

Experion Care NZ Limited - Bardowie Retirement Complex

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 Q-Audit 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:	Experion Care NZ Limited
Premises audited:	Bardowie Retirement Complex
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 November 2017 End date: 21 November 2017
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	17

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
Yellow	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
Red	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

Bardowie Retirement Complex is a 20 bed facility for rest home level of care residents. Both long-term and short stay respite care services are provided. Occupancy on the day of the audit was 17.

This surveillance audit was conducted against a subset of the Health and Disability Services Standards and the provider's contract with the district health board (DHB). The audit process included the review of policies and procedures, the review of staff and residents files, observations, and interviews with residents, family, management, staff and a general practitioner.

There have been no changes to the facility since the last audit; however there has been a change in management. The rest home is now co-managed by two nurse managers.

Previously identified areas requiring improvement have been addressed. No areas of non-conformance were identified on the day of the audit.

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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Residents and family report that they are given sufficient information and feel informed. Management has an open door policy. Residents are kept informed through resident meetings and resident satisfaction surveys are conducted. There is evidence that family are notified as required. The complaints process is accessible and a complaints register is maintained. There is evidence that complaints are used as an opportunity to improve.

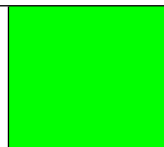
Organisational management

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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There is a documented and implemented quality and risk management system. The required policies and procedures are documented and current. Organisational performance is monitored. Quality activities and initiatives ensure that improvements are made as required. Adverse events are well managed and monitored for trends. Human resource processes ensure that there are a suitable number of trained staff on duty at all times. Staff numbers are sufficient to ensure the needs of residents are met over the 24 hour period.

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.

All assessments and care plans reviewed are completed within the required time frames by the managers who are registered nurses. Resident lifestyle care plans are reviewed every six months and short term care plans are consistently developed when acute conditions are identified.

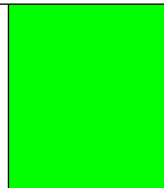
Planned activities are appropriate to the resident's needs and abilities. In interviews, residents and family/whanau expressed satisfaction with activities programme in place. There is a quality improvement plan in place to increase men's participation in the activities programme.

The meal service meets the individual food, fluids and nutritional needs of the residents. Residents with special dietary needs are catered for.

Medication management system is in place and medication is administered by staff with current medication competencies. All medications charts are reviewed by the general practitioner as required.

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.

