

# Ranfurly Village Hospital Limited - Bob Reed, Ranfurly Care & Veterans

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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 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:** Ranfurly Village Hospital Limited

**Premises audited:** Ranfurly Village

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 22 February 2018      End date: 22 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:** 57



# 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
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

Ranfurly Hospital & Veterans Home provides rest home and hospital level of care for up to 60 residents. On the day of audit there were 57 residents in total.

This unannounced surveillance audit was conducted against a subset of the Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents' and staff files, observations and interviews with residents, staff and management.

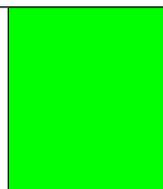
A health services manager manages the service. She is a registered nurse and is experienced in aged care and management. The health services manager has been in the role since October 2017 and is supported by a care manager, registered nurses and care staff.

One of the two previous audit findings have been addressed around documented evidence of relative notification. Improvements continue to be required around documented interventions.

No further areas requiring improvement have been identified at this 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.

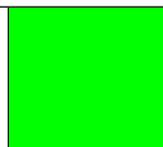


Standards applicable to this service fully attained.

Information about services provided is readily available to residents and families/whānau. Residents and family are well informed including of changes in resident's health. The health services manager promotes an open-door policy. Complaints processes are implemented, and complaints and concerns are managed and documented.

## 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 health services manager is a registered nurse and reports to the village manager for Ranfurly Village Hospital Limited. The quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities are conducted, and generate improvements in practice and service delivery. Corrective actions are implemented, followed through and communicated to staff. Health and safety policies, systems and processes are implemented to manage risk. Staff advised that there is an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training calendar for 2018. Human resource policies are in place, including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The registered nurse is responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans viewed generally demonstrate service integration and are reviewed at least six monthly. Resident files include medical notes by the contracted general practitioners and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses are responsible for the administration of medicines and complete education and medication competencies. Medication charts are reviewed three monthly by the GP. The diversional therapist and activities assistant implement the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular outings and celebrations. All meals are cooked on-site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated.

## 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 displayed.

## 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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A restraint policy includes restraint procedures. There are clear guidelines in the policy to determine what restraint is and what an enabler is. Staff are trained in restraint minimisation and safe practise. There were no residents with restraint and no residents with an enabler on the day of the audit.

## 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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There are clear policies and procedures for infection prevention and control including surveillance. Surveillance data is collected and analysed monthly to identify areas for improvement. Systems are in place that are appropriate to the size and complexity of the facility.

## 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	15	0	1	0	0	0
<b>Criteria</b>	0	38	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)
<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>A complaints policy and procedures are in place. Residents/family can lodge formal or informal complaints through verbal and written communication, monthly resident meetings and complaint forms. Information on the complaints forms includes the contact details for the Health and Disability Advocacy Service. The complaints register includes the date of the incident, complainant, response to complainant, and signature when the complaint is resolved. There have been 29 complaints made since the last audit, seven made from July 2016, 18 made in 2017 and four received in 2018 year-to-date. A review of complaints documentation evidenced resolution of the complaint, to the satisfaction of the complainant. The health services manager informed that complainants are advised in writing of the outcomes of the investigations within the required timeframes.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Policies are in place relating to open disclosure. Seven residents (three hospital and four rest home level) interviewed, stated they were welcomed on entry and were given time and explanation about the services and procedures. Twelve accident/incident forms reviewed and associated resident files evidenced recording of family notification. Four relatives (hospital only) interviewed confirmed that they are notified of any changes in their family member's health status. The health services manager and care manager were able to identify the processes that are in place to support family being kept informed. The previous finding around relative notification has been addressed. Staff could describe how interpreter services are obtained.</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>Ranfurlly Hospital &amp; Veterans Home provides rest home and hospital level of care for up to 60 residents. All beds are dual-purpose within a new purpose-built facility. The service is on two levels. There are two wings (Wallace wing - 15 beds and Knox wing - 15 beds) on level two, and two wings (Wallingford wing - 15 beds and McKay wing - 15 beds) on level three.</p> <p>On the day of audit there were 57 residents in total, 23 rest home residents (11 on level 2 and 12 on level 3) and 34 hospital residents (17 on level 2 and 17 on level 3). There was one hospital level resident on palliative care. There were no residents on respite or younger persons at the time of the audit. All other residents were under the aged related residential care (ARRC) contract.</p> <p>Ranfurlly Village Hospital Limited is part of the Generus Living Group. The organisational structure includes a board made up of Generus Living Group. Ranfurlly Hospital &amp; Veterans Home is managed by the health services manager, who reports to the village manager for Ranfurlly Village Hospital Limited. The village manager reports to the Generus Living Group managing director. The health services manager is a registered nurse (RN) and is experienced in aged care and management. The health services manager has been in the role since October 2017. She is supported by a care manager who has been in the role for 11 years and has worked for Ranfurlly Village Hospital Limited for over 23 years.</p> <p>The operational 2017-2019 business plan identifies strategic priorities around development opportunities, industry engagement, professional support, quality management and business objectives/values.</p> <p>The health services manager and care manager have maintained at least eight hours of professional development in relation to management of 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</p>	FA	<p>The quality management manual includes the quality and risk management plan and service philosophy. The 2017 quality and risk management plan has been reviewed by the health services manager and new goals and quality indicators have been set for 2018. The quality and risk management plan has documented aims and objectives. The 2018 internal audit schedule and internal audits are being completed. Corrective actions have been developed where compliance is less than expected and corrective actions evidence full completion. Monthly staff and quality improvement meetings have been held with evidence of discussion of quality outcomes. Weekly management meetings and monthly resident meetings are also being held. The service collects information on resident incidents and accidents as well as staff accident/incident.</p> <p>Health and safety policies are implemented and monitored by the health and safety committee. The health and safety/education officer interviewed confirmed her understanding of health and safety processes. She has completed specific health and safety training. There is a current hazard register. Health and safety internal audits</p>

