

Remuera Rise 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 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](#).

The specifics of this audit included:

Legal entity:	Remuera Rise Limited
Premises audited:	Remuera Rise
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 March 2016 End date: 21 March 2016
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

Remuera Rise is an aged care facility located within a retirement village complex. The service provides rest home and hospital level of care for up to 12 residents.

This unannounced surveillance audit was conducted against the relevant Health and Disability Services Standards for aged care and the service's contract with the district health board. A surveillance audit is undertaken part-way through a service provider's period of certification. It is not a full audit against all relevant standards, but offers an overview of key aspects of the standards. The intent is to provide assurance the provider is continuing to meet all relevant standards. There were no areas for improvement that were required to be followed up as part of this surveillance audit.

There are no required improvements identified at this audit. The strengths of the service include the provision of end of life care with linkages with the local hospice service and communication with families.

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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There was evidence that staff communicate effectively with residents and provide an environment conducive to good communication. There are processes in place to access interpreting services when this is required. The service has an easy to use complaints management system. There is a complaints register that contains any complaint received and actions taken to address any shortfalls.

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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Organisational structures and processes are monitored regularly by the management and board of directors. The clinical manager is suitably qualified and experienced to run the service. The clinical manager is also supported by the clinical and non-clinical members of staff at the aged care facility and the wider retirement village management team.

Remuera Rise has a robust documented and implemented quality and risk management system that supports the provision of clinical care and support. Policies and procedures are developed by an aged care consultancy service and reviewed by the management team at least bi-annually. Quality and risk performance is reported through staff meetings, as well as being monitored by the board. Review of service delivery includes incidents/accidents, infections, complaints and reports from the internal audit programme.

The adverse event reporting system is planned and coordinated with staff documenting and reporting adverse, unplanned or untoward events. Systems for human resources management are established. There are adequate staff numbers each shift to meet the residents' needs at the various levels of care. The education programme for all staff is available and planned for the year. Staff education is encouraged.

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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Services are provided by suitably qualified and skilled staff to meet the needs of the residents. The interRAI assessment process is in progress and all residents have had an interRAI assessment. Timeframes for the development and review of long term care plans are met. Short term plans are developed when there are changes in the resident's needs that are not addressed in the long term care plan.

The general practitioner reviews all residents medically within the required timeframes and more frequently as needed. Pressure injury management and responsibilities are documented in policy and implemented. The clinical manager is fully informed in relation to reporting requirements for any pressure injuries.

The activities programme meets the social and recreational needs of the residents. Activities are planned and are meaningful to residents. Residents are encouraged to maintain links with the community and their family. A safe medication system was observed during the audit. The staff responsible for medication management have completed comprehensive competencies to perform this role.

The residents' nutritional requirements are met by the service with preferences and special diets being catered for. The staff who prepare meals are all experienced and prepare meals from a menu plan which has been approved by a dietitian.

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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There is a current building warrant of fitness. There have been no changes to the layout of the building that has required review of the approved evacuation scheme.

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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The service operates a restraint free environment and has no recorded restraint. Any enabler use is documented as being voluntary and the least restrictive option to maintain resident safety, comfort or independence. Clear definitions in the policies and ongoing education ensures staff understand the implication of restraint and enabler use.

Infection prevention and control

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



Standards applicable to this service fully attained.

The infection prevention and control management system is appropriate for the nature of the service. The risk of infection is reduced for residents, staff, families and visitors.

The clinical manager, who is the infection control co-ordinator, collates the monthly surveillance data and this is reviewed and analysed for trends, with any identified actions to be implemented reported. The infection surveillance results are reported at the staff meetings. Specialist expertise is available and can be sought as required.

