

Geraldine Retirement Village 2009 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:	Geraldine Retirement Village 2009 Limited
Premises audited:	Geraldine Retirement Village
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 September 2015 End date: 11 September 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:	11

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

Geraldine Retirement Village is owned by four business partners, with one couple providing managerial support to the two part-time registered nurses. The service provides rest home level care for up to 20 residents within 10 care beds and 10 serviced apartments. The service continues to implement systems that are appropriate to meet the needs and interests of the resident group. The care services are holistic and promote the residents' individuality and independence. Family and residents interviewed all spoke very positively about the care and support provided.

This unannounced surveillance audit was conducted against a subset of the health and disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, a family member, staff, management and a general practitioner.

This surveillance audit identified no areas requiring improvement.

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.
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Communication with residents and families is appropriately managed. Complaints are actioned and include documented response to complainants should the need arise. There is a complaints register.

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.
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An implemented quality and risk programme involves the resident on admission to the service. A business plan, quality assurance and risk management plan is being implemented for 2015. Policies and procedures have been reviewed to reflect the activities of the service and align with current guidelines and legislation. Quality activities are conducted and this generates improvements in practice and service delivery. Corrective actions are identified, implemented and followed through following internal audits and feedback from residents and staff. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are appropriately managed with reporting to staff evident in meeting minutes reviewed. An orientation programme provides new staff with relevant information for safe work practice. Human resource policies are in place to determine staffing levels and skill mixes. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

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.		Standards applicable to this service fully attained.
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Registered nurses are responsible for care plan development with input from residents and family. Residents and family interviewed confirmed that the care plans are consistent with meeting residents' needs. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are

managed in line with legislation and current regulations. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Kitchen staff are trained in food safety.

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.
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The service displays a current building warrant of fitness, which expires on 1 June 2016.

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.
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Documentation of policies and procedures and staff training demonstrate residents are experiencing services that are the least restrictive. There are no residents requiring restraint or enablers.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Infection rates are low and no outbreaks have been reported.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	0	39	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission through the information pack. Complaint forms are available at the reception area. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is available. A review of the complaints folder evidenced that complaints are managed and investigated, and complainants have been responded to in a timely manner. Residents and the family member advised that they are aware of the complaints procedure and how to access forms.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Five residents and one family member interviewed stated they are 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. Communication with family members is recorded on the sample of incident and accident report forms reviewed and in the resident daily progress notes. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Interpreter services are made available if residents or family/whānau have difficulty with written or spoken English.</p>

conducive to effective communication.		
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Geraldine Retirement Village provides rest home level care for up to 20 residents in a 10 bed rest home wing and in 10 apartments. On the day of audit there were 11 residents assessed for rest home care (three in the apartment wing and eight in the rest home, including one respite resident).</p> <p>The business is privately owned with two owners providing managerial support to two part time registered nurses. An organisational chart visually describes reporting relationships for the organisation. The service has a documented quality and risk management system that reflects the organisation's values, mission and philosophy and provides goals for measurement of achievement against key areas of the business. The service has a current business plan for 2015 and a current strategic/quality plan for 2015. Goals have been developed and dates for completion are documented with evidence of ongoing monitoring. The internal audit programme regularly assesses service performance.</p> <p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. The owner/managers and the registered nurses have attended more than eight hours of professional development in the past year.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The service has an established quality and risk system that includes analysis of incidents, infections and complaints, internal audits and feedback from the residents. The service has policies and procedures and associated systems to provide a level of service that it is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>Geraldine retirement village monitors progress with the quality and risk management plan through monthly staff meetings.</p> <p>There is an internal audit schedule, which is being completed for 2015. Areas of non-compliance identified through quality activities, are documented as corrective actions, implemented and reviewed for effectiveness. The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has comprehensive policies/procedures to support service delivery, which have been reviewed. Policies and procedures align with the resident care plans and include the implementation of the InterRAI assessment tool. A document control policy outlines the system implemented, whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents and staff receives training to support falls prevention. The service collects information on resident incidents and accidents as well as staff incidents/accidents and provides follow up where required. Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Incident and accident data is collected, analysed and reported to staff. A sample of resident related incident reports for June to August 2015 were reviewed and evidence that all adverse events are documented to manage risk. All reports and corresponding resident files reviewed, evidence that appropriate and timely clinical care by a registered nurse has been provided following an incident. Reports were completed and family notified as appropriate. Incidents and accident data is communicated to staff as evidenced in meeting minutes reviewed and staff interviews. The managers and registered nurse are aware of their responsibilities to notify appropriate authorities when required.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of practising certificates are kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Five staff files were reviewed (one cook, two caregivers, one registered nurse and one activities person/caregiver) and included all appropriate documentation. The service has an orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals have been conducted for all staff. The 2015 in-service education programme is being completed and exceeds eight hours annually. Caregivers have completed either the national certificate in care of the elderly or have completed or commenced the Careerforce aged care education programme. The managers, registered nurses and caregivers have attended external training including conferences, seminars and sessions provided by the local DHB.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from</p>	FA	<p>Geraldine retirement village has a roster in place, which ensures that there is at least one staff member on duty at all times and one registered nurse on-call. The two registered nurses (RN) work part time with one RN providing on-call cover. Caregivers and residents interviewed, advised that sufficient staff are rostered on for each shift. All care staff are trained in first aid. The residents and family member interviewed, advised that there is sufficient staff on duty to provide the care and support required.</p>

