# Lister Home Incorporated

## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by 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:** Lister Home Incorporated

**Premises audited:** Lister Home

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

**Dates of audit:** Start date: 27 June 2016 End date: 28 June 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:** 61

# 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

Lister Home and Hospital is a community owned aged care facility. A trust board made up of representatives from all the churches in Waimate governs the service. Lister Home provides care for up to 62 rest home and hospital level residents. Residents and families interviewed were very complimentary of the care and support provided. Staff turnover remains low.

This surveillance audit was conducted against aspects of the 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, interviews with residents, family, management, staff and a general practitioner.

The service has addressed the two shortfalls from their previous audit relating to completing care plans within the required timeframes and medication documentation.

## 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. |

Communication with residents and families is appropriately managed and recorded. Complaints are managed and residents and families are aware of the complaints process.

## 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 registered nurse who reports to the Lister Home and Hospital community trust board, manages Lister home and hospital. A clinical coordinator, registered nurses and care staff support the nurse manager.

Organisational performance is monitored through a number of processes to ensure it aligns with the identified values, scope and strategic direction. The strategic plan has goals documented. Policies and procedures are appropriate to provide suitable support and care to residents with rest home, hospital and dementia level needs and a documented quality and risk management programme is implemented.

Staff receive ongoing training and there is a training plan being implemented for 2016. Rosters and interviews indicate that there are sufficient staff who are appropriately skilled.

## 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. |  | Standards applicable to this service fully attained. |

A registered nurse completes assessments, care plans and evaluations within the required timeframes. Each resident has access to an individual and group activities programme. The group programme is varied and interesting. Medication is stored appropriately in line with legislation and guidelines. General practitioners review residents at least three monthly or more frequently if needed. Meals are prepared on site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are provided. Residents and relatives interviewed were complimentary about the food service.

## Safe and appropriate environment

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

The building holds a current warrant of fitness.

## 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. |

Lister Home and Hospital has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. There were 11 hospital residents with restraint and no residents with enablers.

## 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. |

Infection-control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

## 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 | 16 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 39 | 0 | 0 | 0 | 0 | 0 |

