Teviot Valley Rest 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:	Teviot Valley Rest Home Limited
Premises audited:	Teviot Valley Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 2 September 2015 End date: 2 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: 13

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

Teviot Valley rest home provides rest home level care for up to 14 residents. On the day of the audit, occupancy was 13 residents. There is a quality and risk management system in place. The manager is a registered nurse with management experience. She is supported by a board of trustees, another registered nurse and care staff. Staff turnover is reported as low.

Family and residents interviewed spoke 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, family members, staff and management.

The service has addressed all of the previous certification audit findings relating to incident/accident reporting documentation, training for staff in abuse and neglect, monitoring and recording of fridge and freezer temperatures, development of care plans within specified timeframes, and aspects of medication management.

This surveillance audit identified that improvements are required in relation to the use of short-term care plans and medication competencies for the registered nurses.

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.

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.

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. Feedback is sought from residents and families. 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. There is a comprehensive orientation programme that 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.		Some standards applicable to this service partially attained and of low risk.

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 administered 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.

The service displays a current building warrant of fitness, which expires on 26 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.

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

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 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	15	0	2	0	0	0
Criteria	0	38	0	2	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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	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 entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is available. There have been no complaints received in the past two years. Residents and family members advised that they are aware of the complaints procedure and how to access forms.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has	FA	The service has policy and procedures that align with the requirements of the Privacy Act and Health Information Privacy Code. Discussions with five residents and one family member identified that personal belongings are not used as communal property. During the visit, staff demonstrated gaining permission prior to entering resident private areas. Interviews with residents and family members stated that caregivers always respected their privacy. Guidelines are available for the staff to assist them in managing resident practices and/or expressions of intimacy and sexuality in an appropriate and discreet manner. Care plan includes support for sexuality and intimacy. Training on elder abuse and neglect has been provided in February 2014 and February 2015. The service has addressed this previous

regard for their dignity, privacy, and independence.		finding.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	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. The service has policies and procedures available for access to interpreter services and residents (and their family/whānau). If residents or family/whānau have difficulty with written or spoken English then interpreter services are 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	The service has in place an experienced and qualified nurse manager who is a registered nurse. The manager has nursing and management experience/qualifications and has been with the service since the opening of the home. She also is PRIME trained (Primary Response in Medical Emergency) and undertakes on-call duties with the attached medical centre. The nurse manager is supported by a Board of Trustees and another registered nurse who works 16 hours per fortnight. The service has a business plan, which is reviewed annually and was completed in January 2015. 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. There is an internal audit plan. Audits include a general summary, any issues arising and corrective actions when required. These are followed through in staff meetings. Resident surveys are completed annually. Actions are identified and followed through as required. 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 nurse manager and registered nurse have maintained at least eight hours annually of professional development.
Standard 1.2.3: Quality And Risk Management Systems	FA	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. Teviot Valley monitors progress with the quality and risk management plan through monthly staff meetings.

The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.		There is an internal audit schedule, which has been completed for 2014 and is being implemented 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. Policies around admissions, care planning, and medication management have been reviewed. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly. There is a death/Tangihanga policy and procedure that outlines immediate action to be taken upon a consumer's death and that all necessary certifications and documentation is completed in a timely manner. 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.
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	Incident and accident data is collected, analysed, and reported to staff. Discussions with the service confirm that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. A sample of resident related incident reports for 2015 were reviewed and evidence that all adverse events are documented to manage risk. The service has made improvements in this area. 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 nurse manager is aware of her responsibilities to notify appropriate authorities when required.
Standard 1.2.7: Human Resource Management Human resource management processes are	FA	The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is 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/cleaner) 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

