# Methven Aged Person's Welfare Association Incorporated

## 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 The DAA Group 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:** Methven Aged Person's Welfare Association Incorporated

**Premises audited:** Methven House

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 1 October 2015 End date: 1 October 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:** 12

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

* consumer rights
* organisational management
* continuum of service delivery (the provision of services)
* safe and appropriate environment
* restraint minimisation and safe practice
* infection prevention and control.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All standards applicable to this service fully attained with some standards exceeded |
|  | No short falls | Standards applicable to this service fully attained  |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some standards applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Methven Aged Persons Welfare Association (Methven House) is certified to provide rest home level care for 13 residents. On the day of this spot surveillance audit there were 12 residents, although on the follow-up visit there were 13.

The facility is in Methven Canterbury and governed by a trust board. The nurse manager oversees the day to day management of the facility, and is supported by another registered nurse (RN).

The audit against the Health and Disability Services Standards and the providers contract with the district health board, included observation of the environment, interviews with the management team and staff, review of documentation and interviews with residents and their families.

Six areas identified as requiring improvement at the previous audit have all been addressed. One new area for improvement, relating to controlled medicines, has been identified as a result of this audit.

## Consumer rights

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| 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. |

Residents and families interviewed reported that communication is excellent. They have a clear understanding of their rights and the facility’s processes if these are not met. Systems for checking and monitoring equipment now meet best practice.

The complaints process is well managed within required timeframes and includes the principles of open disclosure.

## Organisational management

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

The organisation’s quality plan is current and documents the facility’s purpose, values, scope, direction and goals. There is evidence that the nurse manager and the registered nurse (RN) have the relevant experience and skill to manage the facility.

There is a defined document control system in place. Accidents and incidents are being reported and analysed and an internal audit programme is maintained to ensure that required standards are being upheld. Corrective action plans are in place for system shortfalls.

A comprehensive induction and orientation programme is in place, and the related documentation, including appraisals, is completed which addressed a previous area identified for improvement. Employment practices meet best practice guidelines. A planned training programme guides professional development which is well supported by the organisation.

The roster indicates that staffing levels are safe and that there is a registered nurse (RN) on call at all times.

All records pertaining to the resident are now integrated into one file addressing a previous shortfall.

## Continuum of service delivery

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| 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. |

The RN develops a detailed care plan based on the interRAI and other assessments to guide staff in service provision and reviews these within recommended timeframes.

Observation of care staff, review of residents’ notes and resident and family interviews, confirmed that all staff provide individualised care that is reflective of the residents’ needs. A general practitioner (GP) is interviewed by telephone during the audit and confirmed the facility provides a high standard of care and his recommendations and treatments are carried out. There was evidence in files reviewed that the GP visits three monthly if the resident is assessed as clinically stable.

An activities programme is planned and implemented by the activities person and it was confirmed by residents and family members that this is age appropriate and of interest to them. Individual activity plans now reflect the resident’s interests.

Policies and procedures are in place for all stages of medication management. A blister pack medication system is in use for the facility. The medication administration process is observed during the audit confirming safe practice occurred. Documented medication records are completed and reviewed by the resident’s GP. Controlled medicines are secure although the recommended stocktake of these is not always within the required timeframes, or completed on site by the pharmacist and this requires improvement.

A dietary profile is completed for each resident on admission and any special dietary needs are met. Personal likes and dislikes are catered for. The kitchen service is managed from within the facility by the nurse manager who is supported by kitchen staff. A nutritional review of the menu has occurred in the past 12 months and, as observed, the meals reflected the menu, addressing a previous required improvement. Appropriate monitoring of food procurement, transportation and storage of food occurs.

## Safe and appropriate environment

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

The building warrant of fitness is current.

Since the previous audit, a bathroom has been renovated into a bedroom. This room has sufficient space, an operating call bell system, ceiling heating and meets the requirements of the standard.

## Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |

A documented restraint and enabler use policy is in place and meets the standard requirements. At the time of audit there are no residents with either enablers or restraints in use.

## Infection prevention and control

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| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. |  | Standards applicable to this service fully attained. |

Surveillance for infection is conducted monthly with agreed objectives, priorities, and methods that have been specified in the infection control programme. Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to staff and management in a timely manner. The previous required improvement has been addressed.

