Queen Rose Retirement Home 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:	Queen Rose Retirement Home Limited
Premises audited:	Queen Rose Retirement Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 January 2015 End date: 22 January 2015

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: 28

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

Queen Rose retirement home is situated in Dunedin, and is certified to provide rest home level care to up to 29 residents. On the day of audit there were 28 residents. The service is owned and operated by a family partnership. One owner is in the manager role and is supported by three other owners, a registered nurse and care staff.

This audit has addressed six of the ten shortfalls from the previous audit around advanced directives, provision of cultural awareness training for staff, risk assessments, medication management and competencies, and safe storage of chemicals.

Further improvements continue to be required around aspects of care planning.

This audit has identified improvements required around aspects of medication and staff appraisals.

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 had an open disclosure policy and a complaints policy. Family members were informed in a timely manner when their family members health status changes. The complaints process and forms for completion are available in the reception area. Brochures are also freely available for the Health and Disability and advocacy service with contact details provided. Information on how to make a complaint and the complaints process is included in the admission booklet and displayed throughout the facility.

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.

Queen Rose is owned and operated by a family partnership since 2002 with one owner as manager. The owner/manager was supported by one registered nurse, with a current practising certificate. The facility was guided by a comprehensive set of policies and procedures. An internal audit programme monitored service performance. Systems are in place for monitoring the services provided. Health and safety policies, systems and processes are implemented to manage risk. Adverse events are effectively managed. Human resources processes are managed. The induction and education and training programmes for the staff ensured staff were competent to provide care. Staffing levels were safe and appropriate.

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 medium or high risk and/or unattained and of low risk.

Residents were assessed prior to entry to the service and a baseline assessment was completed upon admission. The registered nurse is responsible for care plan development with input from residents and family. Residents and family interviewed confirmed that the care plans were consistent with meeting residents' needs. Planned activities were appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medications were managed and administered in line with legislation and current regulations. Food, fluid, and nutritional needs of residents were provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.

The service had a current building warrant of fitness that expires 4 March 2015.

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 documented definition of restraint and enablers that aligns with the definition in the standards. On day of audit there were no residents utilising restraint and no residents using enablers. The service included discussion on restraint and enabler practices and resident reviews at staff meetings.

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 co-ordinators reported surveillance data and infection control matters at staff meetings. All staff received infection control education on orientation and attend annual education. Infection control audits were included in the annual audit schedule.

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	15	0	4	1	0	0
Criteria	0	38	0	4	1	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
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	All six long term care resident files had advanced directives signed by the resident. This was a previous audit finding that has now been addressed.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The service has appropriate systems in place to manage complaint processes. A complaints register was maintained. There were no complaints in 2014 and one complaint to date in 2015 which was in progress of being resolved. Systems were in place to ensure residents were advised on entry to the facility of the complaint processes. Residents and family interviewed demonstrated an understanding and awareness of these processes. The complaint register evidenced outline of the complaint and actions addressed to date within required timeframes. A complaints procedure is provided to residents within the information pack at entry.
Standard 1.1.9: Communication Service providers communicate effectively with	FA	Six residents' files reviewed documented that communication with family was being conducted. There was communication with the GP and family following adverse events, which was recorded on the accident/incident forms and resident progress

consumers and provide an environment conducive to effective communication.		notes. Six residents and two family members interviewed stated they were informed of changes in health status and incidents/accidents. Residents and family members also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident meetings were conducted four times a year with the last one held in August 2014. The owner/manager and registered nurse have an open door policy. Residents and family were advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. If residents or family/whanau had difficulty with written or spoken English interpreter services were made available.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Queen Rose Retirement Home is certified to provide rest home level care for up to 29 residents. On the day of the audit there were 28 residents. The service is managed by one of the six owners, since 2002. The owner/manager is supported in the role by a registered nurse. The owner/manager of the service has worked in aged care for approximately 40 years. The service has a business and quality and risk plan in place (2015) providing goals and direction for the service. The current business plan has been reviewed and implemented. The owner/manager had undertaken at least eight hours training and education in relevant clinical areas and management courses in the past 12 months to comply with contractual requirements.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	The service has a quality manual and a business and quality and risk plan. Progress with the quality and risk management programme has been monitored through the monthly staff meetings (including all aspects of quality). Monthly and annual reviews had been completed for all areas of service. Meeting minutes have been maintained and staff are expected to read the minutes and sign off when read. Minutes for all meetings included actions to achieve compliance where relevant. Discussion with the registered nurse and caregivers confirmed their involvement in the quality programme. Resident/relative meetings have been held three monthly. Data is collected on complaints, accidents, incidents, infection control and enabler use. The internal audit schedule for 2014 was completed. Areas of non-compliance identified at audits had been actioned for improvement. Specific quality improvements had been identified. The service is implementing a health and safety management system. There is implemented risk management, and health and safety policies and procedures in place including accident and hazard management.

