Real Living (Services) Limited

Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking here.

The specifics of this audit included:

Legal entity:	Real Living (Services) Limited
Premises audited:	Kensington House
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 November 2016 End date: 18 November 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: 31

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

Kensington House rest home is privately owned and governed by a board of directors. The rest home is part of a retirement village and provides rest home level care for up to 32 residents. On the day of the audit there were 31 residents.

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

The village manager is appropriately qualified and has been in the role two years. She is supported by a general manager and experienced nurse manager/registered nurse who is responsible for the daily operations of the rest home. The residents, relative and general practitioner spoke very positively about the services, care and environment provided at Kensington House.

Three of three previous certification audit findings relating to essential notifications, care plans and medication have been addressed.

This surveillance audit identified one shortfall around care plan interventions.

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.

The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the main entrance of the facility. Concerns/complaints forms are available and visible in the main entrance. Complaints processes are implemented and complaints and concerns are managed appropriately. There is documented evidence of ongoing communication with residents and families. Management operate an open-door policy.

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.

Kensington House has implemented a quality and risk management system. Key components of the quality management system include management of complaints, implementation of an internal audit schedule, annual satisfaction surveys, incidents and accidents, review of infections, review of risk and monitoring of health and safety including hazards. Monthly quality data reports are available to staff and discussed at facility meetings. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate staff coverage for the effective delivery of rest home residents. There is an implemented orientation programme that provides new staff with relevant information for safe work practice. The education programme includes mandatory training requirements.

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.

The registered nurses are responsible for the assessments, care plan development and evaluations. The InterRAI assessment is being utilised to inform the care plans. Risk assessment tools and monitoring forms are available. Care plans demonstrate service integration. Care plans are evaluated six monthly or more frequently when clinically indicated. The general practitioner reviews the residents at least three monthly.

The activities team provide an afternoon activity programme with volunteers and caregivers involved in implementing the programme. Each resident has an individualised plan. Residents are encouraged to participate in village and community activities.

The medication management system follows recognised standards and guidelines for safe medicine management practice. Staff responsible for administering medications complete annual competency assessments.

Meals are prepared in the village main kitchen and transported to the rest home satellite kitchen. Individual and special dietary needs and dislikes are accommodated. Residents interviewed responded favourably about the food that was provided.

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.

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 a no restraint policy however there are policies and procedures to follow in the event that restraint or enablers are required. There were no residents using enablers or restraint on the day of audit. Enablers are voluntary.

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 infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for collating infection control data and communicating information to the management and staff. The information obtained through surveillance determines the infection control activities and education needs within the facility.

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	1	0	0	0
Criteria	0	39	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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints procedure is provided to residents and relatives at entry to the service. The nurse manager is the privacy officer and reports concerns/complaints to the village manager. There have been three concerns by email to date for 2016. All concerns have been managed appropriately within the required timeframes. Documentation records the actions taken, outcomes and resolution. Discussion around concerns and complaints were evident in the staff meeting minutes.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Management promote an open-door policy as demonstrated on the day of audit. One relative and five residents confirmed on interview that the staff and management are approachable and available. Residents have the opportunity to feedback on service delivery through six monthly resident meetings and verbally at any other time. Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. The relative interviewed stated they are notified promptly of any changes to resident's health status. Residents and families are kept informed on events within the rest home and village with a regular newsletter. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that is not covered by the agreement. An interpreter service is available if required.

Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	The rest home currently provides care for up to 32 residents at rest home level of care. On the day of audit there were 31 residents. All residents were under the ARC contract. There were no residents under 65 years of age or on respite care. Kensington House rest home and retirement village is privately owned and governed by a trust board. The board oversees Kensington House and two other facilities. The village manager of Kensington reports to the general manager of operations across the three facilities. The board of directors in consultation with the village manager have developed a strategic business plan that is reviewed annually prior to the end of the financial year and annual general meeting. The nurse manager meets with the village manager and provides monthly reports. There are rest home quality goals in place which have been reviewed annually with some goals from 2015 ongoing for 2016. The village manager (non-clinical) has been in the role for two years and was previously a director of a technology institute. She has business degrees and is experienced in human resources and building compliance and currently completing an on-line retirement village act recognized course. The nurse manager has been in the role 18 years and is experienced in aged care management. The nurse manager is supported by three part-time registered nurses (RN). One of the RNs has 18 years aged care experience and has completed InterRAI training. The nurse manager has attended at least eight hours of professional development including provider meetings and seminars.
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 service has a quality risk management plan in place that has been reviewed. The service has in place a range of policies and procedures to support service delivery that have been developed by an external consultant and reviewed regularly. Staff are required to sign a declaration form when they have read reviewed policies. There are 10 staff meetings scheduled annually. Meeting minutes to date, evidence discussion around infection control, health and safety, accidents/incidents, internal audits and other quality data. Trends are identified and analysed for areas of improvement. Meetings minutes and quality data is available for staff who sign to state they have read the minutes and attached data. Internal audits have been completed as scheduled and include environmental, infection control, organisational and clinical audits. Corrective actions are implemented for any non-compliance audit results and have been signed off as completed. Annual resident/relative satisfaction surveys are completed annually and results collated and fed back to participants on an individual basis. The rest home and retirement village have six health and safety representatives across the site. One health and safety representative has completed training however, all representatives are in the process of

		progressing through the transition training. The village manager has engaged a Worksafe consultant to assist in updating the policies and procedures and developing an on-line health and safety system. Identified hazards are documented and managed. There is a 2016 hazard register in place. Falls prevention strategies are in place that include the analysis of falls and the identification of interventions on a case by case basis to minimise future falls.
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 policy is part of the risk management and health and safety framework. Accident/incident data and trends are collated monthly. Falls are analysed by location and time and corrective actions initiated and monitored. Nine incident forms were reviewed from October 2016. All incident forms identified timely RN assessment of the resident and corrective actions to minimise resident risk. The caregivers interviewed could discuss the incident reporting process. The nurse manager and senior RN could describe situations that would require reporting to relevant authorities. There have been no events or outbreaks to report. The previous finding around essential notifications has been addressed.
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	There are human resources policies to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Five staff files were reviewed (two RNs, two caregivers and one activity coordinator). All files contained relevant employment documentation including current annual performance appraisals and completed orientations. There is an orientation programme that provides new staff with relevant information for safe work practice. Registered nurses are supported to attend external education. Staff complete competencies relevant to their roles. Caregivers (interviewed) have the opportunity to attend external aged care education. Staff unable to attend on-site education are required to complete a self-directed learning tool. The annual education plan covers the required mandatory training requirements and include external educators such as pharmacist and aged care consultant. There is a staff member on duty with a current first aid certificate at all times.
Standard 1.2.8: Service Provider Availability Consumers receive timely,	FA	The human resources policy determines staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The village manager and nurse manager/RN are on duty during the day Monday to Friday. There is a registered nurse, nurse manager and part-time RNs on duty seven days a week for the morning and

appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.		afternoon shifts. There are at least two care staff on duty each shift including night duty. The nurse manager provides the on-call requirement for the rest home. Residents and relative state there were adequate staff on duty at all times. Caregivers interviewed state they feel supported by the nurse manager and RNs who respond quickly to any concerns on duty and after-hours calls.
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	There are policies and procedures in place for safe medicine management that meet legislative requirements. Registered nurses (RN) administer medications on the morning and afternoon shifts. Senior caregiver's complete medication competencies for administration of medications as required. Annual medication competencies have been completed and staff attend annual medication education. The service uses four weekly blister packs which are checked against the medication signing sheet by the RN. All medications are stored safely within the locked nurses' station. The medication fridge temperature is monitored weekly. There was one resident self-medicating on the day of audit, who has had a competency assessment completed. Standing orders are not used. Ten medication charts were reviewed. All medication charts had photo identification and allergy status documented. Prescribing of regular and 'as required' medication met legislative requirements. All medication charts had been reviewed by the GP at least three monthly. Administration signing sheets corresponded with the medication chart. There were no signing gaps. The previous findings around GP reviews, indications for use of 'as required' medications, allergy status and administration of medications have been addressed.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	All meals and baking are done at the main kitchen at the on-site retirement village. The kitchen coordinator (interviewed) is supported by a chef and kitchenhand. Food services staff have completed food safety training. There is a four-weekly winter and summer menu that has been reviewed by a dietitian. The main meal is at dinnertime. The chef receives resident dietary instructions that include resident dislikes and special requirements. Dislikes are accommodated. Breakfast is prepared and served from the rest home kitchen to bedrooms. Meals are transported to the satellite kitchen in the rest home and are served from a bain-marie. The dining room is adjacent to the satellite kitchen. Kitchen fridges and freezer temperatures are monitored daily and recorded. End cooked food temperatures are monitored and recorded in the main kitchen. Serving temperatures are checked. Cleaning schedules are maintained. Residents commented positively on the meals provided and have the opportunity to feedback on the

