# Rangiura Trust Board

## Introduction

This report records the results of a Partial 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 Audit (NZ) 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:** Rangiura Trust Board

**Premises audited:** Rangiura Rest Home & Retirement Village

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 8 July 2015 End date: 8 July 2015

**Proposed changes to current services (if any):** The service has renovated and extended one wing of the rest home and hospital adding 11 new rooms. As some of the existing rooms have been reclaimed to make the corridor and living spaces, the extension will increase the capacity of the service to a maximum of 81 residents. The service will continue to have a 19 bed secure dementia level of care unit and 62 dual purpose beds suitable for rest home or hospital level of care.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 68

# 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.

## General overview of the audit

A partial provisional audit was conducted at Rangiura Rest Home to establish the level of preparedness of the service to increase resident numbers. One of the wings of the service has been renovated to increase capacity to a maximum of 81 residents.

This audit focuses on the environment in the new extensions, food, medicine management and relevant organisational management standards. The audit process included observations, review of documentation and interviews. Interviews were conducted with the members of the board, management, staff and nurse practitioner to verify the documented evidence. This audit report is an evaluation of the combined evidence on how the service meets each of the standards.

There were no areas for improvement that required follow up from their previous audit. There were no required improvements identified at this audit. The service has completed the renovations, fit out, furnishing and landscaping. The service is able to commence service delivery to the new extension as soon as possible.

## Consumer rights

Not applicable to this audit.

## Organisational management

The service’s philosophy is based on the Eden Alternative. Systems were documented which defined the scope, direction and objectives of the service and the monitoring and reporting processes. The organisational governance systems for clinical care, staffing, operational and financial aspects of the service are monitored regularly by the Board.

The service already has in place general and clinical managers with appropriate qualifications and experience to manage the service. The two clinical manager’s roles are documented as having overall responsibility for the running of the clinical services. The clinical manager reports to the general manager, who in turn reports to the board’s executive committee.

The service has completed the recruitment and employment of care staff. The documented human resources management system provides for the appropriate employment of staff and on-going training processes. A system has been developed and implemented for the orientation, induction and ongoing education programme.

The provider has a documented process which identifies staffing levels will meet the requirements of the Eden Alternative philosophy to ensure all residents needs will be met. The rosters confirm that contractual and safe staffing guidelines are met.

## Continuum of service delivery

Medicine management policies and procedures were available on site and they describe current legislative requirements and safe practice guidelines. All staff who assist in medicine management are assessed as competent to do so.

The menu is reviewed as meeting nutritional guidelines for aged care by a registered dietitian. The kitchen service is able to cater for the increased number of residents.

## Safe and appropriate environment

The extension is fully completed, furnished and landscaped. The environment is appropriate for rest home and hospital level of care services. All areas ensure physical privacy is maintained and had adequate space and amenities to facilitate independence. There are processes in place to protect residents, visitors, and staff from exposure to waste and infectious or hazardous substances. The laundry services will be provided by the existing laundry. There are processes in place to provide safe and hygienic cleaning and waste management services.

The facility has a current certificate of compliance. There are documented systems in place for essential, emergency and security services, including a comprehensive disaster and emergency management plan. The service has an emergency generator and emergency equipment and supplies.

The facility has an appropriate call system installed. There is access to external gardens and internal courtyards. The layout and build of the physical environment minimises the risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the residents.

All rooms have access to ensuite toilet, shower and hand basin facilities.

## Restraint minimisation and safe practice

Not applicable to this audit.

## Infection prevention and control

The infection prevention and control policies, procedures and programme sighted identified how the provider intends to provide a controlled, safe environment. There is a clearly defined and documented infection control programme that includes the increased capacity of the service.

## Summary of attainment

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

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| **Attainment Rating** | **Continuous Improvement****(CI)** | **Fully Attained****(FA)** | **Partially Attained Negligible Risk****(PA Negligible)** | **Partially Attained Low Risk****(PA Low)** | **Partially Attained Moderate Risk****(PA Moderate)** | **Partially Attained High Risk****(PA High)** | **Partially Attained Critical Risk****(PA Critical)** |
| **Standards** | 0 | 15 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 35 | 0 | 0 | 0 | 0 | 0 |

