

Eastcliffe Orakei Management Services LP

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:

Legal entity:	Eastcliffe Orakei Management Services LP
Premises audited:	Eastcliffe on Orakei
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 July 2016 End date: 21 July 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:	27

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Eastcliffe on Orakei is an Iwi owned care facility within a retirement village complex. The service provides rest home care and hospital level of care for up to 28 aged care residents. The strengths of the service include the care planning processes, the activities programme, the implementation of the quality systems and staff training.

An unannounced surveillance (spot) audit was conducted against the relevant Health and Disability Services Standards and the service's contract with the district health board. This surveillance audit included the follow up of areas for improvement identified at the previous certification audit. 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.

There were three required improvements identified at the previous audit related to contracts, reviewing the Maori health plan and education related to restraint management. All three areas evidence they have been addressed. There is one new corrective from this audit related to kitchen monitoring processes.

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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The residents and staff are able to effectively communicate with each other. The family/whanau are informed of any adverse events in an open and honest manner. There are processes in place to access interpreting services when this is required to meet resident communication needs.

The complaints management processes reflect the legislative requirements. The complaints register records all complaints, dates and actions taken to make improvements. There are no open complaints at the time of audit.

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 mission, values and philosophy are documented in the quality and business planning information. These are reviewed at least annually and monitored through monthly reporting to the general manager and Iwi chief officer. The services are planned to meet the needs of the residents.

The service is managed by a suitably qualified and experienced registered nurse. They are supported by a clinical quality coordinator and a team of registered nurses.

There are clearly documented and implemented quality and risk management systems. The quality systems include an internal auditing programme, which covers all aspects of service delivery. The results from the internal audits and other quality data, such

as incidents, accidents, infections, complaints and surveys are collated and analysed on a monthly basis. Corrective actions are implemented when the data records any shortfalls in care or service provision. The risk register records any potential or actual risks. If the risk requires ongoing monitoring, this is recorded in the hazard register.

The policies are reviewed on a two yearly cycle or sooner if there are changes in legislation or best practice. The staff have access to the current version of policies.

The incident and accident reporting system is used to report any adverse events. The adverse event information is used to make improvements to service delivery and individual residents outcomes.

Human resource management processes are implemented for the employment, orientation and ongoing performance review of staff. The education programme covers contractual requirements and the specific knowledge and skills for the needs of the residents.

There are adequate staffing numbers and skill mix that is based on the assumption that all residents could be hospital level of care. The staff for the retirement village is separate to the aged care facility.

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. Long term care plans are consistently developed, sufficiently detailed and evaluated in a timely

manner. Short term care plans are developed when acute conditions are identified with documented resolutions. Planned activities are appropriate to the needs, age and culture of the residents. The residents verbalised that activities are enjoyable and meaningful to them.

The medicine management system is consistently implemented and meets the required and guidelines.

The individual food, fluids and nutritional needs of the residents are met.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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There is a current building warrant of fitness. There have been no changes to the layout of the service since the last audit or last fire evacuation training.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The service has clear and comprehensive policies and procedures which meet the requirements of the restraint minimisation and safe practice standards. There are three residents using an enabler. Staff training regarding restraints and enablers are provided annually. Staff demonstrated good knowledge regarding restraints and enablers.

The required area for improvement in relation to staff knowledge on enabler has been addressed.

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.

There is a monthly analysis of the infections at the service as well as external benchmarking conducted quarterly. The service has effective infection prevention and control processes implemented with no infections recorded for a number of months. If there are any increases in infections actions are implemented to reduce their spreading or reoccurrence.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	1	0	0
Criteria	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy has time frames that comply with Right 10 of the Code. The policy is referenced to the Code. The complaints forms are available throughout the service. The residents and family/whanau report that if they wish to make a complaint, it is an easy process and they are confident any concerns would be immediately addressed.</p> <p>The complaints register contains the names, date, summary of complaint, actions taken and sign off when completed. The complaints sampled are addressed within time frames of the Code. The staff demonstrated knowledge of the complaint management process and what to do if a resident made a complaint.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and</p>	FA	<p>The previous audit identified that the Maori health plan is required to be reviewed at regular intervals and to ensure that cultural and spiritual needs for residents who identify as Maori residents is documented. This has now been addressed; the Maori Health plan has regular review and input from the local Iwi, last reviewed in April 2016. The Maori resources staff member has also had input into the review of the plan and acts as a resource person for staff and residents. The files reviewed identify individual cultural needs and values of the residents. A review has occurred that documents the individual needs of the residents who identify as Maori are being met and the Maori resource member also reports that the individual needs of the residents are being met. Interviews with the residents who identify as Maori report that their needs are met. Staff training on Maori cultural needs</p>

