

# Te Kauwhata Retirement Trust Board

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## 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 Audit (NZ) 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:

<b>Legal entity:</b>	Te Kauwhata Retirement Trust Board
<b>Premises audited:</b>	Aparangi Village Residential Care Unit
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 31 May 2016    End date: 31 May 2016
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	46

# Executive summary of the audit

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## 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
Yellow	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
Red	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

Aparangi Village Residential Care Unit is owned and operated by a charitable trust and is located within a retirement village complex. The service provides rest home and hospital level of care for up to 56 residents. The residents and families expressed high satisfaction with the quality of care and services provided at Aparangi.

This unannounced (spot) surveillance audit was conducted against the relevant Health and Disability Services Standards and the organisation's contract with the district health board. A surveillance audit is undertaken part-way through a service provider's period of certification to verify the service continues to meet all relevant standards. The audit process included the onsite audit and the review of documentation, observations and interviews. Interviews were conducted with the management, clinical and non-clinical staff, residents, family/whanau and a general practitioner to verify the documented evidence.

The focus of the audit is on service delivery and review of criteria not fully attained at the previous audit. There were four areas for improvement identified at the previous audit. These related to the analysis of quality data and implementing corrective actions plan, ensuring annual performance reviews are completed, the storage of chemicals and documentation related to medication management. All these now evidence that improvements have been implemented. There is one new area for improvement in medication management.

## 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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Evidence was seen of open disclosure in the way the organisation communicates with the residents and families after any adverse events. The organisation is able to access interpreting services as required.

There is an accessible and 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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The organisational strategic plan and goals are monitored at the management and board levels. Service performance is aligned with quality objectives and key performance criteria. The organisation`s philosophy and goals are monitored on a monthly basis.

The quality and risk management systems are implemented and support the provision of clinical care and support. Policies are reviewed as required. Where the service identifies areas for improvement corrective actions are implemented.

The general manager and clinical support registered nurse (RN) are both suitably qualified and experienced to run the service. The general manager has the oversight for the entire retirement complex and reports to the Te Kauwhata Retirement Trust Board. The general manager is supported by the clinical support RN, who has the overall responsibility for the clinical management of the care unit.

The adverse event reporting system is planned and coordinated. The risk management systems include the identification of hazards and risks to service delivery.

Systems for human resources management are in place with documented recruitment and employment processes established. There are adequate staff numbers each shift to meet the residents' needs at. Ongoing education is provided.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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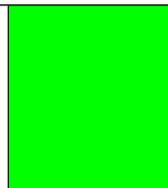
Residents receive appropriate services that meet their desired goals/outcomes. Residents are admitted with the use of standardised risk assessment tools. Care plans are consistently developed and evaluated for all residents. Short term care plans are sufficiently detailed.

Planned activities are appropriate to the needs, age and culture of the resident. Residents reported that activities are enjoyable and meaningful to them. Food services meet the individual food, fluids and nutritional needs of the residents

One improvement is required to the medicine management system. This relates to controlled drugs.

## Safe and appropriate environment

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

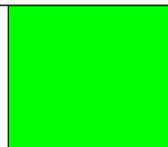


Standards applicable to this service fully attained.

The facility has a current building warrant of fitness. The internal layout of the building has not changed since the previous audit. There is some external contractor work being conducted, with health and safety processes in place to manage this.

## 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.

The service has clear and comprehensive policies and procedures which meet the requirements of the restraint minimisation and safe practice standard. There are established systems and practices to ensure safety of the residents. The restraint register is current.

## Infection prevention and control

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

Standards applicable to this service fully attained.

The type of infection surveillance undertaken is appropriate to the rest home and hospital level of care provided. There is a monthly surveillance and benchmarking of the infection numbers. Results of the surveillance are acted upon, evaluated and reported to staff, management and the board.

