

Queen Rose Retirement Home Limited - Queen Rose Retirement 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:	Queen Rose Retirement Home Limited
Premises audited:	Queen Rose Retirement Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 February 2018 End date: 15 February 2018
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:	29



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

Queen Rose Rest Home provides care for people requiring rest home level care. All the 29 beds were occupied on the day of the audit. The manager who has aged care experience has owned the service since 1985.

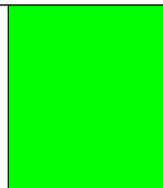
This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews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

Residents and family interviewed were complimentary of the services and support provided by Queen Rose.

Five of the six shortfalls identified at the previous audit have been addressed. These were around assessments, infection control surveillance, wound care documentation, medication management and incident management. An improvement continues to be required around care plan interventions.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

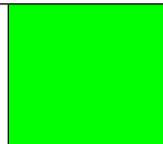


Standards applicable to this service fully attained.

There is a policy to guide staff on the process around open disclosure. Residents and families are welcomed on entry, information is provided and explained about the services and procedures. Regular contact is maintained with family including if an accident/incident or a change in resident's health status occurs. There is a complaints policy to guide practice which aligns with Right 10 of the Code. Complaints included feedback and were well managed. 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 owner is the manager, who is supported by long serving staff and a registered nurse. Queen Rose is implementing a quality and risk management system that supports the provision of clinical care. Quality and risk data is collated for residents' falls, infection rates, complaints received, restraint use, pressure injuries and medication errors. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
--	--	---

The registered nurses are responsible for each stage of service provision. A registered nurse completes initial assessments, risk assessments, interRAI assessments and long-term care plans within the required timeframes. Care plans are evaluated at least six monthly and meet the resident's current needs and supports.

Medication policies reflect legislative requirements and guidelines. Registered nurses and caregivers are responsible for administration of medicines and complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three monthly.

An activities coordinator, plans activities that are appropriate to the resident's assessed needs. The programme includes community visitors and outings, entertainment and activities that meet the individual and group preferences and abilities for the resident group. Residents and families report satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission. The meal service is outsourced to ACE contracting and lunch and tea meals are delivered to the site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

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.
---	--	--

The organisation actively minimises the use of restraint. All staff receive training on restraint minimisation and management of behaviours that challenge. There are no residents using enablers and no residents using restraint.

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.
---	--	--

Infections are reported by staff and residents and monitored through the infection control surveillance programme by the infection control officer (a registered nurse). There are infection prevention and control policies, procedures and a monitoring system in place. Training of staff and information to residents is delivered regularly. Infections are monitored and evaluated for trends and discussed at monthly staff meetings.

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	18	0	1	0	0	0
Criteria	0	44	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
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>A complaints policy and procedures have been implemented and residents and their family/whānau are provided with information on admission. Complaint forms are easily accessible to residents and family. Residents and families interviewed were aware of the complaints process and to whom they should direct complaints, and how to access forms. There were four complaints reviewed for 2016 with no complaints in 2017. Complaints demonstrated comprehensive investigation and responses to the complainant and feedback to staff as needed.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. The manager or registered nurse welcomes residents and families on entry and explains about services and procedures. Five residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Evidence of communication or not, with family/whānau, is recorded on the accident/incident form and in the residents' progress notes. Family complete a notification preference form with instructions on when and why they would want to be contacted. Three relatives interviewed stated that they were informed when their family member's health status changed. An interpreter policy and contact details of available interpreters is available. Interpreter services are used where indicated.</p>

conducive to effective communication.		
<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>	FA	<p>Queen Rose Rest Home provides residential services for residents requiring rest home level care. On the day of the audit, there were 29 residents, 26 under the Aged Residential Care contract, one long-term chronic health and two younger person (disabled). The owner who has owned the facility since 1985, manages the organisation. A full time registered nurse supports him.</p> <p>The goals and direction of the service are well documented in the business plan and the progress toward previous goals has been documented.</p> <p>The owner has maintained eight hours annually of professional development activities related to managing a rest home.</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>	FA	<p>The registered nurse and the manager facilitate the quality programme and ensure the internal audit schedules are implemented. The internal audit schedule is implemented. Corrective action plans are developed, implemented and signed off when service shortfalls are identified.</p> <p>Quality improvement processes are in place to capture and manage non-compliances. They include internal audits, hazard management, risk management, incident and accident, and infection control data collection and complaints management. All quality improvement data is discussed at monthly staff meetings where a comprehensive and resident focussed agenda is discussed.</p> <p>Policies and procedures reflect evidence of regular reviews as per the document control schedule. New and/or revised policies are made available for staff to read and sign that they have read and understand the changes.</p> <p>There is a current risk management plan. Hazards are identified and managed and documented on the hazard register. The manager, who is the designated health and safety officer, has completed training that relates to this role. Health and safety issues are discussed at every monthly staff meeting with action plans documented to address issues raised.</p> <p>A resident satisfaction survey is conducted each year. Results for January 2018 reflected high levels of resident satisfaction with the services received.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse,</p>	FA	<p>The accident/incident process includes documentation of the incident, and analysis and separation of resident and staff incidents and accidents. Ten incidents sampled for January 2018 demonstrated appropriate documentation, including the documentation of neurological observations following falls where head injuries were possible. This previous partial attainment has been addressed. Accidents and incidents are analysed monthly with results</p>