## 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 | 17 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 40 | 0 | 1 | 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 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.  | FA | The facility’s complaints policy, which meets the requirements of Right 10 of the Code of Health and Disability Services Consumers’ Rights (the Code), is in place. Staff interviewed were aware of how to assist residents and families if they wished to make a complaint. Complaints are on the quarterly staff meeting agenda, with complaints identified and the resolution or on-going improvement process included. This was confirmed in the complaints log. There have been four complaints in the past 12 months and all have been closed.Residents and family interviewed confirmed that the complaints process is easily accessible. |
| Standard 1.1.8: Good PracticeConsumers receive services of an appropriate standard. | FA | The system for checking and calibration of measuring and monitoring equipment has been implemented and reflects accepted good practice. All equipment including weighing scales are calibrated by authorised persons and tagged with the date of check/calibration. This required improvement has been addressed. |
| Standard 1.1.9: CommunicationService providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Staff demonstrate that they understand the principles of open disclosure and provided appropriate examples. Evidence of open disclosure is documented in the family communication forms within each resident’s file, on accident/incident forms, in the complaints documentation and in residents' progress notes. All those interviewed reported that communication is excellent and one of the strengths of the service.There are no resident’s for whom English is a second language, however, the nurse manager verified that interpreter services are available should these be required. |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Methven aged persons’ home philosophy statements include assisting residents towards independence; encouraging the involvement of whanau/family; encouraging a high level of wellness; encouraging residents to be involved externally, in particular, culturally and spiritually; the acknowledgement of cultural differences; and notes the need to meet best practice guidelines.There is a business, quality, risk and management plan last reviewed February 2015. Nursing and organisational goals and objectives are in place. The nurse manager reports to a committee of trustees, which provides the governance structure to the service. There is evidence of regular community consultation processes and community involvement in documents sighted.The nurse manager is suitably qualified and experienced. She is a registered nurse and has been in this role for over eight years. She is maintaining her professional development. During interviews, the residents, family and staff are positive about the manager’s commitment to the role.  |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | There is a documented and implemented quality and risk management plan that includes key components of service delivery. Policies and procedures in place are current, regularly reviewed and reflect evidence based practices.The nurse manager provides reports to the committee prior to their monthly meetings. These are referenced in the committee meeting minutes sighted. The minutes include reports and discussion on residents’ wellbeing, staff, education, activities, hazards/risks, statistics and maintenance. An annual meeting with the community is held in the middle of each year. There is a detailed quality and risk management plan in place. This includes analyses and system improvements for all reported risks. Quarterly staff meetings include all aspects of quality and risk. The meeting includes a summary of incidents, accidents, infection control, health and safety and amended policies for implementation. A corrective action process is implemented for areas of non-compliance.  |
| 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 | The nurse manager demonstrated examples of adverse event reporting system during the audit. Each incident is investigated and tracked, with detailed summaries and outcomes, including any on-going communication. Two examples of incidents reviewed showed analysis and trending of information. These examples have been communicated through the staff meetings to identify improvements. The nurse manager during interview showed knowledge of her responsibility for the facility’s compliance with legislation, including statutory obligations for essential notifications. |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | FA | The nurse manager is responsible for human resources management. Professional registration is sighted and recorded in the RNs’ files. A comprehensive induction, orientation and appraisal programme is in place, including documented interviews, reference checks and ongoing performance reviews. The previous required improvements have been addressed.The 2015 training programme includes monthly in-service education sessions. Content reflects service needs and standard requirements. There is a staff member on each shift who has completed first aid training. |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The roster is reviewed and reflects the facility’s skill mix policy. Care staff of 11 is rostered to cover shifts over 24 hours. These staff exclude the registered nurse (RN) and the nurse manager. There is one staff member on from 11 pm to 7 am with a RN on call. The nurse manager reports that the RN usually works two to three days a week depending on the acuity of residents. There is evidence of this in rosters sighted.  |
| Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | All files reviewed are integrated including the admission agreements, addressing the previous required improvement. |
