

Tuapeka Community Health Company 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:	Tuapeka Community Health Company Limited
Premises audited:	Lawrence Rural Health Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 November 2016 End date: 29 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:	5

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

Lawrence Rural Health Centre is governed by a community Trust Board and is certified to provide rest home and hospital (medical and geriatric) level of care for up to seven residents. There were five rest home level residents on the day of audit. The manager of Lawrence Rural Health Centre is supported by registered nurses and healthcare assistants. Residents interviewed spoke positively about the care and support provided.

This surveillance audit was conducted against the Health and Disability Sector Standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, a family member, staff and management.

The service has addressed all five previous findings from the previous audit around corrective action plans, medication training, incident forms, staff files, medication competencies and the admission agreement.

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 family was evidenced in care plans. Complaints and concerns have been managed and a complaints register is maintained.

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 Lawrence Rural Health Centre community Trust Board provides governance and support to the manager. There is a documented strategic plan and quality programme. Internal audits are completed as per the audit schedule and corrective actions are documented. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are appropriately managed. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

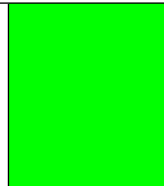
Continuum of service delivery

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.		Standards applicable to this service fully attained.
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The residents interviewed confirmed their input into care planning and access to a typical range of life experiences and choices. The care plans reviewed were consistent with meeting residents' needs. Initial care plans are documented on admission. InterRAI assessment and risk assessments are completed and reviewed six-monthly. Where progress was different from expected, the service responds by initiating changes to the care plan or recording the changes on a short-term care plan. Care plans are evaluated six-monthly. Activities were provided either within group settings or on a one-on-one basis. Medications are managed in line with current guidelines. Residents commented positively on the food service 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.

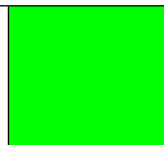


Standards applicable to this service fully attained.

Lawrence Rural Health Centre 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.

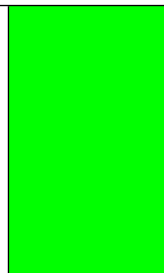


Standards applicable to this service fully attained.

Lawrence Rural Health Centre 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 with restraint or enablers.

Infection prevention and control

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



Standards applicable to this service fully attained.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

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	0	0	0	0
Criteria	0	40	0	0	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>A complaints policy and procedures are in place. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings and complaint forms. Information on the complaint's forms includes the contact details for the Health and Disability Advocacy Service. Complaints forms are available at the entrance. The service has a complaint register. No complaints have been received since the previous audit. A complaints procedure is provided to residents within the information pack at entry.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Policies are in place relating to open disclosure. Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Family are notified of incidents and accidents and changes in resident condition as evidenced on incident reports and in progress notes. No relatives were available for interview on the day of audit. The manager and staff were able to identify the processes that are in place to support family being kept informed.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p>

<p>conducive to effective communication.</p>		<p>The facility has an interpreter policy to guide staff in accessing interpreter services. Residents (and their family/whānau) are provided with this information at the point of entry. Families are encouraged to visit.</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>Lawrence Rural Health Centre is governed by a community Trust Board. The facility is situated in Lawrence. The service is certified to provide rest home, hospital – geriatric and hospital – medical level of care for up to seven residents. The seven beds are divided into five rest home beds and two GP-funded medical beds used for respite and short stay. On the day of audit there were five residents – all permanent rest home level care. There were no hospital (medical) level residents and all residents were on the ARC contract.</p> <p>The Lawrence Rural Health Centre manager has been in the role for four years. The manager reports to the governing board on a monthly basis on a variety of topics relating to quality and risk management. The manager is supported by registered nurses, healthcare assistants and the Trust Board. The adjacent medical practice is part of the Lawrence Rural Health Centre. The organisation has a current strategic and business plan which includes a philosophy of care and a current quality and risk management plan. Services provided in the community also include district nursing and meals on wheels.</p> <p>The manager has completed eight hours of professional development relating to the management of a rest home and hospital.</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 business plan and quality and risk management programme describe Lawrence Rural Health Centre’s quality improvement processes. The risk management plan describes objectives, management controls and assigned responsibility. An annual review of the previous year’s quality programme has been completed. Quality goals include providing a consumer-focused service, providing effective programmes, meeting certification and contractual requirements, managing the quality and risk programme and striving for continuous improvement. Quality and risk management meetings are held three-monthly and involve all aspects of the service including the medical practice. The staff meeting includes reports on all aspects of the rest home service. Minutes for these meetings held include actions to achieve compliance where relevant. Discussions around quality activities are included as part of the staff meetings. Resident/relative meetings are held three-monthly. A resident/relative survey is completed annually with 100% satisfaction reported by all residents surveyed in the 2016 survey.</p> <p>Quality data is collected on complaints, accidents, incidents, infection control and restraint use. There is an internal audit schedule which has been completed. Areas of non-compliance identified through quality activities are actioned for improvement and all corrective actions have been completed. The service has addressed this aspect of the previous finding. The service has a health and safety management system. There are implemented risk management and health and safety policies and procedures in place including accident and hazard management. The service has comprehensive policies/procedures to support service delivery which have been provided by an external consultant. Policies and procedures align with the resident care plans. There is a document control policy</p>