improvement principles.		are completed. Annual resident/relative satisfaction surveys are completed with results communicated to residents and staff. The overall service result for the resident/relative satisfaction survey completed in December 2017 was at 88%. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accidents and incidents reporting policy. The care manager investigates accidents and near misses and an analysis of incident trends occurs. There is a discussion of accident/incident at staff meetings including actions to minimise recurrence. Either a RN or a healthcare assistant commences accident/incident forms. Twelve accident/incident forms for the month of January 2018 were reviewed. All document timely RN review and follow-up. Neurological observations were fully completed for two resident unwitnessed falls that resulted in a potential head injury. Discussions with the health services manager and care manager confirm that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no requirements to complete any section 31 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>There are human resources management policies in place that includes recruitment and staff selection process. Policy requires that relevant checks be completed to validate the individual's qualifications, experience and veracity. Five staff files were reviewed (one care manager, one RN, one diversional therapist and two healthcare assistants) and evidenced that reference checks were completed before employment was offered. All files sampled had completed staff file documentation including staff appraisals. A copy of practising certificates is kept. The human resources policies also include orientation, staff training and development.</p> <p>The service has in place an orientation programme that provides new staff with relevant information for safe work practice. Staff were able to describe the orientation process and stated that they believed that new staff were adequately orientated to the service. There is an in-service training calendar for 2018. Discussion with the health and safety/education officer and care staff confirmed that monthly in-service training is in place. Training includes a healthcare assistant online training programme and face-to-face sessions. The annual training programme exceeds eight hours annually.</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 service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The health services manager and care manager work full time from Monday to Friday and are readily available after hours. The rosters sighted confirmed that staff are replaced on the roster. There are dedicated activity, cleaning, laundry and food services staff. Interviews with staff, residents and relatives, identified that staffing is adequate to meet the needs of residents. The service is on two levels, two wings (Wallace wing - 15 beds and Knox wing - 15 beds) on level two and two wings (Wallingford wing - 15 beds and McKay wing - 15 beds) on level three.</p> <p>On level two (Wallace wing, there are five rest home and nine hospital residents and Knox wing, six rest home and eight hospital residents) there is one RN on duty on the morning shift and afternoon shift, and one on the night shift. The RNs are supported by four healthcare assistants on duty on the morning shift, three on the afternoon shifts, and two healthcare assistants on duty on the night shift.</p> <p>On level three (Wallingford wing, there are six rest home and eight hospital residents and McKay wing, six rest home and nine hospital residents) there is one RN on duty on the morning shift and afternoon shift, the RN from level two covers the night shift. The RNs are supported by four healthcare assistants on duty on the morning shift and three on the afternoon shifts, and two healthcare assistants on duty on the night shift.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for all aspects of medication management, including self-administration. There was one resident self-administering on the day of audit. A consent form had been signed and the resident deemed competent to self-administer. The nasal spray was in a drawer. There are no standing orders. There are no vaccines stored on-site. The facility uses an electronic and robotic pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. RNs administer all medications.</p> <p>Staff attend annual education and have an annual medication competency completed. All RNs are syringe driver trained by the hospice. The medication fridge temperature is checked weekly. Eye drops are dated once opened. Staff sign for the administration of medications on the electronic system. Ten medication charts were reviewed (six hospital and four rest home). Medications are reviewed at least three monthly by the GP. There was photo ID and allergy status recorded. 'As required' medications had indications for use charted.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids</p>	<p>FA</p>	<p>The service has three cooks who cover Monday to Sunday and seven part-time kitchen assistants. All cooks have current food safety certificates. The head cook oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked on-site. Meals are served in each area from hot boxes. The temperature of the food is checked before serving. Special equipment such as lipped plates is available. On the day of audit, meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services.</p>