<p>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>discussed at staff meetings.</p> <p>The manager and the registered nurse are aware of situations that require statutory reporting. There have been no reportable events.</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>Six staff files sampled (three caregivers, two registered nurses and one activities coordinator) show appropriate employment practices and documentation. Current annual practicing certificates are kept on file.</p> <p>The orientation package provides information and skills around working with residents with aged care related needs and was completed in all staff files sampled.</p> <p>There is an annual training plan in place and implemented with high attendance at all sessions. All staff files reviewed for staff who have been employed for more than 12 months contained a current annual performance appraisal.</p> <p>All staff members have achieved the National Certificate or level three Careerforce in elderly care.</p> <p>Residents and families state that staff are knowledgeable and skilled.</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>There is a documented rationale for staffing the service. Staffing rosters were sighted with staff on duty to match needs of different shifts and needs of different individual residents. The owner is on-site 40 hours per week. A registered nurse is rostered on duty from 8.00 am to 2.00 pm Monday to Friday, with a second RN on Monday, Tuesday and Fridays 8.00 am to 2.00 pm. The second RN also works 7.00 am to 3.00 pm on Saturday and 7.00 am to 1.00 pm on Sunday. Staff and residents interviewed confirmed that staffing levels are adequate, and that RNs and management are visible and able to be contacted at any time.</p> <p>On a morning shift, there are three caregivers on long shifts and one caregiver on a short shift. On an afternoon shift, there is one caregiver on a long shift and one caregiver on a short shift. On night shift there is one caregiver.</p> <p>On call is provided by the full time RN with assistance from a second RN. The owner manager (non-RN) and maintenance caregiver are available on call. There is also a caregiver living near who is available. Staff, residents and family interviewed confirmed that staffing levels are adequate and increased when required to meet resident</p>

		needs. Staff confirmed that an on-call RN is readily available at all times.
<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 facility uses an electronic system for medication administration. The staff administering medications complied with the medication administration policies. Procedures were evidenced in the observed medication round. Electronic reports were viewed for 10 residents and reports for errors viewed.</p> <p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Registered nurses and caregivers who administer medications have been assessed for competency on an annual basis. Registered nurses complete syringe driver training. Education around safe medication administration has been provided. The facility has recently converted an unused area into a new medication room with improved storage and access. The medication fridge is monitored daily. There were no residents self-medicating on the day of audit. All medications are stored safely. All eye drops were dated on opening. The previous partial attainment has been addressed.</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>	FA	<p>There are food policies/procedures for food services and menu planning. Food service is supplied by an external food company and is delivered twice a day. There was a four-week cycle menu with dietitian input obtained by the food supplier. The contracted food service introduced an electronic food control plan in September 2017. All care staff have received related training. All food and fridge temperatures are recorded electronically daily.</p> <p>Residents are provided with meals that meet their food, fluids and nutritional needs. The RN completes the dietary requirement forms on admission and provides a copy to the kitchen and the contracted external food company. Residents' food preferences were identified, and this included consideration of any dietary preferences or needs. An updated spreadsheet of the resident likes and dislikes, and dietary requirements is displayed on the kitchen noticeboard. Residents with special dietary needs had their needs identified in their care plans.</p> <p>Interviews with residents and family members indicated satisfaction with the food service. The meals were served from a kitchenette adjacent to the dining room and food was served directly to residents. Staff were observed assisting residents with their lunchtime meals and drinks. The meals were well presented, and residents confirmed that they are provided with alternative meals as per request. All residents are weighed regularly. Residents with weight loss problems are provided with food supplements.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support</p>	FA	<p>The initial care plan is developed with information from the initial assessment. Clinical risk assessments are completed on admission where applicable and reviewed six-monthly as part of the interRAI assessment. Outcomes of risk assessment tools are used to identify the needs, supports and interventions required to meet resident goals. The interRAI assessment tool has been utilised for all residents and used routinely as part of the six-monthly care</p>