## 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)
<b>Standards</b>	0	17	0	0	1	0	0
<b>Criteria</b>	0	40	0	0	1	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 policy and process complies with Right 10 of the Code. Complaints management is explained during the admission process and is included in the information given to new residents and family/whānau. Complaints management is included in new staff orientation and in ongoing training.</p> <p>The complaints register identifies complaints have been managed within policy time frames. The complaints register containing all complaints, dates and actions taken, outcomes and risk rating. There are no open complaints at the time of audit, with the complaints sampled for 2016 being closed on the same day to the satisfaction of the resident.</p> <p>Residents and family confirmed that if they need to make a complaint, they would find this easy to do so.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>All current residents are able to communicate effectively in English; however, the organisation promotes an environment that optimises communication through the use of interpreter services if needed. Interpreting services have been accessed in the past for a resident. Staff education on appropriate communication methods for residents who cannot verbally communicate has been provided. There is evidence of open disclosure following incidents/accidents. Residents and family reported satisfaction with communication.</p>

communication.		
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The facility is located in a retirement village complex. There is one wing that has seven independent living units. This wing is attached to the residential care facility. Services are planned to ensure the resident's needs are met, no matter what wing/unit the resident resides in. When clinically indicated staffing is increased to meet the individual or increased needs of the residents. The service has a maximum capacity of 56 residents, currently there are 46 (33 rest home and 13 hospital level of care) with one being a younger person under the age of 65.</p> <p>The organisation is governed by a trust board. The organisation is also part of a wider charitable company which runs other rural aged care services. The charitable company has undergone an external strategic review to set goals and capacity planning for the next five years.</p> <p>The business plan identifies the organisation's mission statement, vision and philosophy and shows the organisation's commitment to ensuring services are provided to meet residents' needs. The quality policy statement identifies the mission of the organisation and the procedures undertaken to achieve the mission statement.</p> <p>The quality policy statement identifies the mission of the organisation and the procedures undertaken to achieve the mission statement. Actions described include the use of quality programmes and procedures, identification of hazards, staff training and education, data reporting of incidents/accidents, infections and internal audit results to identify trends and improve services.</p> <p>The service is currently undergoing an external review and organisational structure change. The clinical management role is temporary being undertaken by the clinical support nurse until the structure and appointment of staff is confirmed. The job descriptions for the new roles were sighted.</p> <p>The service is managed by a general manager, who has over 30 years as a nurse and in aged care management. The general manager reports to the chair of the trust board. The clinical manager of the care unit is currently being temporarily undertaken by a clinical support nurse (RN). The clinical support nurse is a registered nurse with a background in aged care management for a national aged care organisation. The clinical support nurse has been at the service for 12 months and has been acting in the clinical management role for the past two months. Both the general manager and clinical support nurse have job descriptions that describe their roles, responsibilities and accountability. Both the general manager and clinical support nurse have attended more than 8 hours' education in the past 12 months related to management of aged care services and receive regular updates from an aged care consultant.</p> <p>The residents and families have high praise for the care and services provided at Aparangi.</p>
Standard 1.2.3: Quality And Risk Management	FA	The previous audit identified that not all corrective action plans showed resolution of issues and that there was little evidence of the use of the benchmarking data and trend analysis to improve quality including use of

<p>Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>information around restraints used. These are now addressed.</p> <p>The staff and management demonstrate an understanding of the quality and risk processes that are identified in policy. Staff at all levels of the service report their involvement with the ongoing quality and risk management systems. Staff stated that quality improvement was a team effort, they had increased their knowledge in this area, and that they had a better understanding of quality and risk and its significance for gaining better outcomes in care and service delivery.</p> <p>The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at least two yearly or sooner if there are legislative or best practice changes.</p> <p>There is a document control system to manage the policies and procedures, with footer recording the most recent version of the document. The staff only have access to the most current policies and procedures.</p> <p>The service has systems implemented for quality management, the collation and analysis of data, and processes to measure achievement against the quality and risk management plan and strategic directions. Monthly surveillance is collated, benchmarked and reviewed by the management/operations team. The quality data includes analysis of restraint use; this addresses the previous area for improvement.</p> <p>Benchmarking occurs with other aged care services. Data is trended and results presented at operations meetings, staff meetings and presented to the Board. The general manager reports to the Board on how the service is performing in the key components of service delivery. The reports reviewed indicated that the service is making ongoing improvements through the continuous improvement systems.</p> <p>When improvements are identified from the internal auditing system and satisfaction surveys, correction actions are implemented. The corrective actions are clearly documented, which is an improvement implemented to address the previous area for improvement. The corrective actions summary is included in reports to the board. These record the recommendation, actions required, who is responsible for implementation, the improvement or decrease since the last audit and if the actions implemented have resolved the issue.</p> <p>The organisation has an up to date risk register and quality and risk plan which identifies actual and potential risks for all levels of service. The risk rating system includes reporting any serious risks to the board. Minimisation strategies have been put in place as required. Staff education includes risk management processes. Staff confirm their awareness and knowledge of identifying and reporting hazards.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are</p>	<p>FA</p>	<p>The management team and staff understood their responsibilities related to mandatory reporting and essential notifications. This includes responsibilities related to reporting of pressure injuries stage 3 and above. The reports to the board includes any incidents that have required essential reporting.</p> <p>The number of incidents are collated on a monthly basis. Samples of incident/accident forms and the data trend</p>

