

Seniorcare Geraldine 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](#).

The specifics of this audit included:

Legal entity: Seniorcare Geraldine Incorporated

Premises audited: Waihi Lodge Care Centre

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 11 October 2016 End date: 11 October 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: 18

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

Waihi Lodge is governed by a community trust board. The service provides care to up to 19 rest home 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, and interviews with residents, family, management and staff.

The service has addressed nine of ten findings from the previous certification audit relating to completing internal audits, conducting annual appraisals for all employees, completing the annual education programme, aspects of care planning, aspects of medication documentation and staff competencies, review of the menu by a dietitian, aspects of kitchen management, ensuring staff have current first aid certificates, aspects of the maintenance programme and infection control training for the registered nurse. Further improvements are required around timeframes for care plan evaluations.

This audit has identified no additional findings.

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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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

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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Waihi Lodge is governed by a community trust board and managed by an experienced registered nurse. The manager is supported by two registered nurses and care staff.

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 provide appropriate 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

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 low risk.
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Assessments, care plans and reviews are completed by a registered nurse. 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

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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The building holds a current warrant of fitness.

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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Waihi Lodge has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. There were no residents requiring the use of a restraint or enabler.

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.
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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.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	17	0	1	0	0	0
Criteria	0	40	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and procedures have been implemented and residents and their family/whānau are provided with information on admission.</p> <p>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.</p> <p>The service has received no complaints since the last audit. Procedures in place ensure that any complaints received would be followed through to resolution.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Two relatives interviewed stated they are informed of changes in health status and incidents/accidents. This was confirmed on incident forms reviewed. Four residents interviewed 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 has difficulty with written or spoken English, then interpreter services are made available.</p>

conducive to effective 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>Seniorcare Geraldine Inc. are the proprietors of the Waihi Lodge Care Centre. The manager is a registered nurse and maintains an annual practicing certificate. The manager is supported by two registered nurses and care staff. The service provides care for up to 19 residents at rest home level care. On the day of the audit, there were 18 rest home residents, which included one resident receiving respite care. Sixteen permanent residents are on the aged related contract, and one resident is on an individual mental health contract.</p> <p>The 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 manager has completed eight hours of professional development related to managing a rest home.</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>	FA	<p>The quality manual and the business, quality, risk and management planning procedure describe the 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 monthly staff 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 caregivers confirmed their involvement in the quality programme. Resident/relative meetings have been held. Data is collected on complaints, accidents, incidents, infection control. The internal audit schedule for 2016 is being completed as per schedule. The service has addressed this previous audit finding. Areas of non-compliance identified at audits have been actioned for improvement. 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.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically</p>	FA	<p>The accident/incident process includes documentation of the incident and analysis and separation of resident and staff incidents and accidents.</p> <p>A sample of seven resident incident and accident reports for August and September were reviewed. All reports were complete and evidenced timely clinical review of the resident with further investigations and analysis conducted as required. Accidents and incidents are analysed monthly with results discussed at staff meetings.</p> <p>The nurse manager is aware of situations that require statutory reporting.</p>

recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.		
<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>Five staff files were sampled (two registered nurses (RNs), two caregivers and one activities coordinator). All files contained appropriate documentation including annual appraisals and current job descriptions. The service has addressed the previous finding. Current annual practicing certificates are kept on file.</p> <p>There is a fully implemented training plan in place. This has been addressed since the previous audit. There are implemented competencies for registered nurses related to specialised procedure or treatment including (but not limited to) medication management, training and competencies. Senior caregivers also complete medication training and competencies. Residents and families state that staff are knowledgeable and skilled.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>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 five days per week. The manager and registered nurses are rostered on call to provide afterhours cover. Sufficient numbers of caregivers support RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive</p>	FA	<p>The service has recently implemented an electronic medication management system. 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 round sighted. Medication prescribed is signed for correctly for</p>