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 complaints register, internal audits and sample of complaints for 2015 evidences that complaints are managed within time frames of Right 10 of the Code. Complaints forms are available at the reception area, with information given on the complaints process as part of the admission procedure and advocacy session with residents and families. Residents and family/whanau reported they are encouraged to provide feedback or make a complaint.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The residents and family/whanau confirm they are kept informed of the resident's status, including any events adversely affecting the resident. A family/whānau communication sheet is held in each resident's file. Evidence of open disclosure is documented in the family communication sheets, on the accident/incident form and in the residents' progress notes. The families report that communication from the service regarding any changes with their relative is a strength of the organisation (this is also confirmed in the 2015 satisfaction survey).</p> <p>There is documented information on interpreter services in the cultural policies. There is one resident who does not have English as their first language, with effective communication strategies implemented for this resident. Staff are aware of how to access an interpreter through the DHB or hospice services.</p>

<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>	<p>FA</p>	<p>LifeCare Residences also owns and operates Remuera Rise and provides rest home and hospital level of care for up to 12 residents. There was one younger resident under the age of 65, who is receiving end of life care, with all other residents over the age of 65. The services are planned to meet the individual needs of the residents. The aged care facility is located within a wing of the retirement village/independent apartment complex.</p> <p>The 2015-2017 business plan clearly documents the organisation's mission, philosophy, goals and objectives of the service. This is reviewed formally on an annual basis by the management team. There are three monthly directors meetings in which the clinical manager provides a report on the clinical aspects of meeting the organisation's goals.</p> <p>The clinical manager is a suitably qualified and experienced registered nurse (RN) with a current practising certificate (sighted). The clinical manager commenced the role in March 2015. The clinical manager has the authority, accountability, and responsibility for the clinical management of the service. Their job description and organisational chart clearly outlines their responsibility for clinical management systems. The clinical manager reports to the village manager/general manager of the organisation formally on a fortnightly basis and informally on a daily basis. The clinical manager maintains professional development related to clinical aspects of nursing and facility management (over 8 hours in the past 12 months).</p> <p>The residents and family/whanau report a high level of satisfaction with the care and services provided at Remuera Rise. The residents and family/whanau satisfaction surveys confirmed positive feedback regarding the quality of support, care and activities provided.</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>	<p>FA</p>	<p>The quality assurance and risk management programme details the quality policy and how the service is going to achieve their goals. The quality programme is based on the 'plan, do, check, act' (PDCA) cycle. The quality objectives are reviewed annually by the management team. The quality and risk systems are monitored through internal audits, surveys and management meetings. Each of the quality goals identified covers all aspects of care and service delivery. Staff are actively involved in the quality programme and demonstrated an understanding of what the organisation aims to achieve. A sample of internal audits identified that outcomes of the internal auditing and quality management systems are discussed at the monthly staff meetings and fortnightly managers' meetings. The outcomes are also reported to the board/directors. Staff confirmed they understood and</p>

		<p>implement the quality and risk management systems.</p> <p>The policies and procedures are developed by an aged care consultancy agency, which are personalised to the service. The policies and procedures reflect current accepted good practice. The policies are reviewed in a two-year cycle or when there are changes to legislation. Staff only have access to the most recent version of policies. Each of the updated policies and procedures has a footer that contains the version control information.</p> <p>Quality data collection and analysis is maintained by the service and evaluation of results shared with staff, management team and the board/directors. Corrective actions/quality improvements are put in place where indicated. The internal audit corrective action/quality improvement forms sighted record the outcomes, actions needed, who is to implement the actions and the review of when the actions have been implemented. Data is collected and reviewed and evaluated for all key components of the service.</p> <p>The service has also conducted a number of 'working towards excellence by continuing to improve care' projects related to acknowledging when a resident passes away, and enabling greater access to the facility for families. One of the projects has yet to evidence the final evaluation and impact of resident/family satisfaction with the other evidencing positive feedback from families with the changes that were implemented.</p> <p>The risk, hazard and emergency response plan identifies potential and actual hazards. The plan includes what the hazard is, potential harm, preventative actions and ways to eliminate, isolate or minimise the risk. The actions implemented are followed up to ensure the actions are achieving the desired results. A hazard identification form and the maintenance job request logs are used to record any new hazards. When new issues are identified, these are reviewed at the management meeting and health and safety meeting.</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>	<p>FA</p>	<p>The clinical manager understands their responsibilities for essential notifications, including the essential notification of stage three and above pressure injuries.</p> <p>The incident/accident forms are used to report any adverse events. Staff demonstrated knowledge of their responsibilities of what to report through the incident/accident management system. There is a monthly collation of the adverse events, with actions implemented to address any shortfalls identified. If there are any ongoing hazards, these are then put onto the hazard register, with the actions</p>