<p>systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>analysis were reviewed. Any trends identified are notified and information fed back to the board, staff and as part of the monthly external benchmarking. The service identifies strategies put in place in response to incidents and accidents and these were documented on the actual individual incident forms and on the resident's care plan as required.</p>
<p>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.</p>	<p>FA</p>	<p>Staff files sampled confirmed that appropriate processes are implemented for the recruitment, employment and orientation of new staff. All new staff receive an orientation which includes the essential components of service delivery. Staff and contractors who require an annual practising certificate (APC) have these validated on employment and again annually. Copies of APCs were sighted.</p> <p>The organisation provides support and facilitates training and education that is appropriate to the needs of the service. Records of training are maintained. Mandatory training to meet contractual obligations is conducted as required. The care staff and housekeeping staff are supported to gain appropriate national qualifications. The service has registered nurses (RNs) that have completed interRAI training and demonstrated knowledge on the use of this tool to assess residents' needs to inform the care planning process.</p> <p>Staff performance reviews are conducted annually. The previous improvement regarding performance reviews has been met.</p>
<p>Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The general manager reports that the allocation and skill mix of the staff is reviewed as resident's mix/ratio and needs change to ensure safe staffing levels are achieved. Rosters sighted confirmed that the skill mix and numbers of nursing/care staff meets contractual requirements and the residents' needs. All sick leave and annual leave is shown and replacement staff noted. There are sufficient numbers of laundry, housekeeping, activities, and support and administration staff.</p>
<p>Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current</p>	<p>PA Moderate</p>	<p>The organisation utilises an electronic medicine management system. All medicines are prescribed by the GP and dispensed by the pharmacy. Allergies are documented and medications are reviewed regularly as required. A system is in place when using the standing orders.</p> <p>Medications are securely stored. Medication fridge temperatures are monitored and recorded. All discontinued medications are dated. There are no expired or unwanted medications. A system is in place when returning</p>

<p>legislative requirements and safe practice guidelines.</p>		<p>expired or unwanted medications to the pharmacy. Stock medications are checked monthly.</p> <p>Medicine reconciliation is conducted by the RNs when a resident is discharged back to the service. The controlled drugs register is current. Controlled drugs weekly stocktakes are conducted by the RNs while the six-monthly controlled drugs register check is conducted by the pharmacist. An improvement is required in relation to documenting the time of administration of the controlled medications in the controlled medications register.</p> <p>The staff observed administering medications in both the rest home and hospital complied with the medication administration policies and procedures. Current medication competencies are evident in staff files. There are no residents who self-administer their medications; however, there are self-administration policies and procedures in place.</p> <p>The previous areas for improvements in relation to signing administered medications, six monthly stocktakes and reconciliation have been addressed and implemented.</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>Residents are provided with meals that meet their food, fluids and nutritional needs. The RNs complete the dietary requirement forms on admission and provided a copy to the kitchen. Additional or modified foods are provided if required.</p> <p>All meals are prepared and cooked onsite. Cooked meals are plated from the main kitchen to the dining area. The meals are well-presented and residents confirmed they are provided with alternative meals on request. All residents are weighed regularly and there is no evidence of significant weight change in the reviewed resident's files. Residents with significant weight changes are provided with food supplements and fortified foods. Rest home and hospital level residents have their meals either in rooms or in the main dining area.</p> <p>Food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. A system is in place when receiving and utilising stocks. Kitchen staff have food handling certificates. Fridge and food temperatures are monitored and recorded daily. Variance in temperatures are addressed by the maintenance person.</p> <p>The kitchen is observed to be clean, tidy and well stocked. A kitchen cleaning schedule is in place.</p> <p>There is evidence that menus are reviewed by the dietitian annually.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and</p>	<p>FA</p>	<p>Long term and short term care plans are developed by the RNs. Documented interventions in the long and short term care plans addressed the issues identified during the assessment process. The interventions are sufficiently detailed to address the desired goals/outcomes. The outcome of the interRAI assessments are addressed in the long term care plans. Staff reported that the outcome of the interRAI assessments are the focus of their long term</p>

