

Waverley Aged Care Limited - Waverley House Rest Home

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Waverley Aged Care Limited

Premises audited: Waverley House Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 28 July 2018 End date: 29 July 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: 19

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Waverley House Rest Home is a privately owned aged care facility. Waverley House provides care to up to 20 rest home level residents with 19 beds occupied on the days of audit.

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, management and staff.

Residents and families interviewed were very complimentary of care and support provided. The owner/manager and registered nurse are well qualified for their roles.

The service has addressed the five previous shortfalls from their certification audit relating to human resources, education, care planning, medicine management and emergency resources.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents and families are kept informed on all aspects of the service and resident health. Residents and their family are provided with information on the complaints process on admission. Staff are aware of the complaints process and to whom they should direct complaints.

Organisational management

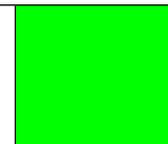
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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An experienced owner/manager who has been in the role for thirteen years, manages the service. She is supported in her role by a registered nurse who has been in the role for three and a half years. Quality management processes are reflected in the businesses plan's goals, objectives and policies. A risk management programme is in place, which includes a risk management plan, incident and accident reporting and health and safety processes. Staff document incidents and accidents.

Residents receive appropriate services from suitably qualified staff. Recruitment is managed in accordance with good employment practice and meeting legislative requirements. An orientation programme is in place for new staff with ongoing education and training provided.

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.

InterRAI assessments are being implemented and paper-based assessment tools are used on admission and thereafter. Assessments, care plans and care plan evaluations are completed by the registered nurse. An activities director plans and implements the activity programme. There are outings into the community and visiting entertainers. The medication system meets legislative requirements. The service uses a paper-based medication management system. All meals are prepared and cooked on-site. Resident's individual dietary needs were identified 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.

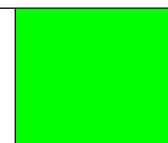


Standards applicable to this service fully attained.

A current building warrant of fitness is displayed which expires 1 November 2018.

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.

There are documented and implemented policies and procedures around restraint use and use of enablers. There was one resident with restraint and nil residents using enablers at the time of audit. The service operates environmental restraint as the main door egress is operated by a code. All five files reviewed documented a consent for this. Restraint audits, training and competencies for staff have been completed.

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 control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) monitors infection rates. Surveillance activities include audits of the facility, hand hygiene and surveillance of infection control events and infections. Staff receive ongoing training on infection control. There has been one outbreak since the previous audit.

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	20	0	0	0	0	0
Criteria	0	45	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are available. Information about complaints is provided on admission. The manager and the RN operate an 'open door' policy. Residents and relatives confirmed they are aware of the complaints process.</p> <p>Staff interviewed (the manager, the RN, the activities director, administrator, cook and two caregivers) were able to describe the process around reporting complaints.</p> <p>There were no complaints for 2017 and three to date in 2018. All had been responded to with appropriate follow-up action taken.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>There is an open disclosure policy in place. Residents are provided with a range of information on admission regarding the scope of service and any items they have to pay for that is not covered by the agreement. An interpreter is provided as required. Regular contact is maintained with family including if an incident or care/health issue arises. Relatives sign a communication sheet to inform the service when and under what circumstances they would like to be informed.</p> <p>Three relatives and four residents interviewed agreed that the service maintains a high level of communication. Eight of nine resident related incident forms reviewed for March-May 2018 identified family were notified (the ninth did not wish to be notified unless major). Resident meetings encourage open discussion around the</p>

