# Rosebank Residential 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](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:** Rosebank Residential Limited

**Premises audited:** Rosebank Home and Hospital

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

**Dates of audit:** Start date: 11 May 2016 End date: 12 May 2016

**Proposed changes to current services (if any):** Addition of hospital - medical

**Total beds occupied across all premises included in the audit on the first day of the audit:** 86

# 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

Rosebank home and hospital is a privately owned aged care facility. Rosebank home and hospital provides care to up to 100 rest home and hospital level residents. On the day of audit, there were 86 residents.

Residents and families interviewed were very complimentary of the care and support provided. The general manager and clinical manager are well qualified for their roles.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, management, general practitioner and staff.

The service has addressed eight of ten previous findings from the certification audit relating to: resuscitation consent forms, complaints process, quality systems, incident and accident forms, staff training, resident assessments, monitoring of residents and self-medicating residents.

Further improvements are required in relation to documented interventions and medication management.

## 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 are kept informed on all aspects of the service and resident health. Residents and their family are provided with information on the complaints process on admission. Complaints are being managed in a timely manner. Staff are aware of the complaints process and to whom they should direct complaints.

## 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. |

An experienced general manager, who has been in the role for over ten years, manages the service. An experienced clinical manager (registered nurse) supports her in her role. Quality management processes are reflected in the businesses plans, goals and objectives, and policies. A risk management programme is in place, which includes a risk management plan, incident and accident reporting and health and safety processes. Staff document incidents and accidents.

Residents receive appropriate services from suitably qualified staff. Recruitment is managed in accordance with good employment practice and meeting legislative requirements. An orientation programme is in place for new staff with ongoing education and training provided.

## 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 medium or high risk and/or unattained and of low risk. |

InterRAI assessments are being implemented and paper based assessment tools are used on admission and thereafter. Assessments, care plans and care plan evaluations are completed by registered nurses. A diversional therapist and recreation assistant plan and implement an integrated activity programme. There are outings into the community and visiting entertainers. The service uses an electronic medication management system. All meals are prepared and cooked onsite in a commercial kitchen. Resident’s individual dietary needs were identified and accommodated.

## 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. |

A current building warrant of fitness is displayed.

## 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. |

There are documented and implemented policies and procedures around restraint use and use of enablers. There were three residents with restraint and one with an enabler. Restraint audits, training and competencies for staff have been completed.

## 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. |

The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) monitors infection rates. Surveillance activities include audits of the facility, hand hygiene and surveillance of infection control events and infections. Staff receive ongoing training on infection control. 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.