		that outlines the system implemented whereby all policies and procedures are reviewed regularly and updated externally. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention.
<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>There is an accidents and incidents reporting policy. Accidents and near misses are reported by either the healthcare assistants or a registered nurse. Investigations are then conducted by a registered nurse. On review of incident reports for all of 2016 (seven) and corresponding residents progress notes and files, there is evidence that residents have received timely and appropriate care following an incident. All reports reviewed were fully completed and were integrated into the residents' files. The service has addressed this previous audit finding. The manager is responsible for sign off and analysis of incident trends. There is a discussion of incidents/accidents at staff meetings and at the quality and risk management meetings including actions to minimise recurrence. Clinical follow-up of residents is conducted by either the registered nurse (when on duty or on call) or by a member of the local medical centre. Incidents have been investigated for opportunities to manage all risks. The service has 24-hour access to the medical practice team including a general practitioner (GP) and/or a PRIME trained registered nurse, or ambulance personnel. Discussions with the manager confirms that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications.</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>There are human resources policies including recruitment, selection, orientation and staff training and development. All required documentation is available in the five staff files sampled (two registered nurses, two healthcare assistants and one cook) including employment contracts, job descriptions and completed orientation documentation. The service has addressed this previous audit finding. The registered nurses have current annual practising certificates along with other health practitioners involved with the service. The service has in place an orientation programme that provides new staff with relevant information for safe work practice.</p> <p>Discussions with the manager and clinical staff confirmed that an in-service training programme is in place that covers relevant aspects of care and support. The programme exceeds eight hours annually. Staff have access to online training as an additional learning opportunity. Staff files reviewed evidenced up-to-date performance appraisals. First aid certificates are held in the staff files.</p>
<p>Standard 1.2.8: Service Provider</p>	FA	<p>The service has policy that includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. At least one healthcare assistant is rostered on at any one time with one registered nurse on call. Registered nurses are employed each day Monday to Sunday and cover the rest home and the</p>

<p>Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>district nursing service. All registered nurses and healthcare assistants have first aid certificates. One registered nurse is trained in primary response in a medical emergency (PRIME). The registered nurses share on call after-hours and weekends. The manager works at the Lawrence Rural Health Centre Monday to Friday and oversees the medical practice and rest home. Advised by the manager that registered nurses are rostered on duty each shift in the rest home as dictated by resident needs e.g. if hospital level residents were admitted. Advised that extra staff can be called on for increased resident requirements. Interviews with healthcare assistants and residents identify that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Residents are assessed prior to entry to the service by the needs assessment team and an initial assessment is completed on admission. The service has specific information available for residents/families/whānau at entry and it included associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. The admission agreement reviewed aligns with all current requirements of the ARC contract. The service has addressed this previous audit finding.</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>The medicine management policies and procedures meets guidelines and current legislative requirements. In interview, the healthcare assistant and the registered nurse reported that prescribed medications were delivered to the facility and checked on entry by the registered nurse. Medications are stored securely. The controlled drug register was maintained and evidenced weekly checks and six-monthly physical stocktakes. The medication fridge temperatures were conducted and recorded.</p> <p>Staff authorised to administer medicines have completed annual training and all have current medication competencies. The service has addressed this previous audit finding. The medication round was observed and evidenced the staff member administered and signed off, as the dose was administered. Administration records were maintained, as were specimen signatures.</p> <p>All medication prescription orders were signed by the GP and three-monthly medicine reviews were recorded on the medication charts. Residents' photo identification and allergy status were evident on all charts. No residents were self-administering medications. Standing orders are in place and are reviewed annually.</p>
<p>Standard 1.3.13: Nutrition, Safe Food,</p>	<p>FA</p>	<p>The food service policies and procedures are appropriate to the service setting. There is a current four-week seasonal menu that has been developed by the full-time cook and reviewed by a dietitian. The kitchen staff have</p>

