Harbour View Rest Home (2005) Limited - Harbour View Rest Home

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:	Harbour View Rest Home (2005) Limited
Premises audited:	Harbour View Rest Home
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 12 October 2016 End date: 13 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: 43

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

Harbour View rest home is owned by a husband and wife team. One owner is the manager. The manager is supported by an assistant manager, registered nurses and care staff. The service is certified to provide rest home and dementia specific care to up to 45 residents. On the day of audit there were 43 residents. Residents and families interviewed were very complimentary of the care and support provided. Staff turnover remains low.

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

The service has addressed all of the thirteen findings from their previous certification audit relating to communication with families, consent for sharing rooms, clinical review of residents following incidents and accidents, aspects of the education programme, staff signing of documents, timeframes for assessment and care plan completion, aspects of care planning including assessments, plans, interventions and evaluations, aspects of medication management and servicing and calibration of equipment.

This audit has identified that one improvement is required around medication management procedure.

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.

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.

The service has a documented quality and risk management system that is implemented. The strategic plan has goals documented. Incidents and accidents are followed through to identify improvements. Annual resident and relative surveys are completed.

Staff receive ongoing training and there is a training plan being implemented for 2016. Rosters and interviews indicate that there are sufficient staff across both areas.

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.

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

Safe and appropriate environment

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

The building holds a current warrant of fitness.

Restraint minimisation and safe practice

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.

Harbour View 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 restraints 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.

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	19	0	1	0	0	0
Criteria	0	41	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 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	The informed consent policy guides service providers in relation to informed consent. Residents' files reviewed evidenced documented consent relating to general consent and evidence of advance directives signed by the resident. Residents confirmed they are supported to make informed choices, and their consent is obtained and respected. There is one double room in the dementia unit. Policies and procedures around the consent for sharing of this double room have been developed for future reference. This room was unoccupied on the day of audit. This previous audit finding has been closed.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is	FA	The complaints policy and procedures have been implemented, and residents and their family/whānau are provided with information on admission. The complaints policy is posted in a visible area with complaints forms and advocacy information nearby. The residents and families interviewed were aware of the complaints process and to whom they should direct complaints.

understood, respected, and upheld.		The service has received no written complaints since the last audit.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Two relatives interviewed (one rest home and one dementia) stated they are informed of changes in health status and incidents/accidents. A sample of incident forms for August and September 2016 and resident progress notes reviewed identified family are informed. This finding from previous audit has been closed. Care plans (initial and long-term) were evidenced to be signed and dated at time of completion by the resident or family member evidencing participation in the care planning process. This finding from the previous audit has been closed. Five rest home 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.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Harbour View rest home is owned by a husband and wife team. One owner is the manager. The service is certified to provide rest home and dementia specific care to for up to 45 residents (27 rest home and 18 dementia). Occupancy during the audit included 27 rest home residents and 16 residents in the secure dementia unit. The current strategic plan and quality and risk management plans have been implemented. The manager receives support from an assistant manager, a contracted quality consultant, three registered nurses and care staff. The manager has been in the role for 15 years and is an experienced health administrator. The manager has completed eight hours of professional development related to managing a rest home.
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	FA	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 weekly combined registered nurse/management meetings and monthly staff meetings. Meeting minutes have been maintained and staff are expected to read the minutes and sign off when read. Minutes for meetings have included actions to achieve compliance where relevant. Discussions with registered nurses and caregivers confirmed their involvement in the quality programme. Resident/relative meetings have been held. Data is collected on complaints, accidents, incidents and infection control. The internal audit schedule for 2016 is being completed. Areas of non-compliance identified at audits have been actioned for improvement. The service has implemented a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has comprehensive policies/procedures to support service delivery. Policies and procedures align with the client care plans. A