communication.		services provided (meeting minutes sighted). Staff communication was observed to be very good with residents with poor hearing and cognitive deficits.
<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>Waverley House is privately owned. The service provides care for up to 20 residents at rest home level care. On the day of audit there were 19 residents in total including one respite and one ACC resident.</p> <p>The manager is non-clinical and has had 22 years aged care experience. She has owned and managed Waverley House for the past 14 years. AN RN supports the manager. The RN was previously employed as a long-serving caregiver prior to commencing nursing studies. She graduated with a Bachelor of Nursing in 2014 and has worked at the facility since then as an RN.</p> <p>The manager has maintained at least eight hours annually of professional development related to managing a rest home including attendance at provider meetings. There is a 2018 business plan, quality and risk plan developed which aligns with purpose, mission and values of the business.</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>A quality and risk management plan is in place. The quality system includes comprehensive policies and procedures. There is a documented process for the implementation of reviewed policies and procedures, which includes information at staff meetings, and a signing process for staff to document when they have read policies.</p> <p>There is a 2018 risk plan, a quality plan, and business plan. Monitoring of the quality and risk plan is through the monthly quality/staff meetings and reports.</p> <p>The quality and staff meetings document discussion and follow up of quality data, incidents and accidents, health and safety, infection control, complaints (where they occur) and restraint (as needed).</p> <p>The service completes internal audits as per the annual audit programme. Corrective actions have been developed for all opportunities for improvements identified through quality activities.</p> <p>Health and safety discussion and quality data is incorporated into the monthly quality/staff meetings. There is a specific health and safety agenda item. Staff complete hazard identification forms for identified/potential hazards. A current hazard register is in place.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are</p>	FA	<p>The service collects all incident and accident information reported by the staff on a paper-based system. Incident and accident data is collected and analysed monthly and a report documented for the monthly quality staff meeting. Discussions with the service confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications – evidenced in the notification of norovirus outbreak</p>

<p>systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>January 2016.</p> <p>A sample of nine resident related incident reports from March to May in 2018 was reviewed. All incident forms documented RN review and update. Two residents with incidents relating to agitation and challenging behaviour were followed up. The care plans evidence changes and strategies to minimise the behaviours and/or disruption to fellow residents. Care staff interviewed were very knowledgeable regarding the care needs for all residents.</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>There are human resources policies to support recruitment practices. Five staff files reviewed, including a registered nurse, a caregiver, a cook, an activities director and a cleaner evidenced employment contracts, position descriptions and record of qualifications/certificates. One staff member was recently employed and was still completing aspects of orientation. All performance appraisals due had been undertaken. In 2017 the education plan had been completed. This included (but was not limited to) infection control, health & safety, sexuality/intimacy, care planning. The 2018 programme to date, included (but not limited to), Treaty of Waitangi and cultural and spiritual awareness. The education plan included all mandatory education required and the plan had been adhered to. The previous finding relating to the provision of mandatory training has been addressed.</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 delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The manager and the RN work full time Monday to Friday and are both available on call. Two caregivers are on duty supported by a cleaner/laundry person seven day a week. A cook is on each day and the activities director works 12 hours per week.</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</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The RN checks the medication roll on delivery against the medication charts and any pharmacy errors are recorded and fed back to the supplying pharmacy. Paper-based medication charts were clear and easy to read.</p> <p>The registered nurse and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. There were no self-medicating residents on the day of audit. The medication fridge has temperatures recorded daily and these are within acceptable</p>