There is a current building warrant of fitness and there have been no changes to the facility since the last certification audit.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Policies and procedures identify the safe use of restraints and enablers. There were no restraints or enablers in use at the time of the audit. All staff receive training on the use of restraints and 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.
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Infection control surveillance activities are appropriate to the size and scope of the service.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	0	41	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>The complaints policy complies with Right 10 of the Code. Residents and family members receive information regarding the complaints process on admission. The complaints process is readily available. The management of complaints is also included in staff orientation and ongoing in-service education. All verbal and written complaints are forwarded to the nurse managers.</p> <p>A complaints register is maintained. The register includes a summary of all complaints, dates and actions taken. Records of complaints which had occurred since the last audit were sampled and confirmed that appropriate responses, investigation and follow up was completed. Complaints had been closed to the satisfaction of the complainant. Where relevant, the outcome of complaints and concerns had been discussed at the resident meetings. The owner also receives complaint information in the monthly risk management reports. There have been no complaints made to external agencies.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>Open communication with residents and family members is maintained. Resident newsletters are published and readily available. The most recent newsletter included reiteration of the open-door policy and invited residents to discuss anything they have concerns or suggestions about with the managers. In interview, family members stated that they are notified of any adverse events or changes in the resident's needs. This was confirmed in resident records sampled. The organisation also has access to interpreter services should this be required.</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>Records of resident meeting minutes sampled confirmed that residents are kept up to date with rest home activities, changes and improvements and that residents felt they could talk to management regarding concerns and complaints at any time.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The rest home is owned by Experion Care NZ Ltd. The facility provides services under contract from the district health board for aged related residential care, long term support, respite care and day care services. All services provided are rest home level of care. At the time of audit there were 17 residents. One of the residents was under the age of 65.</p> <p>The owner and co-nurse managers ensure services are planned, coordinated, and appropriate to the needs of the rest home level of care residents. The owner receives monthly risk management reports from which to monitor organisational performance. Reports include data on occupancy, complaints and adverse events, health and safety, internal audits, buildings and equipment, staffing, infection control and legislation changes impacting on policies and procedures. A record of communication via emails and phone calls between the owner and the nurse managers is also maintained, confirming frequent contact. The owner also receives a copy of resident and staff meeting minutes.</p> <p>The business plan for 2016-2017 was last reviewed in December 2016. This review was completed by the owner and includes an industry forecast, review of the purpose, values, scope, direction, and goals of the organisation. The business plan is linked to the quality and risk management plan. The business plan contains an analysis of strengths, weaknesses, opportunities and threats to service delivery and management of the service.</p> <p>Management is now shared by two co-nurse managers. One of the nurse managers is on site for two days a week and the other three days per week. Both share on-call duties. Both nurse managers have many years' experience in the aged care sector and management. The co-nurse manager's position description describes the role, responsibilities and authorities for the day to day management of the service and the delegations approved by the owner.</p> <p>Staff records sampled confirmed that both co-nurse managers have attended more than eight hours' education in the past 12 months related to management of aged care services and long-term conditions. This includes interRAI competencies. The organisation also belongs to the Aged Care Association New Zealand and receives regular updates regarding the industry.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	<p>FA</p>	<p>The service has a quality/business and risk management plan which covers all aspects of service delivery. The quality and risk management plan has goals and objectives which are monitored through the collection of data related to incidents/accidents, infections, consumer focus, internal audits and feedback from residents, family and staff (though satisfaction surveys and the complaints processes).</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>The previous corrective action request regarding the analysis and evaluation of quality data has been addressed. Quality data is being used to inform the ongoing improvement and planning.</p> <p>Annual satisfaction surveys are completed. Records and meeting minutes sighted confirmed that improvements have been implemented where the need was identified. The results of satisfaction surveys are communicated to residents and family meetings.</p> <p>Services are closely monitored through the use of internal audits. The audit schedule includes more frequent audits for high risk activities. All internal audits are conducted by the nurse managers. Any resulting corrective actions are documented and closed. All internal audit findings are shared with the owner and the results are tabled with staff at monthly staff meetings. The organisation is also working towards continuous improvement ratings and is in the process of developing quality plans from which to improve service delivery and outcomes for residents (refer standard 1.3.7).</p> <p>Policies and procedures are reviewed on an annual basis, or when there are changes to best practice or legislative requirements. All policies sighted were current. The service is also in the process of updating their policies. Any changes or newly introduced policies are shared with staff at the monthly staff meetings and new policies are signed and dated to confirm staff have read and understood them.</p> <p>Actual and potential risks are identified. The quality/business risk management plan includes the scope of the organisation. A report on risk is communicated to the owner monthly. There is a current health and safety system.</p>
<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>	<p>FA</p>	<p>The nurse manager interviewed understood their obligations in relation to essential notification reporting and knew which regulatory bodies must be notified in the event of an adverse event. There is evidence that external notifications are also made to families, enduring power of attorney (EPOS's) and other health professionals as required.</p> <p>All adverse events are recorded and reported. There is a monthly summary of the adverse events, with any shortfalls that are identified used to improve service delivery. If there is an ongoing risk as a result of an incident/accident, actions are implemented to minimise the risk of reoccurrence.</p> <p>Records of adverse events sampled confirmed appropriate immediate actions, follow up, open disclosure and closure. Improvements were made including any immediate remedial actions.</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>	<p>FA</p>	<p>Professional qualifications are validated as required. Current practicing certificates for both nurse managers, and visiting health professionals were sighted.</p> <p>Human resources policies describe good employment practices. Police vetting and reference checks are completed upon employment. Position descriptions clearly describe staff responsibilities. Staff complete an orientation/induction programme with specific competencies for their roles, such as medication management, restraint, fire and first aid as confirmed during staff file samples and staff interviews. The orientation programme is specific to the role and includes the essential components of service delivery including emergency management and health and safety. The nurse managers' have both completed interRAI training with ongoing competencies evident.</p> <p>The in-service education programme meets requirements for an aged care service. The 2017 in-service education calendar was sighted. There is ongoing education provided related to resident rights, aging processes, specific diseases, health and safety, infection control, staff competencies and restraint minimisation. Attendance sheets are maintained. In-service education is often provided at the same time as staff meetings and staff are remunerated to attend.</p> <p>Staff performance is monitored through annual performance reviews.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The organisation refers to contract requirements to ensure staffing is sufficient and adequate to meet the needs of residents at all times. There is a nurse manager onsite 40 hours per week, from Monday to Friday. A senior caregiver, who is also second in charge, works 32 hours per week. There is at least one senior caregiver on duty at all times, including the weekends. All senior caregiver's are required to have a current first aid qualification. Additional staff are rostered during the busiest times. The nurse managers share on call duties.</p> <p>There are some staff who also complete dual tasks between cleaning, laundry and care giving. These duties are specified on the roster, with the staff member not expected to complete dual tasks at the same time.</p> <p>The roster was sampled and confirmed a full quota of staff with permanent shifts available. In the event of staff absence, the roster is filled with another staff member. .</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with</p>	<p>FA</p>	<p>The medication management system is implemented to ensure that residents receive medicines in a safe and timely manner. All medications are reviewed as required and discontinued medications are signed and dated by the GP. The previous improvement has been addressed. Indications are noted on as required medications and allergies are clearly documented. Photos are current and three monthly reviews are done. Medication charts are legibly written. The caregiver was observed administering medications safely and correctly. The medication and associated documentation are stored safely and medication reconciliation is conducted by RNs when a resident is transferred back to service. The service uses pre-packaged packs which are checked by the RNs on delivery. There were no</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>residents self-administering medications. Self-administration policies and procedures are in place. There were no expired or unwanted medications. Expired medications are returned to the pharmacy in a timely manner. The controlled drug register is current and correct. Weekly and six monthly stock takes are conducted and all medications are stored appropriately.</p> <p>An annual medication competency is completed for all staff administering medications and medication training records were sighted. In the event of a drug error, competencies are done as per policy.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Meal services are prepared on site and served in the allocated dining room and residents' rooms as required. The service employs cooks who work from Monday to Sunday. The menu has been reviewed by a registered dietitian to confirm it is appropriate to the nutritional needs of the residents. There is a four weekly rotating winter and summer menu in place.</p> <p>The residents have a nutritional profile developed on admission which identifies dietary requirements, likes and dislikes and is communicated to the kitchen including any recent changes made. Diets are modified as required and the cook confirmed awareness on dietary needs required by the service. Meals are served warm in sizeable portions required by residents and any alternatives are offered as required. The residents' weights are monitored monthly and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were sighted and observed to be clean, tidy and stocked. Labels and dates are on all containers and records of food temperature monitoring, fridges and freezers temperatures are maintained. Regular cleaning is done.</p> <p>The residents and family interviewed acknowledged satisfaction with the food service.</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 previous improvement has been addressed. The documented interventions in short term care plans and resident lifestyle care plans are sufficient to address the residents assessed needs and desired goals/outcomes. Significant changes are reported in a timely manner and prescribed orders carried out satisfactorily as confirmed by the GP. Progress notes are completed on every shift. Adequate clinical supplies were observed and the staff confirmed they have access to enough supplies. Residents and family/whanau members interviewed reported satisfaction with the care and support they are receiving.</p>
<p>Standard 1.3.7:</p>	<p>FA</p>	<p>The planned activities are meaningful to the residents' needs and abilities. The activities programme covers physical, social, recreational, spiritual, intellectual, emotional and cultural needs of the residents. The activities are</p>