principles.		document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents. Residents' are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.
Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.	FA	The accident/incident process includes documentation of the incident and analysis and separation of resident and staff incidents and accidents. A sample of incident forms for August and September 2016 were reviewed. All reports were complete and evidenced timely clinical review of the resident with further investigations and analysis conducted as required. Electronic progress notes reviewed evidenced registered nurse follow-up of all incidents and concerns documented by care staff. This finding from the previous audit has now been closed out. Pressure injuries have been reported. Accidents and incidents are analysed monthly with results discussed at weekly registered nurse/management meetings and monthly staff meetings. The manager is aware of situations that require statutory reporting.
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	Five staff files were sampled (two registered nurses, two caregivers and one activities coordinator). All files contained appropriate documentation including annual appraisals and current job descriptions. Current annual practicing certificates are kept on file. There is a fully implemented and comprehensive training plan in place. The training has been completed as per schedule. This finding from previous audit has now been closed out. There are implemented competencies for registered nurses related to specialised procedure or treatment including (but not limited to); medication management and catheterisation competencies. Senior caregivers also complete medication training and competencies. Residents and families state that staff are knowledgeable and skilled. There are 12 caregivers who work in the dementia unit and six have completed the dementia standards. The remaining six have not been employed for one year and are enrolled to complete the required dementia standards. The activities coordinator has completed dementia unit standards. The registered nurses can attend external training including sessions provided by the DHB. Two of three RNs are InterRAI trained.
Standard 1.2.8:	FA	Sufficient staff are rostered on to manage the care requirements of the rest home and dementia residents. There is

Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.		an RN rostered on duty 9 - 5pm Monday - Friday in the rest home and dementia unit. There are three caregivers rostered on morning shifts in the rest home and in the dementia unit. Two caregivers are rostered on duty in the rest home and three in the dementia units on afternoon shifts, with one caregiver rostered on night duty in the rest home and one in the dementia unit. The manager and registered nurses share on-call after hours and weekends. Interviews with staff (four caregivers and three registered nurses), rest home residents and family members report that staffing meets the needs of the residents.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	A review of entries in completed records (electronic and paper based) assessments and care plans are legible, dated and signed by the relevant caregiver, activity coordinator or registered nurse. Each staff member has a log-in and password and the staff member making the entry in the progress notes is automatically recorded. Electronic progress notes evidence daily entries by a caregiver and at least weekly completed entries by registered nurses. More frequent RN review is documented in progress notes following an incident or if there is a change in the resident health status or needs. This finding has been resolved from the previous audit. Individual resident files demonstrate service integration. This includes medical care interventions, allied health notes and records of the activities coordinator.
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.	PA Low	The facility uses a computerised medication management system. The implementation of the electronic medication management system has addressed all the previous audit findings around medication prescribing, transcribing and documentation. The registered nurses reconcile the blister packed medication against the individual resident electronic medication charts on delivery. All ten-medication chart signing sheets reviewed (five rest home and five dementia) reflected medications were administered as prescribed. Medications have been reviewed three monthly with medical reviews by the attending GP. Resident photos and documented allergies or 'nil known' were documented on all ten medication charts reviewed. An annual medication administration competency was completed for all staff administrating medications and medication training had been conducted. However, medication administration practice did not comply with the medication management policy for the medication round sighted. There is a self-medicating resident's policy and procedures in place. There were currently no residents who self-administered medications. 'As required' medication (PRN) prescribed included indication for use. This finding from previous audit has 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 at Harbour View are prepared and cooked on site. There is a six-weekly rotating menu which had been reviewed by a dietitian. Meals are prepared in the kitchen adjacent to the rest home dining room and served directly to rest home residents. The dementia unit residents have their own dining room and meals are served via a lockable servery hatch located in the rest home dining area. Kitchen staff are trained in safe food handling and food safety procedures were adhered to. Staff were observed assisting residents with their lunch time meals and drinks in the dementia unit. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen, via the registered nurses. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by a GP/dietitian. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service. There are snacks available in the dementia unit at all times.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	In the sample of five resident files reviewed, risk assessments were evidenced to be completed on admission and reviewed six monthly or sooner if there was a change in resident condition. Outcomes from risk assessments which included: InterRAI assessment, falls risk, pain assessments, pressure injury prevention, nutritional and behavioural assessments completed were reflected in the care plans reviewed. This finding from the previous audit has been addressed.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Five resident files sampled (three rest home and two dementia) demonstrated that care plan interventions were comprehensive and demonstrate service integration and input from allied health. The goals of the care plan were resident-centred with measurable goals. Care needs were documented and reflect needs of the resident. This finding from the previous audit has been addressed. Activity plans reviewed for two dementia residents included distraction and de-escalation techniques that could be used to prevent, minimise or manage behaviours over a 24-hour period. This finding from the previous audit has been addressed. Family members and residents interviewed confirm care delivery by staff is consistent with their expectations. Care