conducted in accordance with good employment practice and meet the requirements of legislation.		they believed new staff were adequately orientated to the service. Annual appraisals have been conducted for all staff. There is a completed in-service calendar for 2014 and underway for 2015, which exceeds eight hours annually. Caregivers have completed either the national certificate in care of the elderly or have completed or commenced the career force aged care education programme. The manager and registered nurses have attended external training including conferences, seminars and sessions provided by the local DHB.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	Teviot Valley rest home has a four weekly 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 nurse manager works full time and provides after hours on-call cover Monday to Friday. Another registered nurse works in the weekends and shares the weekend on-call with another PRIME trained nurse from the medical centre. Caregivers and residents interviewed, advise that sufficient staff are rostered on for each shift. All care staff are trained in first aid. Residents and families interviewed advised that there is sufficient staff on duty to provide the care and support required.
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 Low	The service uses individualised medication packs, which are checked in on delivery. The nurse manager was observed administering medications correctly. The service has addressed this previous finding. Staff responsible for administering medications are assessed as competent to do so, with the exception of the registered nurses. 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 12 medication charts reviewed. An annual medication administration competency including observations, were completed for staff administrating medications and medication training had been conducted. Medications are prescribed, managed, stored and administered, in line with accepted guidelines and legislation. The previous audit finding relating to medication fridge temperature recordings has now been addressed. There are currently no residents on controlled drug medications. The controlled drug register was reviewed and this previous finding has now been addressed. There is a self-medicating resident's policy and procedures in place. There was one resident who self-administers medications. Medications are stored securely and three monthly competency reviews are conducted for this resident. 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 and signed individually by the GP.

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	All meals at Teviot Valley are prepared and cooked on site. The kitchen is able to cater comfortably for all residents in the rest home. There is a winter and summer menu, which has been reviewed by a dietitian. Meals are prepared in an 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 previous audit finding around monitoring and recording of fridge's and freezers has now been addressed. 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 family members interviewed indicated satisfaction with the food service.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	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 there are sufficient interventions documented to guide staff. Care plan interventions were detailed, personalised and specific to resident's medical and nursing needs. Interviews with the nurse manager, caregivers and residents evidence residents input. Short-term care plans have been utilised for wound care but not for infections (link #1.3.8.3). 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 nurse manager interviewed advised that they have access to external to the local district nursing service and wound specialist as required. Specialist continence advice was available as needed and this could be described. Monitoring forms in place include (but not limited to), monthly weight, blood pressure and pulse, food and fluid charts and blood sugar levels.
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,	FA	The activities coordinator provides an activities programme over five days each week. Weekend activities are spontaneous and supervised by weekend caregivers. Activities are planned for the day in conjunction with residents. Volunteers from the community, (e.g., housie and church services), 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 weekly outings. Residents were observed participating in activities on the day of the audit. Residents and family members interviewed, discussed enjoyment in the programme and the diversity offered to all residents.

and the setting of the service.		
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	PA Low	Care plans reviewed had been updated as changes were noted in care requirements. Care plan evaluations are comprehensive; three of four permanent resident files reflect changes to the care plan after evaluations were completed (six monthly). One permanent resident does not yet require care plan evaluations and one resident was on respite. Short-term care plans have been utilised for residents with previous wound cares. Short-term care plans have not been used for other short-term issues such as infections. 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.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	Teviot Valley rest home displays a current building warrant of fitness, which expires on 26 June 2016.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Infection surveillance and monitoring is an integral part of the infection control programme and is described in the infection prevention and control policy. Monthly infection data is collected for all infections based on signs and symptoms of infection. The nurse manager (registered nurse) 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 monthly and annually. Infection control education has been provided in 2015. No outbreaks have been reported.
Standard 2.1.1: Restraint minimisation	FA	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

Services demonstrate that the use of restraint is actively minimised.		and education and audits are completed.

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 1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.	PA Low	Medication education and training has been provided on an annual basis. Caregivers who administer medications have been assessed as competent to do so. The nurse manager and registered nurse have not completed a medication competency. Both are PRIME trained nurses and complete training and competencies relating to this qualification.	The two registered nurses do not have current medication competencies completed for administering medications in the rest home.	Ensure all staff with medication administration responsibilities are assessed as competent to do so. 60 days
Criterion 1.3.8.3	PA Low	Care plan reviews were evident in three of five files reviewed. The reviews have been conducted six	Two residents with recent chest infections did not have a short-term care plan developed.	Provide evidence that

Where progress is different from expected, the service responds by initiating changes to the service delivery plan.		monthly and have included reassessment with the InterRAI assessment tool. One permanent resident does not yet require long-term care plan evaluation and one resident is on respite care. Evaluations are aligned with each section of the long-term care plan. Additions to the long-term care plans have been made in the sample of files reviewed. Short-term care plans were recorded for wound care and treatment.	Progress notes recorded the resident's condition and care provided, however, a specific plan to guide staff in caring for the resident was not developed. One resident had received oral antibiotics and one resident had received intravenous antibiotics. There are currently no residents with acute health care issues, no wounds and no current infections.	short-term care plans are developed (or changes made to the long-term care plan) when required. 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.