		The service had comprehensive policies/ procedures to support service delivery. A document control policy outlined the system implemented whereby all policies and procedures were reviewed regularly. Death/Tangihanga policy and procedure that outlined immediate action to be taken upon a consumer's death. Falls prevention strategies were implemented for individual residents. Residents' were surveyed October 2014 to gather feedback on the service provided and the outcomes were communicated to residents, staff and families.
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	Staff and management confirm during interviews, that they are made aware of their essential notification responsibilities through job descriptions; policies and procedures; and professional codes of conduct. The service had notified public health and the district health board during a noro virus outbreak August 2014. Sighted monthly accident/incident analysis forms for 2014 and incident forms for January 2015 to date were reviewed. The data included date, time, name of residents, accident type / location, injury, communication with family and treatment required. Neurological observations were sighted for residents with unwitnessed falls or head injury.
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.	PA Low	The skills and knowledge required for each position within the service is documented in job descriptions. Staff files (five of five) evidence all required employment documentation. Individual records of education were maintained for each staff member. The staff competency register included competencies. The competency register also recorded staff performance appraisals however one of five staff appraisals only had been completed annually. An orientation/induction programme is available and all new staff are required to complete this prior to their commencement of care to residents. Orientation for staff included the essential components of the service provided. An in-service education register for 2013 and 2014 documented in-service education provided at the facility. Cultural safety training has been completed. This was a previous audit finding that has now been addressed. Staff have been supported to complete an aged care education programme. The registered nurse and one senior caregiver have completed the aged care assessor's programme. The annual practising certificate for the RN was current.

Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	There is a documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery for the rest home residents. The registered nurse worked a minimum of 30 hours per week and was on call, as required. A casual registered nurse was also available when required. Staff interviews confirmed awareness of the on call procedure and availability of the owner/manager and the registered nurse after hours and weekends. Care staff interviewed reported that there was enough staff on duty and they were able to get through the work allocated to them. Residents and family interviewed report there was enough staff on duty to provide adequate care.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Moderate	All staff who administer medications are competency assessed annually and had attended medication education. This was a previous audit finding that has now been addressed. All blister pack medications and other pharmaceuticals are delivered by the supplying pharmacy four weekly. The RN checks all medication on arrival and informs the supplier of any discrepancies. All medications were stored safely and all medication checks and administration met requirements. This was a previous audit finding that has now been addressed. Medication administration was observed and the staff member was compliant in the administration of medication. Specimen signing sections were completed on every medication chart for each resident. Five of twelve medication charts sampled met legislative prescribing requirements for regular medication orders. Allergies were documented on the resident medication charts. There were no residents self-medicating on the audit day. There was evidence of three monthly GP reviews for eleven of twelve medication charts.
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	There are food policies/procedures for food services and menu planning. Food service is supplied by an external food company and is delivered twice a day. There was a four week cycle menu with dietitian input obtained by the food supplier in the review of the menus. Residents' food preferences were identified and this included consideration of any particular dietary preferences or needs. The kitchen folder included a list of resident likes and dislikes. Residents with special dietary needs had these needs identified in their care plans. Residents were complimentary of the food provided. The servery was adjacent to the dining room and food was served directly to residents. Kitchen staff were trained in safe food handling and food safety

		procedures were adhered to. Staff were observed assisting residents with their lunch time meals and drinks. Supplements were provided to residents with identified weight loss issues. Weights were monitored monthly or more frequently if required. Resident meetings and surveys allowed for the opportunity for resident feedback on the meals and food services generally. Interviews with residents and family members indicated satisfaction with the food service.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	All six resident files reviewed had assessments completed in a timely manner for identified clinical risk. This was a previous audit finding that has now been addressed.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	All six resident files reviewed had identified problems noted in the resident care plans to support clinical care and direct staff.
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	Five of six care plans were current and interventions reflected the assessments conducted and the identified requirements of the residents. Interviews with staff (registered nurse and four caregivers) and relatives confirmed involvement of families in the care planning process. This was a previous audit finding that still requires improvement. Dressing supplies were available and a treatment room was stocked for use. Continence products were available and resident files included a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice was available as needed and this could be described. Wound assessment and wound management plans were in place for two residents. This was a previous audit finding that has now been addressed.
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	The activities coordinator (one owner) worked at least six hours per day, five days a week. A volunteer worked two morning s a week and provided exercises and newspaper reading. The programme was planned monthly and residents received a personal copy of planned monthly activities. Activities planned for the day were displayed on notice boards around the facility. An activity plan was developed for