<p>and nutritional needs are met where this service is a component of service delivery.</p>		<p>Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded weekly. Food temperatures are checked, and these were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted. The four-weekly menu cycle is approved by a dietitian. The residents choose from three options. All residents/families interviewed were satisfied with the meals.</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>PA Low</p>	<p>When a resident's condition changes the RN initiates a GP consultation. Staff state that they notify family members about any changes in their relative's health status. All but one care plan sampled had interventions documented to meet the needs of the resident and there is documented evidence of care plans being updated as residents' needs changed. Resident falls are reported on accident forms and written in the progress notes. Neurological observations are taken when there is a head 'knock' or for an unwitnessed fall.</p> <p>Care staff interviewed state there are adequate clinical supplies and equipment provided including continence and wound care supplies. Wound assessment, wound management and wound evaluation forms are in place for all wounds. Wound monitoring occurs as planned. There are currently nineteen wounds being treated. There are currently three pressure injuries. Monitoring forms are in use as applicable such as weight, vital signs and wounds. Behaviour charts are available for any residents that exhibit challenging behaviours.</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>There is one diversional therapist who works forty hours a week and one activities assistant who works twenty hours a week. Both work across all areas. On the day of audit residents were observed listening to a newspaper reading and having one-on-one sessions. Twenty residents went out to lunch at the RSA. There is a weekly programme in large print on noticeboards in all areas. Every Monday, each resident is given a copy of the weekly programme to keep in their room. Residents have the choice of a variety of activities, in which to participate and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include exercises, bingo, news from the paper, music, quizzes and games. There is a ladies club, which holds high tea parties. There is a men's club which holds gatherings with quizzes (beer and chips provided). Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat. There is a monthly church service and Catholic communion every Friday.</p> <p>The facility is in the process of appointing a chaplain. Each area has a van outing weekly. Next week the van outing includes a picnic at Western Springs. Special events like birthdays, Easter, Mothers' Day, Anzac Day and the Melbourne Cup are celebrated. There is weekly pet therapy. There is community input from the local preschools and schools, as well as the RSA. Due to the large number of residents who are war veterans, the involvement of the RSA is important. Recently the facility held a garden party where over 250 people attended. Residents have an activity assessment completed over the first few weeks following admission that describes the</p>

		residents past hobbies and present interests, career and family. Resident files reviewed identified that the individual activity plan is based on this assessment. Activity plans are evaluated at least six monthly at the same time as the review of the long-term care plan. Resident meetings are held monthly and family and NOK meetings are held three monthly.
Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Except for the new admission, all plans reviewed had been evaluated by the RN six monthly or when changes to care occurred. Short-term care plans for short-term needs are evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Activities plans are in place for each of the residents and these are also evaluated six monthly. The multidisciplinary review involves the RN, GP and resident/family if they wish to attend. There is at least a three-monthly review by the GP. The family members interviewed confirmed that they are informed of any changes to the care plan.
Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	There is a current building warrant of fitness expiring on 3 October 2018.
Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Policies and procedures document infection prevention and control surveillance methods. The surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements. Infection control internal audits have been completed. Infection rates have generally been low. Trends are identified, and quality initiatives are discussed at staff and quality meetings. There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided. Systems are in place that are appropriate to the size and complexity of the facility

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. There are clear guidelines in the policy to determine what restraint is and what an enabler is. The care manager is responsible for restraint review and use, should this occur. There were no residents on restraint and no residents using an enabler on the day of the audit. Staff are trained in restraint minimisation and safe practise.</p>
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## Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	<p>Interventions are generally consistent with, and contribute to the residents' assessed needs and goals. All chronic wounds have interventions documented in the long-term care plan. A previous finding in this area has been met. One long-term care plan did not have specific interventions documented around falls prevention and high alcohol consumption. A previous finding in this area has not been met. There is specialist input from the GP and the DHB wound care nurse when required. A previous finding in this area has been met. Neurological observations are completed for all residents who have a 'head knock' or unwitnessed falls. A previous finding in this area has been met.</p>	<p>One long-term care plan did not have specific interventions documented around falls prevention and high alcohol consumption. However, staff interviewed could describe current care for this resident and therefore the risk has been identified as low.</p>	<p>Ensure long-term care plans include specific interventions around identified risks.</p> <p>90 days</p>

## 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.

No data to display
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End of the report.