the resident is documented and comply with standards, legislation and guidelines. This includes food safety policy, food services for the elderly, food and nutrition guidelines for the older person, sample menus, food services and staff responsibilities. The food is prepared in the main kitchen and served directly to residents in the dining room. There is one chiller, one fridge and one freezer. All fridges and freezers temperatures were recorded daily on the recording sheet sighted. Food temperatures are recorded daily. The cook works from 8.30-3pm and prepares the evening meal for the residents. The caregivers heat and serve the prepared food. All food in the freezer and fridge was labelled, dated and stored correctly. Decanted food in containers were dated.  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. Alternative meals are offered as required and nutritious snacks are available at any time. Changes to residents’ dietary needs are communicated to the kitchen as reported by the cook interviewed. Special diets are noted on the kitchen notice board, which is able to be viewed only by kitchen staff. Special diets being catered for include moulied meals. Residents report satisfaction with food choices. Lunchtime meals were observed being served and were attractively presented. There is a cleaning schedule, which is signed by the staff member completing cleaning tasks. |
| Standard 1.3.2: Declining Referral/Entry To Services  Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate. | FA | The admission policy describes the declined entry to services process. Ruawai rest home records the reason for declining entry to residents should this occur and communicates this to residents/family/whānau and refers the resident/family/whanau back to the referral agency. The nurse manager reports she has not declined anyone to the service. |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | Assessments were all completed in timely manner using appropriate tools to meet all the resident’s needs. This includes cultural and spiritual needs and likes and dislikes. The nurse manager has been trained in the use of InterRAI and is starting the InterRAI assessment process. Assessments are conducted in an appropriate and private manner. Two family and four residents interviewed were very satisfied with the support provided. |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | A review of resident files identify the use of short term and long term care plans. These reflect variances in resident health status and are reviewed by the registered nurse six monthly.  The care plan is completed within three weeks of admission by the nurse manager or registered nurse providing a holistic approach to care planning with resident and family input ensuring a resident focused approach to the process. Other allied health care professionals involved in the care of the resident provided input such as physiotherapist, dietitian, podiatrist, and needs assessment service.  D16.3f: Residents and relatives interviewed confirm care delivery and support by staff is consistent with their expectations.  Resident files reviewed identified that family were involved. Family contact sheets are evidenced in residents' files demonstrated communication with family/EPOA.  D16.3k: Short term care plans are in use for changes in health status. Examples of STCP's in use included; challenging behaviour and a skin condition. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | PA Low | There is documented evidence the care plans were reviewed by the nurse manager or the registered nurse and amended when current health changes. Short term care plans were in place for short term/acute needs. Families interviewed confirm they were kept informed of any changes to resident’s health status. When a resident's condition alters, the registered nurse initiates a review and if required, arranges a GP visit.  The two caregivers, nurse manager and registered nurse interviewed state they have the equipment referred to in care plans and necessary to provide care, including transfer belts, wheelchairs, mobility aids, commodes, pressure mattresses, slippery sams, winged toilet seats, gowns, masks, aprons and gloves. Weighing scales that accommodate a wheel chair are rented monthly.  D18.3 and 4 All staff report there are always adequate continence supplies and dressing supplies. On the day of the audit supplies of these products were sighted. There were no wounds on the day of audit. Wound management plans, evaluations and short term care plans sighted for previous wounds indicate good wound management.  The nurse manager and registered nurse interviewed describe 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. Continence management in-service was provided in July 2014. The nurse manager and registered nurse have attended a wound care management course at the DHB May 2014. |
| 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 is a diversional therapist (DT) at Ruawai rest home that is responsible for the planning and delivery of the activities programme. The DT has been employed at the service for three years and worked previously as a DT in other aged care facilities. She works 8am-4.30pm Monday-Friday with flexibility at weekends and evenings depending on planned activities. The DT interacts with other regional activities coordinators and attends monthly DT meetings. Activities are provided in the lounge, dining room, gardens (when weather permits) and one on one input in resident’s rooms as required. The caregivers assist in delivering the programme. There are volunteers that help with card games, crafts and reading. On the day of audit residents were observed being actively involved with a variety of activities including a visiting entertainer. Residents have an initial activity assessment completed over the first few weeks following admission that includes obtaining a history of past and present interests, life events and information which was written into the activity care plan. The activity care plan is reviewed six monthly as part of the care plan review/evaluation. An attendance record is kept of individual resident’s activities and progress notes completed. The resident/family/EPOA as appropriate is involved in the development of the activity plan  The programme includes residents being involved within the community including friendship club, senior citizens club, RSA visits, probus and lion’s clubs involvement and concerts in the community. There is a range of activities offered that reflect the resident needs including a morning walking group, housie, outings, exercises, quizzes, crafts, social hour, residents choice, pet therapy, pampering and lunch outings. Residents attend church services on site and are supported to attend church in the community. Participation in all activities is voluntary. Residents interviewed describe attending crafts and quizzes, board games, school music productions and going on outings.  