<p>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>completed food safety training. The cook advised that the kitchen staff are made aware of the residents' individual dietary needs. There were copies of the residents' dietary profiles in the kitchen. The residents' files demonstrated monthly monitoring of individual resident's weight. In interviews, residents stated they were satisfied with the food service, reported their individual preferences were met and adequate food and fluids were provided. The fridge and freezer temperatures are monitored and recorded. Food temperatures are consistently recorded and decanted food is dated.</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>The care being provided for residents is consistent with the needs of the residents, as evidenced through review of resident files, interviews with staff and residents and observation of practice. Residents who required registered nurse review following health concerns have this recorded as having been done. Relatives were notified of changes in a resident's condition as evidenced in progress notes, incident reports and family contact sheets. The registered nurse initiates a GP consultation for any changes in resident health status. Health care assistants document any changes in care/condition of residents in the progress notes. The resident records reviewed were individualised and personalised to meet the assessed needs of the residents. The care was flexible and focused on promoting quality of life for the residents. All residents interviewed reported satisfaction with the care and service delivery.</p> <p>Wound care documentation was in place for one resident with a wound. There were no pressure injuries. There were adequate dressing and continence supplies sighted on the day of audit.</p> <p>On interview, staff confirmed they were familiar with the current interventions of the residents. Monitoring records are completed for weight, observations, bowel management and food and fluids.</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>	<p>FA</p>	<p>The activities coordinator works for three afternoons per week. The activities coordinator is working towards completing diversional therapy qualifications. Healthcare assistants provided activities on the days when the coordinator is not present. The activities programme covers Monday to Sunday and includes activities of interest to the resident and is appropriate to their needs and abilities. Van outings are a regular feature and there is contact with the local community and school.</p> <p>Interviews with residents and staff confirmed the activities programme included ordinary unplanned/spontaneous activities including festive occasions and celebrations. All five residents had an individualised activities care plan in place which was based on an activities assessment. Six-monthly reviews have been completed. The residents' activities attendance records were maintained.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plan evaluations were documented six-monthly in four of five resident files reviewed. One resident had not been at the service long enough for a care plan review. The residents' files evidenced the residents' care plans were up to date. In interviews, residents confirmed their participation in care plan evaluations. Care plan evaluations reviewed for four of five files, recorded the degree of achievement to the intervention provided and progress towards meeting the desired outcomes. Activities care plans have also been reviewed where required. Short-term care plans have been used in the sample of residents' files reviewed. There was recorded evidence of additional input from allied health, if this was required.</p>
<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>	<p>FA</p>	<p>A current building warrant of fitness expires on 13 December 2016. The manager advised that the annual building check has been completed by an external contractor and the service is awaiting the issue of the new certificate.</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>Infection surveillance is an integral part of the infection control programme and is described in Lawrence Rural Health Centre's infection control manual. 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 on to a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at staff, quality and risk management meetings and at handover. If there is an emergent issue, it is acted upon in a timely manner. Infection rates are low and no outbreaks have been reported.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents using restraint or enablers on the day of audit. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Enabler use is voluntary. Restraint use audit has been conducted and restraint has been discussed as part of staff and quality and risk management meetings. A registered nurse is the designated restraint coordinator.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.