

# Ambridge Rose Villa Limited - Ambridge Rose Villa

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## 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:** Ambridge Rose Villa Limited

**Premises audited:** Ambridge Rose Villa

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 12 October 2017      End date: 12 October 2017

**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:** 27

# Executive summary of the audit

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## 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

Ambridge Rose Villa provides rest home level care for up to 31 residents. The service is operated by Ambridge Rose Villa Limited and managed by a nurse manager who is supported by a chief operating manager. Residents and families spoke positively about the care provided.

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

This audit has resulted in no identified areas requiring improvement.

## 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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Open communication between staff, residents and families promoted, and confirmed to be effective. There is access to formal interpreting services if required.

The chief operating manager is responsible for the management of complaints. A complaints register is maintained and demonstrated that complaints have been resolved promptly and effectively.

## 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 governing body is responsible for the service provided. A business plan and quality and risk management plan are documented and include the scope, direction, goals, values and mission statement of the organisation. Systems are in place for monitoring the services provided, including regular reporting by the manager to the governing body.

The facility is managed by an experienced and suitably qualified nurse manager. A quality and risk management system is in place which includes an annual calendar of internal audit activity, monitoring of any complaints and incidents, health and safety, infection control, restraint minimisation and resident/representative/family satisfaction. Collection, collation and analysis of quality improvement data is occurring and is reported with discussion of any trends and follow-up where necessary. Adverse events are documented and are seen as an opportunity for improvement. Corrective action plans are being developed, implemented, monitored and signed off. Any feedback is used to improve services. The hazard register is up to date.

A suite of policies and procedures cover all aspects of service delivery, are current and reviewed regularly.

The human resources management policy, based on current good practice, guides the system for recruitment and appointment of staff. An orientation and staff training programme ensures staff are competent to undertake their role. A systematic approach to identify, plan facilitate and record ongoing training supports safe service delivery, and includes regular individual performance review.

Staffing levels and skill mix meet contractual requirements and the changing needs of residents. There is a roster for afterhours for staff to contact senior personal if needed.

## 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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Registered nurses are responsible for the development of care plans with input from the residents, staff and family/whanau representatives. Detailed care plans and assessments are developed and evaluated within the required time frames that safely meet the needs of the resident and contractual requirements.

Planned activities are appropriate to the residents assessed needs and abilities. In interviews, residents and family/whanau expressed satisfaction with the activities programme in place.

A medication management system reflects legislative requirements and guidelines. Medication is administered by staff with current medication competencies. All medications charts are reviewed by the GP at least three monthly or as when required.

Nutritional needs are provided in line with recognised nutritional guidelines and residents with special dietary needs are catered for.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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There is a current building warrant of fitness in place. There have been no changes to the current layout of the service since the last 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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There are clear and comprehensive documented guidelines on the use of restraint, enablers and challenging behaviours. There were no residents requiring restraint or enablers at the time of the audit. There is a security gate at the entrance of the service with codes displayed and accessible to residents and family/whanau.

## 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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The infection prevention and control surveillance programme aims to prevent and manage infections.

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required. Surveillance is adequate for the size and nature of this aged care residential 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)
<b>Standards</b>	0	16	0	0	0	0	0
<b>Criteria</b>	0	39	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. There is also a complaints flow chart to guide staff. The information is provided to residents on admission and there is complaints information and forms available at reception.</p> <p>The complaints register sampled showed that six complaints have been received in the past year and that actions were taken, through to an agreed resolution, were documented and completed within the timeframes specified in the Code. Action plans sampled show any required follow up and improvements have been made where possible.</p> <p>The chief operations manager is responsible for complaints management and follow-up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their/their relatives status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Health and Disability Commissioner Code of Health and Disability Services Consumer Rights (the Code).</p>