| 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 | Most medicines are supplied by the pharmacy in a blister pack administration system. The medicines that are not pre-packed, such as liquid medicines, are individually supplied for each resident. The medicines and pre-packed medicine sheets are checked for accuracy by the RN or nurse manager when delivered. The pre-packed medicines and the signing sheets are compared against the medicine prescription. The GP conducts medicine reconciliation on admission to the service and when the resident has any changes made by other specialists. Safe medicine administration was observed at the time of audit. All records were accurately completed.The medicines and medicine trolley are securely stored. The medicine fridge is monitored for temperature, with the sighted temperatures within medicine storage guidelines. The controlled drugs are signed out by two staff at each administration. The weekly stock count was recorded in the controlled drug register, however this was not consistently being done, and the pharmacist was not completing an on-site stocktake; this requires improvement. All the medicine charts sighted had prescriptions that complied with legislation and aged care best practice guidelines. Each medicine was signed by the GP and had the required level of documentation to allow safe administration of the medicines. The prescriptions were legible, recorded the name, dose, route, strength and times for administration. The medicine charts recorded the regular, short course and pro re nata (PRN – as required) medicines for each resident. When medicines were discontinued, these were signed and dated by the GP. The medicine charts sighted had a current photo of the resident and recorded any medicine related allergies. Sample signature verification was recorded for all staff who administer medicines. All of the medicine charts were reviewed by the GP in the past three months. Medication competencies were sighted for all staff that assist with the medicine management; this included the RNs.The nurse manager reported that there was one rest home resident who self-administers inhalers, and this is in accordance with the facility’s policy and procedures. |
| 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 current menu was reviewed by a dietitian as suitable for the older person living in long term care. If there are changes to the menu these are recorded and referred to the dietitian at the next review, addressing a previous area that required improvement. All residents interviewed reported satisfaction with the food and food services.Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets had these needs met. There is food available 24 hours for those who wish to snack at night.All aspects of food procurement, production, preparation, storage, delivery and disposal comply with current legislation and guidelines. Fridge and freezer recordings are 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 including part time staff, meeting a previously identified shortfall. |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | The provision of services and interventions were consistent with, and contribute to, meeting the residents' assessed needs, and desired outcomes. The care plans reviewed were individualised and personalised to meet the assessed needs of the resident. The care was flexible and focused on promoting quality of life for the residents. All residents and family interviewed reported satisfaction with the care and service delivery. |
| Standard 1.3.7: Planned ActivitiesWhere 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 programme covers physical, social, recreational and emotional needs of the residents. The group activity programme is developed monthly. The residents were included in activities at the facility and as part of the wider community. Feedback was sought from residents during activities. The activities person reported that she gauges the response of residents during activities and modifies the programme related to response and interests. Activity plans are individualised and reflect resident’s current interests, for example, assisting with the garden. This previous required improvement has been addressed.Residents and families reported a high level of satisfaction with the care and therapy provided. |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | All the care plans sighted were developed, reviewed and evaluated at least six monthly. Files reviewed had short term care plans in place for issues such as wound care, urinary tract infections or suspected cold/flu symptoms.Where progress was different from expected, the service responded by initiating changes to the care plan or by use of short term care plans for temporary changes. Short term care plans were sighted in the files reviewed. One file reviewed had a short term care plan for a wound. The residents and family interviewed reported a very high satisfaction with the care provided at the service. |
| 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 current Building Warrants of Fitness expires on 30 June 2016. A follow-up visit to the facility was undertaken to review a bathroom that had been modified since the previous audit. This room is now a bedroom and meets the requirements of the standard. A larger, transparent window has been installed, a basin is in place, the floor is carpeted, a wardrobe is secured to the wall and there is a dresser in place. There is adequate room for use of mobility equipment, a call bell system is operational and it has thermostatically controlled ceiling heating. The current resident is very happy with the size of the room, the décor and the proximity to bathroom facilities.  |
| Standard 3.5: SurveillanceSurveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | The RN holds the role of infection prevention and control coordinator. The job description for the infection control coordinator role is clearly defined. The RN was on leave on the day of the audit. There are clear lines of accountability for infection control matters at the service through the staff meetings, and relevant information is provided to the trust. Results of surveillance are documented, analysed and a report included at staff meetings. This includes specific recommendations for minimising infections. The previous required improvement is met. |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | FA | A documented restraint and enabler use policy is in place and meets the standard requirements. The facility uses enablers, such as bedrails, if required. At present there are no residents with either enablers or restraints in use at the facility. |

# 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 1.3.12.1A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines. | PA Low | Most medicines are supplied by the pharmacy in a blister pack administration system. The medicines that are not pre-packed, such as liquid medicines, are individually supplied for each resident. The medicines and pre-packed medicine sheets are checked for accuracy by the RN or nurse manager when delivered. The pre-packed medicines and the signing sheets are compared against the medicine prescription.The controlled drugs are signed out by two staff at each administration. There was not a consistent weekly stock take of controlled medicines, or an onsite stock take by the pharmacist. | The weekly stock count was recorded in the controlled drug register, however this was not consistently being done, and the pharmacist was not completing an on-site stocktake. | Management of controlled medicines requires a weekly stocktake and an onsite stocktake by the pharmacist at least six monthly.180 days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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| No data to display |

End of the report.