<p>guidelines.</p>		<p>ranges.</p> <p>Ten medication charts were reviewed. Photo identification and allergy status was on all ten charts. Nine of ten medication charts had been reviewed by the GP at least three-monthly (one was new). Two medication rounds were observed and a safe and correct process was in place. At time of audit there were no residents on controlled medication.</p> <p>Previous findings around entering all controlled medications into the register, having a GP signed chart or prescription to follow for administration of medication and the documentation of a dedicated weekly check of controlled medications have all 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>	<p>FA</p>	<p>All meals at Waverley House continue to be prepared and cooked on-site. There is a four-weekly seasonal menu that a dietitian has developed and reviewed. The cook interviewed is aware of resident dietary needs and notified of any changes. Resident likes and dislikes are accommodated. Cultural and religious food preferences are met. Specialised utensils and crockery are available for use to promote resident independence with meals.</p> <p>Residents interviewed state alternatives are offered for dislikes and expressed satisfaction with the meals. Relative interviewed spoke highly of the meals. Caregivers were observed encouraging a range of residents to eat. Staff were observed to offer a range of different meals and snacks to residents. Progress notes all documented meal monitoring.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are taken on the midday meal. Cleaning schedules are maintained.</p> <p>Chemicals are stored safely. Staff were observed to be wearing correct personal protective clothing. All food services staff have completed training in food safety, hygiene, and chemical safety.</p> <p>A Food Control Plan is in place - certified by the Napier City Council June 2017.</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>FA</p>	<p>Five of five care plans reviewed reflected interventions to meet the residents' current health status. Care plans reviewed showed evidence of prompt updating if the residents condition changed (evidenced in resident (PA) file following input from allied health). The previous finding has been addressed.</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>Family members interviewed agreed that care is provided consistent with their resident's needs and that they were involved in the care planning. Care staff interviewed stated that there is adequate equipment provided including continence, wound care supplies and they were well informed regarding resident care needs.</p> <p>The service had one resident with a wound (skin tear) on the day of audit. A wound assessment and wound management plan was in place (evaluation was not yet due).</p> <p>Pressure injury prevention equipment was available, such as pressure relieving devices, turning charts, audits, education for staff and policies and procedures specific to pressure injury prevention. There were no pressure injuries and staff interviewed understood the importance of relieving pressure. Access to specialist advice and support is available as needed. There was evidence of monitoring charts in use for the following – behaviour, weight, BSL recording, neuro observations following a fall and the monitoring of restraint.</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 has recently employed a new person to the role of activities director to coordinate and implement activities for the rest home residents. The activities director undertook an audit of activities the week prior to audit and on audit was seen to be implementing some of the suggestions made by the residents. The activities director works twelve hours per week spread over four weekdays and plans activities for the balance of the week e.g. entertainers.</p> <p>The programme offers variety and interest with entertainment and outings. Residents were able to participate in a range of activities that were appropriate to their cognitive and physical capabilities.</p> <p>The activity plan reflects the resident's individual recreational and social needs, covers a variety of activities such as supervised walking in small groups for those residents who enjoy walking, quizzes, bingo, outings, exercises, crafts, entertainment, music, other board games and games suitable for indoors and newspaper reading.</p> <p>Activities are planned monthly. A copy of the activities plan for each week is displayed on the noticeboard at the reception/entrance area and in the lounge. Individual activities are provided for residents who do not wish to participate in the group programme.</p> <p>Activity assessments were completed on admission in the resident files sampled, individual activity plans are evaluated monthly in progress notes and six-monthly as part of the RN review.</p> <p>The resident meetings, annual resident satisfaction survey, audits (as above) and one-to-one communication with residents provide residents an opportunity to feedback on the activity programme.</p>
<p>Standard 1.3.8:</p>	<p>FA</p>	<p>Long-term care plans are evaluated at least six-monthly or earlier if there is a change in health status. Six-</p>

<p>Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>monthly reassessments have been completed using the interRAI LTCF for all residents who have been admitted over six months. Short-term care plans are evaluated and resolved or added to the long-term care plan if the problem is ongoing. Where progress is different from expected, the service responds by initiating changes to the care plan.</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 service displays a current building warrant of fitness, which expires on 1 November 2018. Reactive and preventative maintenance occurs</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Fire evacuations and emergency training has been undertaken six-monthly (the most recent being February 2018). All staff undertake first aid training. Five of five staff files reviewed held a current first aid certificate. There was an adequate supply of water available for use in an emergency. This previous finding has been addressed.</p>
<p>Standard 3.2: Implementing the 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>FA</p>	<p>The infection control coordinator has undertaken relevant infection control training for the role at the DHB in September 2017. This has addressed the previous finding.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Click here to enter text</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>	<p>FA</p>	<p>Infection monitoring is the responsibility of the infection control coordinator (registered nurse). The infection control policy describes routine monthly infection surveillance and reporting. Monthly surveillance activities are appropriate to the acuity, risk and needs of the residents. Monthly infection data is collected for all infections based on signs and symptoms of infection. Infection control is discussed at staff/quality meetings and staff handovers. There has been one norovirus outbreak since the previous audit. The HBDHB were notified along with regional health and were involved with provision of resources (oversight, advice and education).</p>
<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 are policies around the use of restraints and enablers, which align with the standard. The registered nurse is the restraint coordinator. There was one resident using restraint (a bedside) and no residents using enablers at the time of audit. Staff have received training around restraint minimisation, the management of challenging behaviours and completed restraint competencies. Enablers are voluntary. The file of the resident restrained was reviewed. Assessment, consent, risks of the restraint and steps taken to mitigate, evidence of monitoring and review was present. The service operates environmental restraint. Egress through the front door is via a code pad. The door opens on activation of the fire alarm. All five files reviewed included a consent form for the environmental restraint.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.