<p>conducive to effective communication.</p>		<p>Interpreter services are able to be accessed via the DHB when and if required. Staff knew how to do so, although reported this was rarely required due to staff able to provide interpretation as and when needed.</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 strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents describe annual and longer objectives and the associated operational plans. The nurse manager provides a monthly report to the chief operating manager who reports to the owner/director. A sample of reports reviewed show adequate information to monitor performance is reported including any emerging risks or issues.</p> <p>The service is managed by a nurse manager who has been at this rest home for eight years and in this role for two and a half years. The nurse manager is suitably skilled and experienced for the role and has responsibilities and accountabilities as defined in a job description and individual employment agreement. The nurse manager and the chief operating managers interviewed confirmed a good understanding of the aged care sector, regulatory and reporting requirements. They maintain currency through attending training at the district health board (DHB) and/or conferences or update days. The nurse manager is supported by one registered nurse and one enrolled nurse (currently on leave). The nurse manager and the registered nurse are trained to undertake interRAI assessments and have current competencies.</p> <p>The service holds contracts with the DHB for the provision of rest home care, respite services and care for young persons with a physical disability (YPD). On the day of audit there were two YPD residents and twenty five rest home level care residents. Client records and interviews from both these service types were sampled during the The total occupancy is 31 beds and occupancy was 27.</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 organisation has a quality and risk system that reflects the principles of continuous improvement and is understood by staff. This includes management of incidents and accidents, complaints, audit activities, satisfaction surveys, monitoring of outcomes, clinical incidents including any infections. The service also employs a quality manager who has worked at this facility for eleven years.</p> <p>Terms of reference and meeting minutes sampled confirmed adequate reporting systems and discussion occurs on quality matters. Regular review and analysis of quality indicators occurs and related information is reported and discussed at the annual quality review meetings and monthly quality meetings. Minutes sampled include discussion on pressure injuries, complaints, incidents/events, infections and audit results and activities. Staff reported their involvement in quality and risk activities through the internal audits. Relevant corrective actions are developed and implemented as necessary and demonstrated a continuous process of quality improvement is occurring. Resident/relative surveys are completed annually.</p> <p>Policies sampled cover all necessary aspects of the service and contractual requirements and are current. The</p>

		<p>document control system ensures a systematic and regular review process, referencing of relevant sources, approval distribution and removal of obsolete documents. Staff are updated on any new policies or changes to policies through the staff meetings held monthly.</p> <p>The chief operating manager described the processes of identification, monitoring and reporting of any risks and development of mitigation strategies if needed. Any risks would be discussed with the owner/director. The risk register is reviewed regularly. The chief operating manager is aware of the Health and Safety at Work Act (2015) requirements and has implemented the requirements.</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>	FA	<p>Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed show they are fully completed. Incidents are investigated, action plans developed and actions followed up in a timely manner. Adverse events data is collated, analysed and reported to the owner/director and to staff at the staff meetings. Meeting minutes sampled show discussion has occurred regarding any trends identified, action plans and improvements made at the staff/quality meetings.</p> <p>Policy and procedures described notification reporting requirements. The nurse manager and chief operating manager are well informed on the responsibilities involved. There have been no notifications since the last audit.</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>Policies and procedures are in line with good employer practice and relevant legislation and guide human resource management processes. Job descriptions sampled were current and defined the key tasks and accountabilities for the various roles. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of records reviewed confirmed the organisation's policies are being consistently implemented and records are systematically maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role and included support from another staff member in the form of a 'buddy' system through the initial orientation period. Staff records sampled show documentation of completed orientation and a performance review completed annually.</p> <p>Continuing education is planned on an annual basis. Mandatory education requirements are defined and scheduled to occur annually. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements for the provider's agreement with the DHB. Eleven staff have current medication competencies. The nurse manager and a registered nurse are fully trained interRAI assessors. Time is allocated for interRAI assessments to be completed. Education records reviewed</p>