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| --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Unattained Negligible Risk**  **(UA Negligible)** | **Unattained Low Risk**  **(UA Low)** | **Unattained Moderate Risk**  **(UA Moderate)** | **Unattained High Risk**  **(UA High)** | **Unattained Critical Risk**  **(UA Critical)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | The complaints policy and procedures have been implemented, and residents and their family/whānau are provided with information on admission.  The complaints policy is posted in a visible area with complaints forms and advocacy information nearby. The residents and families interviewed were aware of the complaints process and to whom they should direct complaints.  The service has received no complaints since the last audit. Procedures in place ensure that any complaints received, would be followed through to resolution. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Four relatives interviewed (two rest home and two hospital) stated they are informed of changes in health status and incidents/accidents. This was confirmed on incident forms reviewed. Six residents interviewed (four rest home and two hospital) also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident meetings occur. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau have difficulty with written or spoken English, then interpreter services are made available. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Lister home and hospital is governed by a community trust board, comprised of representatives from all local churches in Waimate. The service provides care for up to 62 residents at hospital (geriatric and medical) and rest home level care. This includes one bed designated for respite care and one bed designated for palliative care. On the day of the audit, there were 61 residents in total - 40 residents at rest home level, including one respite and one younger person with disability (YPD), and 21 residents at hospital level including one YPD. The service has seven wings – three rest home wings are in the rest home area and four wings are in the hospital area. Two wings in the hospital area have nine dual-purpose beds. On the day of audit there were five hospital residents and four rest home residents occupying the nine dual-purpose rooms.  An experienced nurse manager who has been in the role for over six years manages the service. The nurse manager reports monthly to the board on a variety of management issues. The current strategic plan, and quality and risk management plans have been implemented. The nurse manager receives support from a clinical coordinator, registered nurses and care staff.  The nurse manager has completed eight hours of professional development related to managing a rest home and hospital facility. |
| 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 | The quality manual and the business, quality, risk and management planning procedure describe the Lister home and hospital’s quality improvement processes. The risk management plan describes objectives, management controls and assigned responsibility. Progress with the quality and risk management programme has been monitored through the quality meeting, and the various facility meetings. Monthly and annual reviews have been completed for all areas of service. Meeting minutes have been maintained and staff are expected to read the minutes and sign off when read. Minutes for all meetings have included actions to achieve compliance where relevant. Discussions with registered nurses and caregivers confirmed their involvement in the quality programme. Resident/relative meetings have been held. Data is collected on complaints, accidents, incidents, infection control and restraint use. The internal audit schedule for 2016 is being completed. Areas of non-compliance identified at audits have been actioned for improvement. Specific quality improvements have been identified and benchmarking with other facilities occurs on data collected. The service has implemented a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has comprehensive policies/procedures to support service delivery. Policies and procedures align with the client care plans. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents. Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. |
| Standard 1.2.4: Adverse Event Reporting  All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner. | FA | The accident/incident process (exception reports) includes documentation of the incident and analysis and separation of resident and staff incidents and accidents.  A sample of 11 resident incident and accident reports for May were reviewed. All reports were complete and evidenced timely clinical review of the resident with further investigations and analysis conducted as required. Pressure injuries have been reported. Accidents and incidents are analysed monthly with results discussed at quality and health and safety meetings.  The nurse manager is aware of situations that require statutory reporting. Appropriate authorities were informed of a recent outbreak. |
| 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 | Six staff files were sampled (the clinical coordinator, one registered nurse (RN), one enrolled nurse (EN), two caregivers and one activities coordinator). All files contained appropriate documentation including annual appraisals and current job descriptions. Current annual practicing certificates are kept on file.  There is a fully implemented and comprehensive training plan in place. There are implemented competencies for registered nurses related to specialised procedure or treatment including (but not limited to) medication management and syringe driver training and competencies. Senior caregivers also complete medication training and competencies. Residents and families state that staff are knowledgeable and skilled. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is a documented rationale for staffing the service. Staffing rosters were sighted and staff are on duty to match needs of different shifts and needs of different individual residents. Registered nursing cover is provided 24 hours a day, seven days a week. Sufficient numbers of caregivers support RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory. |
| 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. | FA | The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Medication administration practice complies with the medication management policy for the medication rounds sighted. Medication prescribed is signed-for correctly for the sample of 13 medication charts reviewed (six rest home and seven hospital). The enrolled nurse and senior caregivers administer medicines to rest home residents and registered nurses administer medications to hospital residents. Staff who administer medication have been assessed as competent. The facility uses a blister pack medication management system for the packaging of all tablets. The RNs reconcile the delivery and this is documented. Medical practitioners write medication charts and there was evidence of three monthly reviews by the GP. Medications are prescribed and charted in-line with guidelines, including indications for use for ‘as needed’ medications. The service has addressed this previous finding. There were no residents self-administering medicines. Standing orders are not in use. |
| 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 | Trained staff provide the food service at Lister Home and Hospital, in a well-appointed kitchen. The kitchen is centrally located adjacent to the main dining room. A tray service is provided to residents in the small hospital wings, who are unable to attend the dining room. Food service manuals are in place to guide staff. A resident dietary profile is developed for each resident on admission and is provided to the kitchen staff. The kitchen is able to meet the needs of residents who require special diets and the cooks’ works closely with the registered nurses. Kitchen staff have completed food safety training. The cooks follow a rotating menu, which has been reviewed by a dietitian. Temperatures of refrigerators, freezers and cooked foods are routinely monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Residents and the family members interviewed were very happy with the quality and variety of food served. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Caregivers follow the care plans and report progress against the care plan each shift. If external nursing or allied health advice is required, the RNs will initiate a referral. Staff have access to sufficient medical supplies including dressings. Sufficient continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described.  Monitoring forms are in place for restraint use, behaviour management, fluid balance charts, turning charts and pain management.  Wound documentation is available and includes assessments, management plans, progress and evaluations. There were no rest home residents with wounds. There were four hospital residents with wounds including the resident with a stage-two pressure injury, one resident with two removal of lesion wounds and a skin tear and two residents with wounds following surgical interventions. The RNs have attended wound care training. |
| 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 | There are three activities staff who facilitate the activities programme for all residents. One staff member is a diversional therapist. Each resident has an individual activities assessment on admission and from this information, an individual activities plan has been developed by the activities staff for the resident files sampled. The activities programme reflects the residents’ cognitive and physical abilities. Activities are provided each morning and afternoon from Monday to Saturday.  Residents are free to choose to participate in the group activities programme or their individual plan. Participation is monitored. Group activities reflect ordinary patterns of life and include planned visits to the community. Residents and families interviewed commented positively on the activity programme. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | The registered nurses evaluate all initial care plans within three weeks of admission. The long-term care plan is reviewed at least six monthly or earlier if there is a change in health status. Reviews document progress toward goals. There is at least a three monthly review by the GP. Changes in health status are documented and followed up. An RN signs care plan reviews. Rest home plans are developed and reviewed by the rest home coordinator (enrolled nurse) and checked and countersigned by the nurse manager. Short-term care plans are evaluated and resolved or added to the long-term care plan if the problem is ongoing as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The facility has a current building warrant of fitness that expires on 1 August 2016. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Infection surveillance is an integral part of the infection control programme and is described in Lister Home and Hospital’s infection control manual. A registered nurse is the infection control coordinator. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually and is benchmarked with other homes in the area. Outcomes and actions are discussed at infection control meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the nurse manager. Since the previous audit, there has been one outbreak, which was contained, reported and appropriately managed. Debriefing was conducted post-incident. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | The service has documented systems in place to ensure the safe and appropriate use of restraint. There were 11 hospital residents with restraint and no enablers in use. Restraint use includes bedrails for all 11 residents. Two of these residents also have a lap belt for use when in a wheelchair. Policies and procedures include the definition of restraint and enabler that are congruent with the definitions in NZS 8134.0. Enablers are voluntary. Enabler documentation is the same as for restraint. Three restraint files reviewed included assessment, consent, risk assessments, care planning, monitoring and review. Staff education on RMSP/enablers has been provided. |

# 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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| 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, 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.