		service directly and through residents' meetings and surveys.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Care plans reviewed document interventions for all assessed needs and support. The care plans were individualised and describe the resident goals and nursing interventions to meet the goals. Care plans demonstrate service integration and demonstrate input from allied health. The previous finding around care plans reflecting the current health status of the resident has been addressed. A problem page is used to document and evaluate short-term needs (link 1.3.6.1).
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	Interviews with staff, residents and relative identified that care is being provided consistent with the needs of residents. When a resident's condition changes, the RN initiates a GP referral. There was evidence in the progress notes and on the accident/incident forms that families were notified of any changes to their relative's health including (but not limited to) accidents/incidents, infections, health professional visits and changes in medications. Not all interventions had been documented or implemented. Dressing supplies were sighted and are readily available for use. Wound management policies and procedures are in place. Wound assessments and wound care plans describe the treatment and evaluations of wounds. There were four residents with wounds (one surgical wound and three minor wounds). There were no pressure injuries. The GP had been notified of wounds of concern and the nurse manager and registered nurse interviewed described the process, should they require assistance from a wound specialist. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.
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 two part-time activity staff who coordinate the activities programme. The activity coordinators job share the 3pm to 5pm afternoon programme Monday to Friday. Caregivers and volunteers implement the morning programme and ensure residents attend activities of their choice at the retirement village lodge such as market days, speakers and movies. A senior caregiver (with a current first aid certificate) takes residents out in the facility bus for twice weekly outings/drives into the community. Afternoon activities include news, exercises, music, artwork, housie, quizzes, ball games and happy hours. Volunteers involved in the activity programme include guest speakers, musicians, an artist and school children. Interdenominational church services are held on-site. Birthdays and events are celebrated. Residents provide regular feedback around their likes and dislikes of the activity programme through direct verbal feedback, surveys and six monthly resident meetings.

		Activity assessments are completed soon after admission. Each resident had an individual activity plan which is reviewed six monthly. Attendance records are maintained.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Care plans reviewed had been evaluated by a registered nurse six monthly. Written evaluations have been completed and demonstrate relative/resident involvement in the care plan review. There was documented evidence of care plans being updated against the resident's goals. InterRAI assessments have been completed six monthly as part of the care plan review. There is at least a three-monthly review by the medical practitioner. Problem pages reviewed in the resident files identified that short-term needs had been resolved or added to the long-term care plan as an ongoing problem.
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 building has a current building warrant of fitness that expires on 22 July 2017. Environmental improvements include the refurbishment, repainting and new carpets in all bedrooms and communal areas. Lounge chairs in the main dining room have been replaced and new chair scales purchased.
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	There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator (RN) collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data and relevant information is communicated to staff through the staff meetings. Definitions of infections are in place appropriate to the complexity of service provided. Monthly infection control reports are provided. Trends are identified and preventative measures put in place. Internal audits for infection control (including handwashing audits) are included in the annual audit schedule. Systems in place are appropriate to the size and complexity of the facility. There have been no outbreaks.
Standard 2.1.1: Restraint minimisation Services demonstrate that the	FA	There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. Enablers are voluntary. On the day of the audit there were no residents with enablers or restraints. The restraint coordinator is the nurse manager. Challenging

use of restraint is actively minimised.		behaviour and de-escalation education is included in the training programme.

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)
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Low	The RNs monitor the residents’ progress and are informed of resident changes through clinical rounds, shift handovers and the use of monitoring charts such as observations, weights, behaviour, blood sugar levels and wound evaluations. General practitioner visits document medical/nursing interventions to monitor changes of health. A shortfall was identified around weight management in three of five resident files.	Interventions had not been documented/implemented for three residents for weight monitoring: 1) One resident did not have weekly weights implemented for the monitoring of a medical condition as per the GP medical notes. 2) There were no documented interventions for the management of two residents with weight loss.	Ensure short term needs are documented and implemented to meet the resident’s current health status. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.