		each individual resident based on assessed needs and reviewed six monthly. Residents were encouraged to join in activities that were appropriate and meaningful and were encouraged to participate in community activities. The service had a van that was used for resident outings. Residents were observed participating in activities on the days of audit. Resident meetings provided a forum for feedback relating to activities. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	PA Low	Four of six residents' files sampled evidence that evaluations of care plans were within stated timeframes and reviewed more frequently if a resident's condition changes (one resident had been at the service less than six months). Evaluations were conducted by the registered nurse with input from the resident, family, care staff, diversional therapist and GPs and included review of resident's goals. This was a previous audit finding that still requires improvement. There was recorded evidence of additional input from professional, specialist or multi-disciplinary sources if this was required. Short term care plans used for short term needs were evaluated and either resolved or transferred to the long term care plan as an ongoing need however there was no short term care plans used for four residents with identified acute short term needs.
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	All chemicals were stored safely in a locked cupboard when not in use. This was a previous audit finding that has now been addressed.
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 had a current warrant of fitness that expires 4 March 2015.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance	FA	The infection control coordinator (registered nurse) used the information obtained through surveillance to determine infection control activities, resources, and

with agreed objectives, priorities, and methods that have been specified in the infection control programme.		education needs within the facility. There was an infection control register in which all infections were documented monthly and discussed at the staff meetings. All infections are discussed and any trends identified with subsequent educational opportunities for improvement in practises if needs were identified. The service effectively managed a noro virus outbreak in August 2014. Public health was appropriately notified.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Documented systems are in place to ensure the use of restraint is actively minimized. The facility was not utilising restraint or enablers on audit day. Staff interviewed and staff records evidence guidance has been given on RMSP, enabler usage and prevention and/or de-escalation techniques. Policies and procedures included definition of restraint and enabler that were congruent with the definition in NZS 8134.0.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	**Attainment Rating**	**Audit Evidence**	**Audit Finding**	**Corrective action required and timeframe for completion (days)**
Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.	PA Low	The service has policies and procedures which documented that staff appraisals are to be completed annually for all staff. One staff members (caregiver) file reviewed included annual appraisals.	Four staff files (one registered nurse and three caregivers) did not have annual staff appraisals completed.	Ensure that all staff appraisals are completed annually. 90 days
Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.	PA Moderate	Five medication charts reviewed had documented reason for use of as required medications by the GP to safely guide staff. Medication competency assessed caregivers administered medications. Medication was administered according to the residents need such as analgesia for pain and this was documented in the resident’s progress notes. The registered nurse was consulted prior to administration of as required medications. The GP reviewed residents medication	(i)Seven of twelve medication charts reviewed did not record indication for use of as required medication by the GP so as to safely guide staff. (ii) One medication chart had not been documented as reviewed by the GP three monthly (the resident visited the GP at the medical practice).	(i)Ensure that all as required medications have a documented reason for use by the GP. (ii) Ensure that all residents medications are reviewed by the GP three monthly and this is recorded on the residents medication chart. 60 days

		charts three monthly and this was recorded on the medication chart in 11 charts reviewed.		
Criterion 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.	PA Low	The GP assesses the residents as being required to be seen three monthly if stable or more frequently if required.	One resident did not have documentation to support GP three monthly review. The resident visits the GP at the medical practice.	Ensure that the GP documents three monthly review of the resident in the resident file. 90 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	Residents care plans included interventions to support the residents identified needs and these are updated as required when a resident health changes or at least six monthly.	One resident had documented mobility changes, weight gain and a wound plan in place and these were not updated with supporting interventions in the resident care plan.	Ensure that all interventions to support resident's needs are documented in the care plan. 90 days
Criterion 1.3.8.2 Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.	PA Low	Four residents care plans were reviewed six monthly and earlier as required. This included but not limited to review of activity of daily living, mobility, continence, nutrition, communication, behaviour, and social relationships. Goals and interventions were reviewed and updated accordingly. Short term care plans used for acute identified needs included excoriation of skin, oedema of legs, loss of body weight and refusing to get up.	(i) One residents care plan had not been reviewed since March 2014. (ii) Four residents with documented skin tears, a bruise and a graze did not have the long term care plan updated or short term care plan initiated.	(i)Ensure that all resident care plans are reviewed at least six monthly. (ii) Ensure that all identified acute short term needs are documented. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.