		demonstrated completion of the required training.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery. The nurse manager adjusts staffing levels to meet the changing needs of residents. The minimum number of staff is provided during the night shift and consists of two care givers. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. The two registered nurses alternate the on call for clinical issues and the chief operating manager is contacted for non-clinical requirements as needed. This was further supported by the family/whanau/representatives interviewed. Observation of the roster cycle during the audit confirmed adequate staff cover has been provided. No bureau have been contracted by the nurse manager since her appointment. At least one staff member on duty has a current first aid certificate.</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>	FA	<p>The medication management system is implemented to ensure that residents receive medicines in a secure and timely manner and medication entries sampled on the electronic system complied with legislation, protocols and guidelines. The organisation uses the electronic system for e-prescribing, ordering, dispensing and administration. The system is accessed by use of individual passwords and generic facility log in.</p> <p>Medications are stored in a safe and secure way in the treatment rooms and locked cupboards. Medication reconciliation is conducted by the RNs when the resident is transferred back to service. All medications are reviewed every three months and as required by the GP. Allergies are clearly indicated and photos uploaded for easy identification. The controlled drug register is current and correct. Weekly and six monthly stock takes are conducted.</p> <p>An annual medication competency is completed for all staff administering medications and medication training records sighted. The RN was observed administering medication correctly.</p> <p>There were no residents self-administering medication at the time of the audit.</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</p>	FA	<p>Nutritional needs are provided in line with recognised nutritional guidelines appropriate to the residents. The menu has been reviewed by a dietitian. Dietary assessments are completed on admission which identify nutritional requirements, likes and dislike and are reviewed as needed. Residents' weight is monitored as required and supplements are provided to residents with identified weight loss issues. Diets are modified as required and the cook confirmed awareness of dietary needs of the residents. The residents and family/whanau interviewed indicated satisfaction with the food service.</p> <p>Meals are prepared on site and served in the respective dining areas. The kitchen and pantry were observed to</p>

service delivery.		be clean, tidy and stocked. Labels with dates are written on all containers and records of temperature monitoring of food, fridges, freezers and chiller are maintained. All decanted food had use by dates recorded on the containers and were current. Kitchen staff have current food handling certificates.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	The documented interventions in acute care plans and detailed care plans are sufficient to address the residents assessed needs and desired goals/outcomes. Any changes are reported in a timely manner and prescribed orders carried out satisfactorily as confirmed by the GP. Electronic progress notes in the lee care system are completed on every shift. Adequate clinical supplies and equipment were observed and the staff confirmed they have access to enough supplies/equipment. The Residents and family/whanau members interviewed reported satisfaction with the care and support they are receiving.
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	The planned activities programme is appropriate to the residents' needs, age and cultural needs. The activities are 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 white boards respectively. Residents' entries have a documented activity plan that reflects their preferred activities of choice. Any decline in participation nor concentration is noted in the care plans and electronic activity entries and appropriate interventions developed. Over the course of the audit residents were observed engaging in a variety of activities. One on one and outings were organised for the two YPD residents such as outings in the community and going to the movies. The residents and family/whanau reported general satisfaction with the level and variety of activities provided.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Resident's detailed care plans, interRAI assessments and activity plans are evaluated at least six monthly and updated when there are any changes. Family/whanau and staff input is sought in all areas of care. The evaluations record how the resident is progressing towards meeting their goals and responses to interventions. Acute care plans are developed when needed and signed and closed out when the short-term problem has resolved.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate,	FA	There is a current building warranty of fitness displayed expiring 9 March 2018. There have been no changes to the layout of the building that has required the approved evacuation scheme to be amended.

accessible physical environment and facilities that are fit for their purpose.		
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract. The infection control coordinator reviews all reported infections and these are documented. New infections and any required management plans are discussed at handover, to ensure early intervention occurs, with short term care plans developed.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Where there has been an increase in infections, corrective actions are implemented. There has not been any recorded outbreak of infections in the data sampled for 2017.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint minimisation policy provides consistent definitions for restraints and enablers. No residents were restrained or using enablers on the day of the audit. There is a secure gate, with key pad entry, at the front of the property. Resident consent has been obtained and they are able to go out and come back as they please. All staff receive education regarding restraint minimisation and challenging behaviours. Staff interviewed are aware of the difference between a restraint and an enabler.</p>

## Specific results for criterion where corrective actions are required

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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.

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## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.