<p>acknowledges their individual and cultural, values and beliefs.</p>		<p>have been conducted in 2016.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>The previous audit identified that the contract document was not updated to reflect the new name of the service. This has now been addressed with the files reviewed having contracts under the current name of the service.</p> <p>The residents and families report that they feel information is provided in an open and frank manner. The incident forms reviewed indicated the family/whanau are appropriately informed of adverse events.</p> <p>All residents can communicate effectively in English. The interpreter policy identifies how to access an interpreter if this is required, including sign language interpreters. All residents, family/whanau and staff interviewed report effective communication.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The service is owned by the local Iwi. The service provides rest home and hospital level of care for up to 28 residents. The service's skill mix and staffing ratios are based on the assumption that all 28 residents are hospital level of care. At the time of audit there were 28 hospital level of care residents and five rest home level of care residents. There are some residents within the care facility section that have occupational right agreements (ORA), and these residents receive the required rest home or hospital level of care as per contractual requirements. There are no care services provided to the retirement village section or an occupational right unit that is not within the aged care facility sections.</p> <p>The business plan identifies the objectives, philosophy and the company's values. This plan is reviewed on an annual basis and monitored through monthly meetings and reports to the general manager and Iwi chief operating officer.</p> <p>The nurse manager is a registered nurse (RN) with a current practicing certificate (sighted) who has managed the service for over 10 years and has previous experience as a clinical manager and registered nurse in aged care. The nurse manager has the overall responsibility for the management of the care facility. Their job description outlines their roles, responsibilities, accountabilities and set key performance indicators for the role. The manager is a member of aged care associations and reviews ongoing education and updates regarding management of aged care services. The nurse manager maintains professional development hours for nursing and management.</p> <p>The nurse manager is supported by a clinical quality coordinator (RN) as well as a team of RNs for clinical advice and input.</p> <p>The residents and family/whānau report satisfaction with the care and service delivery. This is also supported through the satisfaction survey results.</p>

<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The quality action plan describes the quality and risk management systems. The plan is reviewed on an annual basis (last conducted in May 2016). The plan is reviewed and approved by the management and administration team. The plan covers the key aspects of service delivery. The plain describes the required monitoring time frames and when the outcomes are to be achieved. The quality objectives are also monitored through the internal auditing programme. Monthly risk reports and staff meetings. The staff demonstrate knowledge of the quality and risk management systems. They report that outcomes are discussed at meetings and displayed on the staff notice boards.</p> <p>The policies are reviewed on a two yearly cycle or sooner if there are any changes to legislation or best practice. The clinical manager assists in the review of the clinical policies. There is a schedule that outlines when policies are due for review. The policies are referenced to legislation best practice. The skin management policy is linked to the best practice injury prevention and management programme. Each policy has version control information, with staff only being able to access the most recent version. Each Policy has a version control front page that includes the issue date, next review date, who has input into the review and who approved the policy.</p> <p>The internal audit schedule was sighted. The internal audit programme covers all aspects of service delivery. The organisation has documented quality and risk management plan which identifies risks and shows the strategies in place to manage risk. All potential and actual risks were reported at board level and reviewed regularly. Clinical risks were discussed monthly at staff meetings as confirmed in meetings minutes sighted and confirmed by staff. There is an up to date hazard register and the process for reporting hazards is understood by staff interviewed.</p> <p>Quality data collection and analysis is maintained by the service and evaluation of results shared with staff and management. Quality improvements were put in place where indicated. When the internal audit or quality data indicates any shortfalls, corrective actions are put in place. The internal audit form records the identified issue and actions needed, who is to implement the actions and the review of when the actions have been implemented. Staff confirmed that all follow up actions are discussed during handover and at regular staff meetings. Data is collected, trended, reviewed and evaluated for all key components of the service (complaints, incidents and accidents, health and safety, hazards, restraint and infection control). The graphs and analysis of the quality data is displayed in the staff room.</p> <p>The risk, hazard and emergency response plan identifies potential and actual hazards. The plan includes what the hazard is, risk level, preventative actions and ways to minimise risk. If the risk is ongoing this is monitored through the hazard register and monitoring is based on the risk, for example, the greater the risk the more</p>
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		frequent the monitoring.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The nurse manager is aware of their responsibilities of what adverse events need to be reported to external authorities. This includes the reporting of stage three and above pressure injuries (sighted for current pressure injury).</p> <p>There is monthly analysis of the adverse events, which includes a trend analysis. Where shortfalls have been identified, actions are implemented to make improvements to service delivery such as actions to reduce falls and skin tears. The results are discussed at staff meetings and displayed on the staff notice boards. The staff demonstrated knowledge of when to complete incident/accident forms.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Staff that require professional qualifications have them validated as part of the employment process and annually. A copy of the current APC is sighted for all staff and contractors who require them.</p> <p>Policies and procedures identify human resources management that reflects good employment practice and meets the requirements of legislation. Staff files showed that prior to employment references are checked. Job descriptions clearly describe staff responsibilities and best practice standards. Staff have completed an orientation programme with specific competencies for their roles. The staff files confirmed employment, orientation, performance reviews and ongoing education is implemented. The appointment of appropriate staff is undertaken to safely meet the needs of residents, including those residents with an ORA within the rest home/hospital.</p> <p>Staff undertake training and education related to their appointed roles. Staff education includes on site guest speakers, off site seminars and training days to ensure all aspects of service provision are met on a two yearly schedule, this includes ongoing education on pressure injury prevention. Staff education as part of the in-service education programme is conducted monthly after the staff meeting. This was confirmed in the education records sighted for 2015 and to date in 2016. The service has four RNs that are trained and assessed as competent to use the interRAI assessment tool.</p> <p>Resident and family/whānau members interviewed, along with the 2016 satisfaction survey results, identified that residents' needs are met by the service.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Policy details staffing levels and skill mix requirements and this aligns with the requirements of the provider's contractual requirements for hospital level of care. Though the service does have rest home level of care, the staffing is based on 'as if' all residents were at the higher hospital level of care, this includes the services to the residents with an ORA within the care facility. Additional staffing hours are put in place as required (such as for palliative or increased needs), The RN on duty has the authority to call in additional staff to ensure the needs of the residents are met. There is at least one RN on duty at all times. There are two care staff members on duty at all times, with more staff on morning and afternoon shifts. At night, in addition to the care staff, there is one extra non clinical staff member to assist in any emergency events and security issues.</p> <p>A review of staff rosters identified that at least one staff member on each shift has a current first aid certificate (sighted). The care staff do not provide coverage or care to the retirement village. There is some combined staffing for the kitchen, laundry and cleaning services. There are sufficient support staff, including activities staff, that meet the needs of the residents in the care facility. The staff interviewed reported they are able to complete work in the time allocated. The RN and management confirmed that extra staff are called in as required.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A medicine management system is consistently implemented to ensure that the residents receive medicines in a safe and timely manner. All medicines are prescribed by the GP and dispensed by the pharmacy. Medications are reviewed regularly by the GP. Allergies are well-documented and a system is in place in reviewing and utilising standing orders. "As required" medications have documented indications in all reviewed medication charts. Medicines are securely stored. Medicine fridge temperatures are monitored and recorded regularly. There are no expired medications. A system is in place when returning expired or unwanted medications to the pharmacy. The controlled drugs register is current and correct. A weekly stocktake is evident and a six-monthly check is conducted by the pharmacist.</p> <p>The RNs conduct medicine reconciliation when residents are discharged back to the service.</p> <p>The observed RN during medication round complied with the medication administration policies and procedures. All staff administering medications have current medication competencies.</p> <p>There are no residents who self-administer their medications; however, policies and procedures in relation to self-administration are in place.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual</p>	<p>PA Moderate</p>	<p>Food service policies and procedures include food safety, ordering, storage, cooking, reheating and food handling. A system is in place when receiving and utilising stocks. All meals are prepared and cooked onsite. The kitchen is managed by an independent contractor. Kitchen staff have current food handling certificates and safe food handling practices when preparing meals are evident. A kitchen cleaning schedule is in place.</p>