suitably qualified/skilled and/or experienced service providers.		
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The service uses individualised medication packs that are checked in on delivery. A caregiver was observed administering medications correctly. Medications and associated documentation were stored safely and securely. Medications are reviewed three monthly with medical reviews by a general practitioner (GP). Resident photos are current and documented allergies are recorded on all 11 medication charts reviewed. An annual medication administration competency including observations was completed for staff administering medications, including the registered nurses. Medication training had been conducted. Medications are prescribed, managed, stored and administered in line with accepted guidelines and legislation. There are currently no residents on controlled drug medications. The controlled drug register was reviewed.</p> <p>There is a self-medicating resident's policy and procedures in place. There were two residents who self-administer inhaler medications. Medications are stored securely and three monthly competency reviews are conducted for these residents. Staff check on each shift that the medications have been taken and record this. Individually prescribed resident medication charts are in use and this provides a record of medication administration information. All medication charts reviewed record an indication for use for 'as required' medications and orders were signed individually by the GP.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals at Geraldine retirement village are prepared and cooked on site. The kitchen is able to cater comfortably for all residents in the rest home and apartments. There is a winter and summer menu, which has been reviewed by a dietitian. Meals are prepared in a well-equipped kitchen adjacent to the rest home dining room and served directly to the residents. Kitchen staff are trained in safe food handling and food safety procedures are adhered to. The chiller and freezer temperatures are monitored and recorded. Staff were observed assisting residents with their lunchtime meals and drinks. Diets are modified as required. Resident dietary profiles, and likes and dislikes are known and any changes are communicated to the kitchen. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required. Resident surveys are conducted which provides a formal opportunity for resident feedback on food services. Residents and the family member interviewed indicated satisfaction with the food service.</p>
Standard 1.3.6: Service Delivery/Interventions	FA	<p>Long term (four of five residents) and initial (one respite resident) care plans were current in the sample of files reviewed, and interventions reflect the assessments conducted. All files reviewed evidenced that sufficient interventions are documented to guide staff. Care plan interventions were detailed, personalised and specific to resident's medical and nursing needs. Interviews with the registered nurse, caregivers and residents evidence</p>

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>residents input. Short-term care plans have been utilised for short-term care issues.</p> <p>Dressing supplies are available and adequately stocked for use. Documentation for wound assessment, treatment, frequency of dressings and evaluations is available. There were no residents with current wounds or pressure injuries. The registered nurse interviewed, advised that they have access to external wound specialist services as required. Specialist continence advice was available as needed and this could be described.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities coordinator provides an activities programme over five afternoons each week. Weekend activities are spontaneous and supervised by weekend caregivers. Activities are planned in conjunction with residents. Volunteers from the community support planned activities. An activity plan is developed for each individual resident based on the resident's social history and assessed needs (part of the InterRAI assessment). The activity plans were reviewed at the same time as the care plans in resident files sampled. Residents were encouraged to join in activities that were appropriate and meaningful and to participate in community activities. The service has a van that is used for regular outings. Residents were observed participating in activities on the day of the audit. Residents and the family member interviewed, discussed enjoyment in the programme and the diversity offered to all residents.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plans reviewed are updated as changes were noted in care requirements. Care plan evaluations are comprehensive; four of four permanent resident files reflect changes to the care plan after evaluations were completed (six monthly). One resident was on respite care. Short-term care plans have been utilised for residents. Any changes to the long-term care plan are dated and signed. Initial care plans sighted, had been evaluated by the RN within three weeks of admission.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit</p>	<p>FA</p>	<p>Geraldine retirement village displays a current building warrant of fitness, which expires on 1 June 2016.</p>

for their purpose.		
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in the infection prevention and control policy. Monthly infection data is collected for all infections, based on signs and symptoms of infection. One of the registered nurses is the infection control nurse. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections is entered on to a monthly facility infection summary and staff are informed. This data is monitored and evaluated three monthly and annually. Infection control education has been provided in 2015. No outbreaks have been reported and infection rates are low.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Documented systems are in place to ensure the use of restraint is actively minimised. The facility was not utilising restraint or enabler use on audit day. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Enablers are voluntary. Restraint use is reviewed via staff meetings and education and audits are completed.</p>

Specific results for criterion where corrective actions are required

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

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

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

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

No data to display

End of the report.