<p>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>modified as per capability and cognitive abilities of the residents. The activities coordinator develops an activity planner which is posted on the notice boards and residents' rooms respectively. Residents' files have a documented activity plan that reflects their preferred activities of choice. Attendance sheets are completed as well as progress notes daily. Residents meet in a separate spacious activities lounge to engage in various activities. Over the course of the audit residents were observed engaging in a variety of activities. There is a quality improvement plan in place to increase mens' participation in activities due to low involvement. The residents and family/whanau reported general satisfaction with the level and variety of activities provided.</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>Residents' lifestyle care plans and activity plans are evaluated in a comprehensive and timely manner. Reviews are fully documented and include current resident's status, any changes and achievements towards goals. All this is done in consultation between RNs, family, staff and activity coordinator. Family/whanau, staff input is sought in all aspects of care and are reviewed/evaluated. Short term care plans are developed as per rising need.</p> <p>The organisation demonstrated a commitment towards working with residents to achieve their individual goals and desired outcomes. A resident was recently reassessed and discharged home after the organisation had implemented a range of strategies to support the resident in achieving their goal to go back home.</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>There is a current building warranty of fitness and approved fire evacuation plan. There are routine and reactive maintenance activities with evidence that maintenance needs are addressed. The previous corrective action has been addressed. All electrical equipment passed the safety inspection check and current safety inspection tags were displayed. Calibration of medical equipment is completed as required. Fire evacuation drills are completed every six months. The hazard register records actions put in place to minimise or eliminate risks. Newly found hazards are communicated to staff and residents. There is a current hazard register. There are safe external areas for the residents to enjoy.</p> <p>There have been no changes to the layout of the building since the last audit</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance</p>	<p>FA</p>	<p>Surveillance for infection rates is carried out in accordance with agreed objectives, priorities, and methods specified in the infection control programme. Surveillance activities are appropriate to the size and setting of the service. Infection rates are monitored and entered into surveillance data once diagnosed and antibiotics prescribed. Data is collated and analysed by the nurse managers. Some infection rates are benchmarked against industry standards. Infection rates are discussed during the staff meetings and monthly risk reports to the owner. The specific recommendations and interventions to reduce, manage and prevent the spread of infections are discussed in staff</p>

with agreed objectives, priorities, and methods that have been specified in the infection control programme.		meetings, daily hand overs.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The organisation has a commitment to providing quality services for residents in a safe environment and work to minimise the use of restraint. All staff receive education regarding restraint minimisation and management of challenging behaviours. Staff interviewed were clear regarding the difference between a restraint and enabler use. The service currently has no residents using restraint or enablers. A restraint register was sighted.

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.