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The service currently provides rest home, hospital and dementia level of care for up to 68 residents. This includes a 19 bed memory assist unit that provides an environment for residents assessed as requiring secure dementia care. The care service is located within a retirement village that has independent living units. The service has renovated and extended one wing of the service and added 11 new rooms. The total capacity of the service will increase to a maximum of 81 residents. Apart from the dementia specific level of care, all other beds are suitable for rest home or hospital level of care. Services are planned to meet the needs of residents and the increase in resident numbers. The quality improvements and objectives plan for 2015 to 2016 includes the organisational goals, vision, scope and direction. This plan is reviewed annually. The vision of the service includes the Eden Alternative approach to care, the environment and service delivery. There is a strategic plan that has at least three monthly reviews of goals with management and the board. The clinical nurse manager and general manager provides a monthly report to the board and executive committee. The business and strategic planning includes the additional staffing and resources that are required for the increase in capacity. The chair of the Board reported that the executive committee have been fully involved, with fortnightly meetings with management and contractors, for the extension of the service. The new build includes the Eden Alternative aspects of creating a humane habitat. The organisational structure chart records the reporting lines for each role. The general manager reports to the Executive Management Group of the Board. The current clinical nurse manager’s role has been restricted to clinical administration and clinical leader roles. The job descriptions for each of these roles clearly outlines the authority, accountability, and responsibility. The general manger is responsible to the Rangiura Trust Board for the effective strategic management of the home and retirement village. They have been in this current role for under 12 months and have a background in psychiatric nursing and management of health services. The current clinical nurse manager and newly appointed clinical administrator and clinical leader are suitably qualified and experienced registered nurses with current practising certificates. The clinical administrator in conjunction with the clinical leader are responsible for the effective delivery of all clinical and care services for the home. As the clinical administrator and clinical leader roles are newly created and appointed, they both have management training and education planned for July 2015. Both roles have ongoing responsibility to attend ongoing education related to management and care issues for a minimum of 20 hours annually. . The chair of the board and nurse practitioner report confidence in the general and clinical manager’s ability to effectively run the service.  |
| 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 | The clinical administrator and clinical leader will fill in for each other during temporary absences. During temporary absences of the general manager, the board’s executive committee and the clinical managers take on the different aspects of the general manager’s role.  |
| 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 | All staff and contractors who require an annual practicing certificate have these validated at employment and annually. Current APCs are sighted for all staff who require them.The recruitment and on boarding process are implemented to reflect legislative and best practice employment guidelines. The short list applicants are selected for interview. The staff files reflect that the recruitment, selection and employment processes are followed. Police vetting and reference checking is part of the employment process. The orientation for new staff covers the essential components of service delivery. Orientation days are undertaken for all staff. There are additional role specific orientation, induction and competency assessments. There are staff appraisals conducted at 11 weeks, then at least annually. The ongoing education programme meets mandatory and contractual requirements. The education programme includes in-service education, external courses and online learning. The service implements Aged Care Education (ACE) training for the care staff national qualification and dementia unit standards. There are databased and attendance records that record who has attended and who requires to attended the education appropriate for their role. In addition to the planned education programme, education is also implemented to address any identified issues or shortfalls. The general manager receives a monthly update of the staff who have attended education.  |
| 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 staffing manual documents the organisational policy to ensure suitable staff are employed that ensure the standards and safe delivery of care are maintained. The documented staffing levels and skill mix policy meet contractual requirements and guidelines and indicators for safe aged care. The staff numbers and skill mix also includes the fulfilment of the Eden Alternative goals and philosophies. The rosters sighted confirms the required staffing for the current rest home, hospital and specific dementia unit. The service has already recruited the additional nursing and care staff required to meet the increase in resident capacity. There is a planned household manager role that has not yet been filled. All staff who work in the dementia unit have completed or are enrolled in the required national unit standards. There is at least one staff member on each shift who has a first aid qualification.  |
| 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 | The existing medication systems and processes will be implemented in the extension. The medications are securely stored and comply with legislation and guidelines.The medications are delivered from the pharmacy in a prepacked medication dispensing system. These packs are checked for accuracy on delivery. The medication charts and medication prescriptions have the required information to comply with legislation. The medication endorsed nurse practitioner reviews the medication at least three monthly, with this review recorded on the medication chart. There were some recordings of the medication fridge that were below the guideline temperature, this was addressed at the time of audit by moving the thermometer away from the freezer area. All staff who assist with medication management are assessed as competent to perform their role. There is an annual medication competency for general medication processes and the use of controlled drugs. There are no residents who self-administer their medication. The service has processes for self-administration, if a resident is assessed as competent to do so.  |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | The menu has been reviewed by a dietitian as suitable for the older person living in long term care, this was last conducted in February 2015. The kitchen service receives a nutritional profile for each resident on admission, with any additional or specific dietary requirements recorded. Residents with additional or modified nutritional needs or specific diets had these needs met. The cooks interviewed report that additional equipment has been purchased for the increase in capacity and that they are able to cater for the increased number of residents. All aspects of food procurement, production, preparation, storage, delivery and disposal complies with current legislation and guidelines. Fridge and freezer recordings were undertaken daily and meet requirements. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging. Evidence was seen of all kitchen staff having completed safe food handling certificates and ongoing in house education.Staff have access to food and fluids for the residents from the kitchenette within the existing memory assist unit. |