Ruawai rest home has its own van for transportation. The DT has a current first aid certificate. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | There is at least a three monthly review for residents by the GP.  D16.4a Care plans are reviewed and evaluated by the nurse manager or registered nurse six monthly or when changes to care occur as sighted in all care plans sampled. There are short term care plans (STCP) to focus on acute and short-term issues. STCPs 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 handover between shifts. .  ARC D16.3c: All initial nursing assessment/care plans were evaluated by an RN within three weeks of admission. |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)  Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs. | FA | The registered nurse manager and the registered nurse described the referral process to other medical and non-medical services. Referral documentation is maintained on resident files. Examples of referrals sighted were to needs assessment services.  D16.4c: The service provided examples of where a resident’s condition had changed and the resident was reassessed for a higher level of care to another facility.  D 20.1; Discussions with the nurse manager and registered nurse identified the service has access to wound care nurse specialists, incontinence specialists, gerontology specialist, podiatrist and physiotherapist. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | There are policies in place for waste management, waste disposal for general waste and medical waste management. There are approved sharps containers for the safe disposal of sharps. All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals are stored securely in the laundry cupboard and another cupboard. Product use charts are available. Hazard register identifies hazardous substance. Gloves, aprons, and goggles are available for staff. Interview with two caregivers and the cleaner described management of waste and chemicals, infection control policies and specific tasks/duties for which protective equipment is to be worn (as observed). Staff received education in chemical safety in August (2013). |
| 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 8 July 2015. There is a reactive and planned maintenance programme in place. Hot water temperatures checks are conducted and recorded monthly by the nurse manager. Hot water temperature recordings reviewed for 2014 are consistently recorded between 43 and 45 degrees Celsius. Medical equipment has been calibrated by an external contractor and is next due May 2015. Electrical equipment has been serviced/checked and next due May 2015.  Residents were observed to safely mobilise throughout the facility with easy access to communal areas. There is safe access to outdoor areas. The external area is well maintained with safe paving, outdoor shaded seating, lawn and gardens. Interviews with staff confirmed there was adequate equipment to provide safe and timely care.  The new perspective owner has planned maintenance written into their transitional/business plan and includes an upgrade of the laundry room, re-wallpapering and painting of the interior of the facility and painting of the exterior of the building. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | There were two bedrooms that share a full ensuite. The number of toilets and showers provided was adequate for communal use. The communal toilets and showers are well signed and identifiable and include large vacant/in-use signs. Facilities were viewed to be kept in a clean and in a hygienic state. Regular cleaning audits are completed and included in the quality programme. Hand washing and drying facilities are adjacent to the toilet. Liquid soap and paper towels are available in all toilets. Fixtures, fittings and floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices for this environment. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | All rooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. Caregivers interviewed report that rooms have sufficient room to allow cares to take place. The bedrooms are personalised. The bedroom furnishings and seating were appropriate for the consumer group. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | There was one lounge with an adjacent sun lounge. The dining room is adequate and located close to the kitchen area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents were seen to be moving freely within the communal areas throughout the audit. Residents interviewed report they can move freely around the facility and staff assist them if required. |