<p>medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>the sample of 10 medication charts reviewed. The registered nurses and senior caregivers administer medicines to rest home residents. Staff who administer medication have been assessed as competent. The service has addressed this previous finding. The facility uses a blister pack medication management system for the packaging of all tablets. The RNs reconcile the delivery and this is documented. Medication charts are written by medical practitioners 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.</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>All food is cooked on site. The kitchen is located adjacent to the main dining room. A tray service is provided to residents who are unwell or 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 work 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. This finding has been addressed from the previous audit. The temperatures of refrigerators, freezers and cooked foods are routinely monitored and recorded, as evidenced by a review of food control plan diary entries sighted. This previous finding has been addressed. 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.</p> <p>On the day of audit, the kitchen was undergoing repair due to water damage caused by a leak from dishwasher. The vinyl floor covering had been lifted and was being replaced. The manager had arranged for a local restaurant to provide a hot mid-day meal for residents. A small lounge with a servery was being used as a temporary kitchen to provide hot drinks and snacks. Breakfast is served in resident's rooms. The manager has arranged for sandwiches and soup to be served for the evening meal. The residents were observed at lunchtime and reported satisfaction with the temporary services that were in place until the repair had been completed.</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>	<p>FA</p>	<p>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.</p> <p>Monitoring forms are in place for behaviour management, fluid balance charts, turning charts and pain management.</p> <p>Wound documentation is available and includes assessments, management plans, progress and evaluations. There were two rest home residents with wounds. Both residents have chronic leg ulcers currently being treated with compression bandaging which is managed by the district nursing team. The RNs have attended wound care</p>

		training. Pressure-relieving equipment is available which includes hospital beds with pressure relieving mattress, limb protectors and pressure-relieving cushions.
<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	The activities coordinator provides an activities programme over 15 hours each week. The programme is planned weekly and displayed on noticeboards around the facility. Diversional therapy plans have been developed for each individual resident, based on assessed needs. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities. The service uses a community van for resident outings. Residents were observed participating in activities on the days of audit. Residents are able to provide feedback on the activities programme at resident meetings, which are chaired by an independent resident advocate. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	Care plans reviewed were updated as changes were noted in care requirements. Care plan evaluations completed were comprehensive, related to each aspect of the care plan and includes the degree of achievement of goals and interventions. However, not all care plan evaluations were completed within the required timeframe (link 1.3.3.3). Short-term care plans are utilised for residents and any changes to the long-term care plan, and were dated and signed.
<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 facility has a current building warrant of fitness, which expires on 1 July 2017. Hot water temperatures were evidenced recorded and were within the required range, electrical equipment has been tested and medical equipment has been calibrated. These findings from the previous audit have been addressed.
<p>Standard 1.4.7: Essential,</p>	FA	The service has a fire and emergency procedures manual. The fire evacuation scheme was approved in 1993. Fire safety training has been provided. A call bell system is in place. Visitors and contractors sign in at reception when

<p>Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>visiting. Fire drills have been conducted six monthly. Civil defence and first aid resources were available. Sufficient water is stored for emergency use and alternative heating and cooking facilities are available. Emergency lighting is installed. Security checks are conducted each night by staff. A generator starts automatically if there is a power failure.</p> <p>A review of rosters, education, and training records evidence that there is a staff member with a current first aid certificate rostered on each shift. This finding from the previous audit has been addressed.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Formal infection control education for staff has been provided since the previous audit. Education is facilitated by the infection control coordinator with support from the manager. The infection control coordinator (recently employed RN) has attended infection control education and training provided by an external infection control education provider in September 2016. The previous finding has been addressed. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the 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 are entered onto a monthly infection summary. This data is monitored and evaluated monthly and three monthly trend analysis is completed. Outcomes and actions are discussed at staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the manager. There have been no outbreaks since previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of</p>	FA	<p>The service has documented systems in place to ensure the safe and appropriate use of restraint. There were no residents with restraint and no enablers in use. Policies and procedures include the definition of restraint and enabler that are congruent with the definitions in NZS 8134.0. Staff education on RMSP/enablers has been provided.</p>

restraint is actively minimised.		
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	<p>A review of care plans evidenced that six monthly care plan evaluation had occurred in two of four care plans within the required six-month timeframe. One of four diversional therapy care plans evidenced six monthly evaluations had occurred within a six-month timeframe.</p>	<p>Two of four care plans and three of four diversional therapy plans for permanent residents did not evidence that evaluation had occurred within the required six monthly timeframe.</p>	<p>Ensure that care plans and diversional therapy plans are evaluated six monthly.</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.