		to minimise the hazards regularly monitored.
<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>All staff and contractors who require an annual practising certificate (APC) have these validated at employment and annually. A register is maintained of when APC and competency assessments are due. Copies of APCs were sighted for all staff who require them.</p> <p>Staff files provided evidence that appropriate processes are implemented for the recruitment, employment and orientation of new staff. There are at least annual performance reviews for the staff. Where training or shortfalls in staff performance or achievement of goals/outcomes are identified, there are additional mentoring, support and coaching sessions implemented to assist staff throughout the year.</p> <p>The service provides training and education that is appropriate to the needs of the service and maintain records of the training provided. Training needs are identified in the annual performance appraisal process. Mandatory training to meet contractual obligations is two yearly, or more frequently for such topics as infection control and restraint minimisation and safe practice. The care staff, activities, kitchen and housekeeping staff are supported to gain appropriate national qualifications if they do not already have them. The education schedule was reviewed for 2015 and the upcoming 2016 year has content and variety and meets all obligations of the provider's residential care contract with the district health board.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Staffing levels are based on contractual requirements, safe staffing indicators and the assessed needs of the residents. The clinical manager reports that the allocation and skill mix of the staff is reviewed to ensure the needs of the residents are met. The clinical manager and RN coordinate weekly to ensure there are appropriate staff numbers and skill mix to meet resident's needs. If there are residents who require more complex care or observing, additional staff are rostered. A review of rosters identified that the service is staffed to ensure there is a skill mix and sufficient numbers of staff to meet residents' needs. All sick leave and annual leave is shown and replacement staff noted. There is at least one staff member on duty each shift with a current first aid qualification. There are sufficient numbers of laundry, housekeeping, activities, support and administration staff.</p> <p>The residents reported there are adequate numbers of staff to meet their needs.</p>
<p>Standard 1.3.12: Medicine Management</p>	FA	<p>The medication protocols, procedures and guidelines 'Safe Management of Medicines' has been reviewed and updated. The service uses the robotic system</p>

<p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>which is delivered two weekly and checked on arrival.</p> <p>The lunchtime medication round was observed and a safe process was used. There have been no significant medication errors and the registered nurses can notify the GP with any queries or points of clarification as needed.</p> <p>The medication records randomly selected had been reviewed by the GP and any allergies/sensitivities are entered to alert staff. A system is in place for returning any unused or outdated medication to the contracted pharmacy. These are recorded and monitored.</p> <p>The medication room is in close proximity to the nurses' station and a medication trolley is available and is locked when not in use. Controlled drugs are managed correctly and meet legislative requirements.</p> <p>There were no residents who self-administered their medications on the day of the audit. A self-medication policy is in place should this be required. The facility uses standing orders for a specific number of medications and the systems used comply with current legislation.</p> <p>The medication fridge is monitored on a daily basis and the temperatures recorded, which meet requirements.</p> <p>All staff who undertake medication administration have up to date competencies.</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>	<p>FA</p>	<p>Policies and guidelines are available. The menu plans have been reviewed by a registered dietitian and a letter is available to verify this has occurred. The cook and kitchen hands have all completed food handling training. The food safety management education is appropriate for service delivery.</p> <p>There are separate cleaning schedules for the kitchen. Temperature monitoring requirements are met. The cook orders all food and checks deliveries, storage and manages the waste management appropriately. All food is correctly labelled. The kitchen is clean and functional and is in the centre of the facility.</p> <p>The meals are served on trays directly from the kitchen to the dining room or taken to the rooms in a hot box.</p> <p>A nutritional assessment is performed by the registered nurse with the resident/family/whanau as part of the admission process. A copy is provided to the cook. Any resident preferences, special diets, likes/dislikes are documented. Special days are celebrated, such as birthdays, and are catered for by the cook and</p>