<p>requirements, and preferences are gathered and recorded in a timely manner.</p>		<p>plan review. Pain assessments are completed on admission and where indicated pain monitoring charts were implemented. The previous partial attainment has been fully addressed.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Low</p>	<p>Resident files include all required documentation. The long-term care plans sampled were completed within three weeks of admission and were overall resident-focused and personalised, however, one care plans did not include all current interventions required to meet all current needs. The previous finding around interventions remains an area for improvement. Short-term care plans are developed where needed and were evident in the sampled files. Care plans reviewed had been evaluated for identified issues and were completed six monthly, or as condition changed. Resident files reviewed identified that family were involved in the care plan development and ongoing care needs of the resident. Families interviewed confirmed their involvement in the care planning process. Short-term care plans (STCPs) are in use for short-term needs and changes in health status. STCPs evidence regular review by the RN. Staff members reported they are informed about changes in the care plans. Integration of records and monitoring documents are well managed.</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>Overall care plans reviewed were current, and interventions reflect the assessments conducted and the identified requirements of the residents with the exception of one care plan (link 1.3.5.2). Interviews with staff (registered nurse and caregivers) and relatives confirmed involvement of families in the care planning process. Caregivers, and the RN interviewed, stated there is adequate equipment provided including continence and wound care supplies. Visual inspection confirmed that continence products were available and resident files included a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice was available as needed and this could be described. Wound assessment and wound management plans were in place for four residents (two skin tears, one chronic surgical wound and one skin lesion) and evidenced that all required documents were fully completed. The previous partial shortfall has been fully addressed.</p> <p>Short term care plans had been implemented for current wounds. These were evaluated regularly and either resolved or transferred to the long-term care plan. This previous shortfall has also been addressed.</p> <p>Monitoring occurs for weight, vital signs, blood glucose and challenging behaviour.</p> <p>Caregivers interviewed confirmed they are updated of any changes in resident's care or treatment during handover sessions at the beginning of each shift.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs an activities coordinator for between 25 and 30 hours per week. Activities provided are appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. The activity therapist has forty years' experience and displayed an excellent understanding of requirements. Caregivers support all activities.</p> <p>The weekly activities are posted in the rest home and include (but not limited to) bus outings, bowls, craft, bingo, church services and quizzes. Bus outings (15 seater) occur twice weekly. The bus driver is a caregiver with a current first aid certificate. Activity plans sampled were well documented and reflected the resident's preferred activities and interests. Each resident has an individual activities assessment on admission and from this information an individual activity care plan is developed. A profile of the residents' life is documented. The activities plan is reviewed six monthly and the reviews documented the resident's progress towards goals. The resident's activities participation log was sighted. Interviewed residents and families verbalised the activities including one-on-one sessions, provided by the service are adequate and enjoyable. A resident on a YPD contract is involved in community bowls and other external activities and was observed enjoying setting lunch tables for resident meals.</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>All initial care plans reviewed were evaluated by the RN within three weeks of admission. Long-term care plans have been reviewed at least six monthly or earlier for any health changes. The written evaluation documents the residents progress against identified goals. The GP reviews the residents at least three monthly or earlier if required. Families are notified of GP visits and three-monthly reviews by phone call and if unable to attend, they are informed of all the changes. The care of each resident is reviewed at monthly full staff meetings. Care staff document progress notes on every shift. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Changes are updated on the long-term care plans.</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>The building has a current warrant of fitness. Environmental improvements include the conversion of a centrally located smokers' courtyard area into a secure medication and medical supply storage room.</p>
<p>Standard 3.2: Implementing the</p>	<p>FA</p>	<p>The infection control nurse has attended external training for infection control officers. The previous finding has been addressed. The infection control committee includes the two RNs. Infection control is discussed with all staff</p>

<p>infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>		<p>at monthly staff meetings. The infection control committee meets monthly and infection events correlated, analysed and forwarded to the manager.</p> <p>The facility has access to an infection control nurse specialist at the DHB.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data and relevant information is displayed for staff. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at facility meetings. Annual infection control reports are provided. Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service philosophy includes that restraint is only used as a last resort. There were no residents at the time of the audit using restraint or enablers. The restraint policy includes a definition of enablers as voluntarily using equipment to maintain independence, such as a lap belt in a wheelchair.</p>

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)
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Low	<p>Five resident files were reviewed. The initial care plans have been developed within 48 hours of admission. The long-term care plan was developed within three weeks of admission. There was evidence of review in all files. Four of five long-term care plans included interventions to support all current care. Insufficient detail was evidenced in relation to diabetic management for one resident. Staff interviewed were familiar with and providing the required cares so the risk for this shortfall is assessed as low.</p>	<p>One of five resident files did not evidence that care plan interventions provided sufficient detail for management of diabetes to guide care staff.</p>	<p>Ensure that the interventions in the care plan reflect the resident's current needs as identified through assessments and progress notes.</p> <p>60 days</p>

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.