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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 | 0 | 2 | 0 | 0 |
| **Criteria** | 0 | 40 | 0 | 0 | 2 | 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 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | The service has in place a policy for informed consent and resuscitation and is committed to meeting the requirements of the Code of Health and Disability Services and Consumers’ Rights. Review of resident files identified that general consents were signed as part of the admission agreement. Five resuscitation forms (three hospital and two rest home) had been signed appropriately. The service has addressed this previous finding. All five files had a signed admission agreement.  Discussions with caregivers confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms. |
| 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 that describes the management of the complaints process. Complaints forms are available. Information about complaints is provided on admission. Residents confirmed their understanding of the complaints process. Staff interviewed were able to describe the process around reporting complaints.  A complaints register includes verbal and written complaints. The service has addressed this previous finding. There is evidence to confirm that the three complaints received in 2015 (none received for 2016) have been managed in a timely manner, including acknowledgement, investigation, timeliness, and corrective actions (when required) and resolutions. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | There is a comprehensive open disclosure policy in place. The admission pack provides a range of information regarding the scope of service provided to the resident and any items they have to pay for that is not covered by the agreement. An interpreter is provided as required. Regular contact is maintained with family, including if an incident or care/health issue arises. This was documented on the accident/incident forms sampled and family consultation record in the resident files. Two hospital and two rest home relatives and five residents (three rest home and two hospital) stated they were well informed. There are six monthly residents’ meetings where any issues or concerns to residents can be discussed. Interpreter services can be accessed as required. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Rosebank home and hospital is privately owned, and governed by a board. The service provides care for up to 100 residents and all beds are dual-purpose beds. The service is currently certified for hospital services - geriatric and rest home level care. Hospital medical services were applied for on the day of audit. The service has been verified as part of this audit as suitable to provide medical services under their hospital certification. On the day of the audit, there were 86 residents - 50 residents at rest home level and 36 residents at hospital level including one hospital medical resident on an end of life contract. All other residents were on the age related contract.  An experienced general manager, who has been in the role for over ten years, manages the service. The general manager reports monthly to the board on a variety of management issues. The current strategic plan and quality and risk management plans are being implemented. The general manager receives support from a clinical manager, education coordinator, quality/health and safety/infection control coordinator, registered nurses and care staff. Building and refurbishment work has commenced to enlarge, refurbish and add ensuites to 16 rooms in the rest home wing. On the day of audit, ten beds were closed and undergoing refurbishment. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | A quality and risk management plan is in place. Policies and procedures reflect evidence of regular reviews as per the document control schedule. There is a 2016 risk plan, a quality plan, and business plan. The quality plan and the business plan include specific KPIs around clinical quality and the business plan has additional financial KPIs.  Monitoring of the quality and risk plan is through a series of meetings and reports. This includes a monthly report by the general manager to the board, which includes copies of the monthly registered nurse and monthly quality meetings.  All meetings including quarterly staff meetings, monthly registered nurse and monthly quality meetings document discussion and follow-up of quality data, incidents and accidents, health and safety, infection control, complaints (where they occur) and restraint (as needed).  There are a series of quality improvement plans in place including; new care plan templates being implemented, continence care, pressure injury prevention, falls prevention, pain management, and the rollout of medication management software. The service has implemented additional medication audits and follow-up whilst the medication management system is embedding. This is to ensure safe practice and to support staff.  The service completes internal audits as per the annual audit programme. Corrective actions have been developed for all opportunities for improvements identified through quality activities.  Health and safety discussion and quality data is incorporated into the monthly quality improvement meetings, and health and safety meeting (minutes sighted). Staff complete hazard identification forms for identified/potential hazards. A current hazard register is in place.  The previous audit findings relating to recording and communication of quality data have been addressed. |
| 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 service collects a comprehensive set of data relating to adverse, unplanned and untoward events. This includes incident and accident information reported by staff on a paper based system. Incident and accident data is collected and analysed monthly. Discussions with the service confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications.  A sample of ten resident related incident reports for April 2016 were reviewed. All incident forms documented registered nurse review and follow up. This included neurological observations, and 24-hour post-falls checks and ongoing assessments. The previous audit finding has been addressed. Two residents with high falls were followed up through to progress notes and care plans. Both documented very good follow-up, and falls prevention strategies were documented in the care plans. |
| 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 | Job descriptions are available for all relevant positions that describe staff roles, responsibilities and accountabilities. Practising certificates reviewed were current. Six staff files were reviewed (two registered nurses, three caregivers and one cook). Evidence of signed employment contracts, job descriptions, orientation and training were in the files reviewed. Annual performance appraisals have been conducted for all staff as they fall due. Newly appointed staff complete an orientation that is specific to their job description. Care staff interviewed described the orientation programme that includes a period of supervision.  The service has an annual training schedule for in-service education. External training is available for RNs. Education has been provided and attendance recorded. Staff complete competencies relevant to their roles. Five registered nurses are trained and competent in the use of the InterRAI assessment tool. The previous audit finding related to staff training has been addressed. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | Rosebank home and hospital has a four weekly roster in place, which provides sufficient staffing cover for the provision of care and services to residents. There is a full time clinical manager and at least one registered nurse on duty at all times. The fulltime general manager is also a registered nurse. Caregivers, residents and family interviewed advised that sufficient staff are rostered on for each shift. All registered nurses have been trained in first aid and CPR. |
| 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 Moderate | Twelve medication charts were reviewed and all prescription charts had indications for use for ‘as required’ medication, and this is an improvement on the previous audit.  Medications are supplied monthly or as required. Registered nurses administer medication in the hospital and registered nurses or medication competent caregivers in the rest home. Medication keys were kept with the senior caregiver or RN; this is an improvement on the previous audit.  On the day of audit there were no residents self-administering medication. Staff interviewed confirmed that the self-medication management system is reviewed and they are aware of requirement around self-medication assessment and monitoring. The previous audit finding has now been addressed.  Medication fridge temperatures are monitored.  A warfarin prescription had not been signed by the GP and on review of medication room, there was a container of un-named pills on the medication trolley. |