		<p>kitchen hands.</p> <p>Annual service satisfaction surveys are completed by residents/family and this includes the food service. The families and residents interviewed reported satisfaction with the meals provided. Fluid rounds, morning and afternoon teas are provided and fresh baking is available. Families can also purchase food from the apartment café as they wish.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Support and care is individualised and focused on achieving desired outcomes/goals set. The registered nurses and care staff interviewed demonstrated appropriate skills and knowledge of the individual needs of all residents. The records reviewed showed evidence of consultation and involvement of the resident and family. The residents interviewed reported satisfaction with the care and services provided. One family member interviewed spoke highly of the care provided and the interaction of staff with individual residents and the homeliness of the environment.</p> <p>Short term care plans are developed and implemented as necessary for any event that is not part of the long term care plan, such as unexplained weight loss or wound care management. The registered nurses ensure the GP is kept well informed of progress.</p> <p>There are adequate stocks of wound and continence products to meet the needs of the residents. The care plans reviewed demonstrated interventions that are consistent with the resident's needs being able to be met. Observations on the day of the audit indicated residents are receiving care that is consistent with meeting their assessed needs. The registered nurse interviewed reported that all care plan interventions are accurate and up to date. The registered nurses are responsible for a number of residents from admission and in the longer term.</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>	FA	<p>The activities coordinator is employed 20 hours per week. The activities coordinator is undertaking their diversional therapy papers and has completed four to date. The activities coordinator background is teaching and they report that they are able to transfer some of their teaching ability to their new role. The activities coordinator uses the 'Vital & Alive in Motion' programme which incorporates a senior health and wellness focus for residents with chronic illness. The activities include movement, balance, strength, endurance, emotional wellbeing and self-image. The residents reported enjoying the 'happy hour', outings, arts and crafts, pet therapy and movies.</p> <p>The residents and families reported satisfaction with the activities programme.</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>Evaluation of care plans occurs six monthly or earlier as applicable. Evaluations are focused and indicate the degree of achievement or response to support/interventions and progress towards meeting the set goals. If a resident's needs change or if the resident is not responding appropriately to the interventions being delivered then this is discussed with the GP, the resident and the family. Short term care plans are initiated as needed.</p> <p>The care staff interviewed demonstrated good knowledge of short term care plans and reported that these are identified and information is shared in the handover between shifts. Progress is also discussed at the six monthly reviews.</p> <p>Families reported that they are consulted when staff have any concerns or when there are changes to the resident's condition. This is documented on the family communication records as evidenced in the records reviewed.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The current building warrant of fitness is displayed. This expires on 31 July 2016. There have been no changes to the layout of the service that has changed the layout of the building or required changes to the approved evacuation scheme.</p>
<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>	<p>FA</p>	<p>The infection prevention and control surveillance that is undertaken is appropriate to the size of this aged care setting as demonstrated in the infection control programme. All staff are involved. An infection form is completed as soon as signs and/or symptoms have been identified and given to the registered nurses. Monitoring is described in the infection control plan to ensure residents' safety.</p> <p>The infection prevention and control coordinator is currently the clinical manager who completes the monthly surveillance reports. Monitoring occurs for any urinary infections, eye infections, upper and lower respiratory infections, wound infections, multi-resistant organisms, diarrhoea, vomiting and other infections as required. The infection control nurse compares results with previous reports, reasons for any increase or decrease and/or trends are identified. The results are reported back to staff at the staff meetings. The results are benchmarked against other aged care services.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is no restraint or enabler use at the time of audit. The internal</p>

		<p>audit on restraint/enabler minimisation and safe practice records that there has been no restraint use in the past 12 months. All documentation, including assessment, approval processes and actions to be taken, are clearly set out should restraint be required. Policy shows that enablers are voluntary and that the least restrictive option would be used with the intention of promoting or maintaining resident independence and safety. The policies for restraint and enabler use are part of the orientation and induction training as well as in the ongoing in-service education programme. Staff demonstrated knowledge on restraint minimisation, the strategies used to minimise restraint and what to do if restraints or enablers were required. This unannounced surveillance audit was conducted against the relevant Health and Disability Services Standards for aged care and the service's contract with the district health board. A surveillance audit is undertaken part-way through a service provider's period of certification. It is not a full audit against all relevant</p>
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		<p>standards, but offers an overview of key aspects of the standards.</p> <p>The intent is to provide assurance the provider is continuing to meet all relevant standards. There were no areas for improvement that were required to be followed up as part of this surveillance audit.</p>
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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.