| 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 | The new extension has a secure sluice area and storage spaces for the storage of waste and hazardous substances. These rooms are ready to be operation when services commence. There is access to personal proactive equipment (PPE). The laundry, cleaning and clinical staff demonstrate knowledge of the management of waste and use of PPE.  |
| 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 extension building, landscaping and furnishing is fully completed. There is a current Code of Compliance Certificate, dated 5 June 2015. The certificate includes the 11 new rooms with a communal lounge and dining room area, alterations to the passage ways, library, hair salon and café area. There is a compliance schedule for the fire and emergency signage systems. Each room is fitted with ceiling hoists and equipped with hospital beds. All equipment is newly purchased. Electrical test and tag and calibration of the medical equipment has been conducted for this equipment in July 2015. The hot water is maintained at the required temperature for aged care services, with existing monthly monitoring of the hot water temperatures having been implemented to the new extension. The physical environment is designed to enable ease of movement for the residents, both inside and out in the gardens. There are handrails in the corridors and external access from the lounge and living areas. There are paved paths in the garden and courtyard areas.  |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers 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 | Each of the rooms in the extension has full ensuite facilities, with shower, toilet and hand basin. The ensuites are designed for disability access. All the fittings and furnishing in the ensuites have intact surfaces for ease of cleaning and infection prevention and control. There are additional toilet facilities for visitors.  |
| 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 | Each of the bedrooms has adequate space the resident, staff and any mobility equipment. All the rooms are fitted with ceiling hoists and are already equipped with hospital beds. There are two large rooms that the service plan to either use as a single occupancy or rooms for couples. There is adequate space in these two larger rooms for two beds and the call bell system is fitted for two people to use.  |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | There is an open plan lounge and dining areas in the new extension that is separated through the layout of the furnishings. There is an additional smaller lounge/whanau room. The external areas are appropriate spaces for the residents and visitors.  |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | There is a sluice room for secure storage of cleaning equipment. The current cleaning and laundry process will be extended to the new area. Most of the laundry will continue to be conducted in the existing laundry. The chemical supplier provides a monthly inspection and report on the effectiveness of the operations of the and chemical for the cleaning and laundry processes. There is a small washing machine in the new area for some personal items. The current cleaning and laundry staff will be undertaking the cleaning and laundry for the residents in the new extension. The service plans to create a new household managers position, with the current staff making amendments to the cleaning and laundry processes to cater for the residents in the new extension. The cleaning and laundry staff report that they will be able to manage the cleaning and laundry for the new extension.  |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | FA | There is a compliance schedule for the fire and emergency signage systems. The evacuation scheme has been updated for extension of the service. The general manager reports that staff working in the new area will have an orientation to the essential and emergency systems in the new extension. The staff have undergone training in the ceiling hoist and call bell systems. The capacity of the emergency generator has been increased to manage the new requirements in the extension. There is the required water tank for access to water in emergency situations. There is also access to bottled drinking for emergency use. The call system is operational in the extension. There is a call bell in each resident room and in communal areas. There is an audible bell, a light above the room and central display panels in the lounge and nurse’s station area to indicate which room/area has called for assistance. There are appropriate security systems in place for staff to lock external doors and gates at night. There is also a security firm that perform night time security checks of the service. The entrances have security cameras and remote systems where staff can let people in after hours after confirming their identify on the secure cameras.  |
| 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 | There is central heating in the extension. There are external windows and sliding glass sliding door for natural light and ventilation.  |
| Standard 3.1: Infection control managementThere 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 current infection control coordinator has a job description that outlines their roles and responsibilities. There is an infection control committee that is incorporated with the health and safety meeting. These meetings occur two monthly. There is monthly reporting of infection statistics and any issues to the board. There is a clearly defined and documented infection control programme. The programme was reviewed in June 2015 and includes the new requirements of the extension of the service. The review of the programme includes the objectives, action plan and who is responsible for the implementation of each aspect of the infection control programme. There are staff health policies and procedures to ensure staff do not come to work if they are unwell or have an infectious disease. Notices at entrances encourage visitors not to come in if they are suffering from flu like illnesses. Sanitising hand gel is located throughout the service including the extension. If residents are unwell they are encouraged to stay in their room. The service has appropriate processes for standard and transmission based precautions.  |

# 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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| No data to display |

# 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.