| 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 Rosebank are prepared and cooked on site. A dietitian has reviewed a four weekly seasonal menu. Meals are delivered in hot boxes to the hospital dining area. A bain-marie is used for the serving of meals. The cook interviewed was aware of resident dietary needs and has been notified of any changes. Resident likes and dislikes are accommodated and cultural and religious food preferences are met. Specialised utensils and crockery are available for use to promote resident independence with meals.  Residents interviewed state alternative choices are offered for dislikes, and expressed satisfaction with the meals.  Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are taken on the midday meal. Cleaning schedules are maintained.  Chemicals are stored safely. Staff were observed to be wearing correct personal protective clothing.  All food services staff have completed training in food safety and hygiene and chemical safety. |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | The initial support plan is developed with information from the initial assessment, medical and discharge information. The resident/relatives are involved in the development of the initial assessment. Risk assessment tools and the InterRAI tool are used to identify the required needs and interventions required to meet resident goals. All resident files reviewed had paper based and InterRAI assessments in place. The service has addressed the previous audit finding. |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | PA Moderate | Medical notes, allied health professionals entries, recordings, significant events and communication with families were well documented. Not all files reviewed showed that long-term care plans documented interventions and clear direction to staff. Information recorded in progress notes was not fully reflected in the care plans. This remains a finding from the previous audit. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | On interview, a GP confirmed that care provided is of a high standard, and GPs are kept informed. Family members agreed that care is provided consistent with their resident’s needs and that they were involved in the care planning. Care staff interviewed stated that there is adequate equipment provided including continence and wound care supplies. Wound assessment, wound management and evaluation forms were in place for two wounds in the rest home and four wounds, and four pressure injuries in the hospital. Wound management and monitoring has occurred as planned. All wounds have appropriate care documented and provided, including pressure relieving equipment. Access to specialist advice and support is available as needed.  Care plans documented there was allied health input. Resident’s weight is monitored at least monthly. Specialist interventions were documented in files and followed up appropriately. Monitoring of pain relief given was completed. Two residents with behaviour that challenges (one hospital, one rest home) had de-escalation techniques documented, and neurological observations are completed for potential head injuries. Observations are clearly documented through to the next shift following post-incident. The service has addressed this previous audit finding. |
| 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, and the setting of the service. | FA | The service continues to employ a qualified diversional therapist (DT) and activity assistant to coordinate and implement activities for the rest home and hospital residents Monday to Saturday. The programme is integrated and on three days of the week, there are two options of activities for residents to attend.  The programme offers variety and interest with entertainment and outings. Residents were able to participate in a range of activities that were appropriate to their cognitive and physical capabilities. Community links are maintained with groups such as churches, pre-schools, kapa haka groups, RSA and inter-home bowls and get-togethers. One-on-one time is spent with residents who are unable or choose not to participate in group activities. The three monthly resident meetings provide residents the opportunity to feedback on the activity programme. The activity team also make daily contact with residents.  Activity assessments were completed on admission in the resident files sampled. Activity plans and care plans were reviewed at the same time. The DT maintains activity progress notes in the integrated files.  The DT attends regional meetings and on-site education. The DT and activity assistant have current first aid certificates. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Care plans reviewed had been evaluated by registered nurses six monthly, or when changes to care occurred.  InterRAI assessments have been utilised in conjunction with the six monthly reviews.  Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem.  There is at least a three monthly review by the medical practitioner.  The family members interviewed confirmed they are informed of all changes and GP visits. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | A current building warrant of fitness is displayed. |
| 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 monitoring is the responsibility of the infection control coordinator (registered nurse). The infection control policy describes routine monthly infection surveillance and reporting. Monthly surveillance activities are appropriate to the acuity, risk and needs of the residents. Monthly infection data is collected for all infections based on signs and symptoms of infection. Individual resident infection forms are completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Infection control is discussed at management meetings/quality meetings, clinical meetings and staff handovers. There have been no outbreaks reported since the previous audit. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | There are policies around the use of restraints and enablers that align with the standard. The clinical manager is the restraint coordinator. There are two hospital and one rest home residents with a bedrail restraint and one rest home resident with a bedrail enabler. Staff have received training around restraint minimisation, the management of challenging behaviour and completed restraint competencies. Enablers are voluntary. Two resident files were reviewed and evidenced that both restraints and enablers are managed with the same documentation. |

# Specific results for criterion where corrective actions are required

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

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

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

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.3.12.1  A 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 Moderate | The medication charts were on a computer software system with documented three monthly GP reviews. As required medications had been signed for on administration, as well as the time of administration and the efficacy of the medication had been documented. Warfarin prescriptions were not always signed and unnamed medication was viewed on the medication trolley. | i) One hospital level resident with warfarin prescribed did not have a signed medication order for the variable dose. ii) On review of the medication room in the rest home, there was an unlabelled bottle of medications on the medication trolley. | i) Ensure all medication orders are signed-for. ii) Ensure that all medications are administered in a safe manner.  30 days |
| Criterion 1.3.5.2  Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process. | PA Moderate | The service continues to implement a new care plan template. New care plans include care protocols such as pressure injury care, skincare and falls management. The service has developed daily support plans to assist caregiver access to essential care needs for residents. Three of five care plans evidenced that all care interventions were documented in care plans. | One hospital resident had no interventions for identified pain. One rest home resident had weight loss identified in the care plan but no interventions for weight loss or monitoring of meal intake. Progress notes for this resident also identified incontinence however, the care plan stated fully continent. | Ensure that care plan interventions address all assessed risk and identified problems.  60 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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End of the report.