appropriate services in order to meet their assessed needs and desired outcomes.		care plans. Interventions are discussed with residents and their families.
<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	Activities provided are appropriate to the needs, age and culture of the residents. Activities were observed to be physically and mentally stimulating. The diversional therapist (DT) develops the activity plans using the resident's profile gathered during the interview with the resident and their families. The weekly activities are posted in the corridors in different areas within the facility. Activity plans are well-documented and reflected the resident's preferred activities and interests. A participation log was maintained. The DT referred the residents to the RNs when changes are noted regarding involvement in the activities. Residents and family members reported that the activities provided by the organisation are adequate and enjoyable.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	Care plans are developed and evaluated by the registered nurses. Changes to the long term care plans are made when the desired outcomes are not met. This was evident in resident files sampled. Short term care plans included the resident's response after completing treatment. The RNs reported that interventions are updated to address the desired goals/outcomes.
<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>	FA	The current building warrant of fitness displayed. Since the last audit there have been no changes to the layout of the building which would require the evacuation scheme to be amended. There is currently some external work and construction being undertaken, with all necessary health and safety procedures in place to manage this.
<p>Standard 1.4.6: Cleaning And Laundry Services</p>	FA	All chemicals sighted were either securely stored or on the housekeeping trolleys when in use. The cupboards in the serviced apartments are secured; this addresses the previous area for improvement. Domestic staff demonstrated knowledge regarding the safe storage of chemicals when not in use.

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.		
Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations.	FA	With some external construction being undertaken, there has been a health and safety assessment and review by the fire service that approved the evacuation scheme. Fire evacuation processes are displayed throughout the service. The planning process included updating of the infection prevention and control construction risk assessment.
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	The infection control programme includes documented definitions of infections. The surveillance method is also defined and suspected infections are documented. There is a monthly analysis of infections that is reported to staff, management and the board. The results are benchmarked with other aged care facilities.  The infection data reviewed for 2015 records the collation, analysis, graphing and trending of the infection data. The analysis includes comparisons with the previous month, reasons for any increase or decrease and actions, advice and recommendations for reducing infection occurrence. The data records that where there was an increase in respiratory infections, this was reflective of seasonal changes and community norms for that time of year.
Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised.	FA	The use of restraint is actively minimised. There are two residents using a restraint and 16 residents using enablers. Residents using enablers reported that it is voluntary and assisted their mobility. The restraint register is current and updated. Policies and procedures have correct definitions on restraints and enablers. Staff demonstrated a good knowledge of what constitutes a restraint and an enabler.

## 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)
<p>Criterion 1.3.12.1</p> <p>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.</p>	<p>PA Moderate</p>	<p>The controlled drug register and related records were sampled and the times of administration of some controlled drugs are not consistently documented. The CSN corrected this on the day of the audit.</p>	<p>Time of administration for controlled drugs is not consistently documented in the controlled drug register.</p>	<p>Provide evidence that the time of administration of controlled drugs is consistently documented in the controlled drug register.</p> <p>90 days</p>

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

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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
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End of the report.