food, fluids and nutritional needs are met where this service is a component of service delivery.		<p>Modified diets are provided by the provider.</p> <p>Improvements are required in relation to monitoring and recording food, fridge and freezer temperatures.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Long and short term care plans are developed by the RNs. Interventions in all reviewed care plans are sufficiently detailed to address the issues identified during the assessment process. The trends generated from the interRAI assessment are also addressed.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities developed and provided by the activities coordinator are appropriate to the needs, age and culture of the residents. Activities are planned to be physically and mentally stimulating. The activities coordinator develops individual activity plans using the resident's profile gathered during the interview with the resident and their families. Weekly activities are provided to all residents as well as posting information in the common areas. Activity plans reflect the residents' preferred activities and past/current interests. A participation log is maintained. Changes in level of involvement is referred by the activities coordinator to the RNs. Residents and families reported satisfaction with activities provided by the service.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans are developed, implemented and evaluated by the registered nurses. Changes in the care plans are evident in the reviewed resident's files when the desired outcomes are not met. Short term care plans evidenced the resident's response to treatment after the treatment regime is completed.</p>
Standard 1.4.2: Facility Specifications	FA	<p>There is a current building warrant of fitness displayed. There have been no changes to the layout of the building since the last audit or last trial evacuation (February 2016).</p>

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for aged care. The service uses standardised definitions to identify infections that are based on residential care setting best practice. Infection data is collected and analysed monthly. The data is externally benchmarked on a quarterly basis. There are low numbers of infections, with five months in the reporting period 2015 and 2016 where there have been no infections. When trends or common possible causative factors are indicated, actions are implemented to reduce the reoccurrence of the infection. The actions implemented are discussed at the staff meetings. Staff interviewed reported that they are informed of infection rates at monthly staff meetings and through compiled reports.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service demonstrated that the use of restraint is actively minimised. There are no residents using restraint; three residents use an enabler. The restraint register is current. The policies and procedures have good definitions of restraints and enablers. Staff demonstrated good knowledge regarding restraints and enablers.</p> <p>The previous area for improvement in 2.2.1 has been fully implemented in practice.</p>

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 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	<p>PA</p> <p>Moderate</p>	<p>Not all aspects of food preparation and production comply with current food safety legislation and guidelines.</p>	<p>Food temperatures are not consistently monitored and recorded. Food temperature was last monitored and recorded on March 2016.</p> <p>Fridge and freezer temperatures are not consistently monitored and recorded. Last recorded monitoring was completed on February 2016.</p>	<p>Ensure that food, fridge and freezer temperatures are monitored and recorded regularly.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.