| 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 | All laundry is completed on site by all staff. Chemicals are stored in a locked room in laundry and also in a locked chemical cupboard. The cleaner keeps the key on her person. All chemicals were labelled with manufacturer’s labels. Residents and relatives expressed satisfaction with cleaning and laundry services. On a tour of the facility the carpets were noted to be clean and free from stains. All bedrooms, hallways and communal areas were clean and tidy in appearance. There is a dedicated cleaner employed for five hours a day Monday-Friday.  The perspective provider plans to upgrade the laundry following purchase. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | Appropriate training, information, and equipment for responding to emergencies was available. There is an approved evacuation plan (letter dated 31/07/2006). Fire evacuations were held six monthly. There is a staff member with a current first aid certificate on every shift.  There is a civil defence and emergency plan in place. The facility is well prepared for civil emergencies and has emergency lighting, a store of emergency water and a gas BBQ for alternative heating and cooking. Emergency food supplies sufficient for three days are kept in the kitchen. At least three days stock of other products such as incontinence products and personal protective equipment is kept. The call bell system is available in all areas. During the tour of the facility residents were observed to have easy access to the call bells and residents interviewed stated their bells were answered in a timely manner. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. There are heating panels in the corridors and wall heaters in each resident room that can be adjusted to a suitable temperature. There is also a wood-burner in the main lounge. Residents and family interviewed state the environment is warm and comfortable. |
| Standard 3.1: Infection control management  There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the infection control coordinator who is the nurse manager (RN). There is an implemented infection control programme that is linked into the quality management system. The infection control programme is reviewed annually and managed via the quality meetings. The infection control coordinator has access to GPs, local Laboratory, the infection control and public health departments at the local DHB for advice. Infection control matters are discussed at the quarterly quality meetings and the monthly staff meetings. |
| Standard 3.2: Implementing the infection control programme  There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | Infection control is managed through the quality meetings which is made up of a cross section of staff, feedback is then taken through to staff meetings. The quality meetings include the nurse manager (infection control coordinator). The facility also has access to an infection control nurse specialist, public health and GP's. The infection control coordinator has attended external education in June 2014. |
| Standard 3.3: Policies and procedures  Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. | FA | D 19.2a: The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. These principles are documented in the service policies. External expertise can be accessed as required, to assist in the development of policies and procedures. Policy development involves the infection control coordinator (nurse manager) and the members of the quality meeting. |
| Standard 3.4: Education  The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The infection control coordinator is responsible for coordinating/providing education and training to staff. The IC coordinator has completed appropriate IC training including attendance at an infection prevention and control study day in May 2014. The orientation package includes specific training around hand washing. Training on infection control is included in orientation and as part of the biannual training schedule. Resident education is expected to occur as part of providing daily cares, in addition the service has developed a resident’s infection control handbook that provides clear appropriate information about hand hygiene and cross infection. |
| 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 | 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 graphs are completed by the infection control coordinator. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at both the quality and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. The infection control programme is linked with the quality programme. Hand hygiene audits are included in the audit schedule. There is close liaison with the GP's that advise and provide feedback /information to the service. Systems in place are appropriate to the size and complexity of the facility. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | Ruawai rest home has policies and procedures on restraint minimisation and safe practice. The nurse manager is the restraint coordinator with a job description defining responsibilities of the role. The restraint co-ordinator confirms that the service promotes a restraint-free environment. Policy states that enablers are voluntary. There are no residents assessed as requiring restraint. Policy includes guidelines and definitions for use of enablers and restraint. There were three residents using enablers (bedside). All three files reviewed evidenced assessment, consent and evaluation forms. All enablers are voluntary and are used to assist the resident freely move in bed. Restraint education is included in the two yearly training programme. Restraint/enablers are discussed monthly at the staff meeting and reviewed for each resident three monthly. The caregivers interviewed were knowledgeable in the use of enablers. |

# 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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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.3.6.1  The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes. | PA Low | Resident care plans (short term and long term) document appropriate interventions to manage clinical risk such as poor mobility, falls, pressure area management, behavioural issues and weight loss. Care plans were reviewed regularly to ensure interventions meet the residents current needs. Caregivers interviewed confirmed 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 and this was observed during the audit. | (i) There was no documented evidence of monitoring the effectiveness of ‘as required’ pain relief for two residents on pain relief. (ii) There was no documented evidence of monitoring of fluid intake for a resident on restricted fluid intake. (iii) There was no documented interventions for the management of hypoglycaemia or hyperglycaemia for two residents on insulin (corrected on day of audit). | (i)&(ii) Ensure monitoring is completed and documented as required; (iii) Ensure interventions identify management/risks of diabetes.  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.

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End of the report.