		plans detailed care and care for behaviours that challenge. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan. Care plans reflect recent changes to residents' health and reflect the degree of risk from the assessments completed. This finding from the previous audit has been addressed.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Caregivers follow the care plans and report progress against the care plan each shift. If external nursing or allied health advice is required, the RNs will initiate a referral. Staff have access to sufficient medical supplies including dressings. Sufficient continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described. Monitoring forms are in place for wounds, behaviour management, food and fluid balance charts and pain management. One dementia resident identified with unintentional weight loss had a detailed short-term care plan in place with detailed interventions documented to manage the change in the resident's nutritional/dietary needs. This previous audit finding has been addressed. Wound documentation is available and includes assessments, management plans, progress and evaluations. There were two residents with wounds including a resident who was admitted with a stage-2 pressure injury and one resident with a surgical wound. In the dementia unit two residents had skin tears. All wound documentation reviewed was fully completed and wound care was evidenced to be occurring within the prescribed timeframes. This previous audit finding has been addressed. The RNs have attended wound care training.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	There is an activity coordinator employed who works 36 hours per week, Monday-Friday. Activities are provided for two hours every afternoon seven days a week. A second activity coordinator is employed to work five hours each Friday afternoon in the dementia unit. The activities person also takes some of the dementia residents to join in rest home activities programme. Activities are provided for each morning and afternoon from Monday to Friday. The dementia residents are supervised when attending rest home activities. The care staff deliver the activity programme at the weekends. The programme is developed monthly. There is one activities programme for the rest home and one for the dementia unit. Each resident has an individual activities assessment on admission and from this information, an individual activities plan has been developed by the activities staff for the resident files sampled. A review of dementia resident files evidenced that activities 24-hour care plans are completed. The activities programme reflects the residents' cognitive and physical abilities. Group activities reflect ordinary patterns of life and include planned visits to the community. Residents and families interviewed commented positively on the activity programme. During the audit residents in the rest home and dementia unit were observed participating in quizzes, crafts and musical entertainment.

Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	All initial care plans are evaluated by the registered nurses within three weeks of admission. The long-term care plan is reviewed at least six monthly or earlier if there is a change in health status. Evaluations document progress toward goals. This finding from previous audit has been addressed. There is at least a three monthly review by the GP. Changes in health status are documented and followed up. Care plan reviews are signed by an RN. Short-term care plans reviewed were evaluated and resolved or added to the long-term care plan if the problem is ongoing. This previous audit finding has been addressed. Where progress is different from expected, the service responds by initiating changes to the care plan.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building has a current warrant of fitness. Water temperatures are recorded monthly. Corrective action has been implemented and evaluated when temperatures have been outside the required range. Testing and tagging of electrical equipment is current. Calibration of medical equipment has been completed. Items that failed the testing process have been removed from service and disposed of. Caregivers and registered nurses at interview confirmed that the failed items are no longer in service. This finding from previous audit has been addressed. There is one standing hoist in service which has been tested as safe for use.
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	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 annually. Outcomes and actions are discussed at weekly combined registered nurse/management meetings and monthly staff meetings. If there is an emergent issue, it is acted upon in a timely manner. There have been no outbreaks reported since the previous audit.
Standard 2.1.1: Restraint minimisation	FA	A registered nurse is the restraint coordinator. Staff interviews and staff records evidence guidance and education has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education on RMSP/enablers has been provided. There are no residents

Services demonstrate that the use of restraint is actively minimised.		requiring the use of a restraint or enabler.

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 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Low	The medication management policies comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Medication management procedures were not evidenced to be followed as per policy for rest home medication round sighted.	The medication trolley was left unattended in the rest home dining area during the observed lunchtime medication round. The trolley was locked however, the folder containing residents’ blister packed medication was left on top of the medication trolley while the medication competent staff member administered medication to a resident in the separate lounge area. The medication trolley could not be seen from the lounge.	Ensure that medication management practices comply with policy and procedure. 30 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.