

Victoria Epsom Limited - Victoria Epsom 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 Q-Audit Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Victoria Epsom Limited
Premises audited:	Victoria Epsom Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 August 2018 End date: 6 August 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:	20

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

Victoria Epsom rest home is a 24-bed aged care facility for rest home level of care residents located in Epsom. There have been no changes to the facility or services since the last audit. The majority of the residents are of Chinese cultural heritage.

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

The previously identified areas requiring improvement regarding hot water, transcribing and infection control surveillance data have been met. This audit resulted in one area requiring improvement regarding medicine management.

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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The majority of residents speak Mandarin or Cantonese, and do not speak English. In order to ensure effective communication, information is made available in Mandarin or Cantonese, and both staff and management can speak Mandarin or Cantonese. There are also several family members who can speak both languages and interpret if required.

The complaints process complies with consumer rights legislation. The complaints register is maintained.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The rest home is a family owned business. The mission statement, vision, goals and philosophy are documented and displayed. One of the owners is a registered nurse and is onsite three days per week.

There is a documented and implemented quality and risk management system. The required policies and procedures are documented. A range of quality data is gathered and used to improve services. Adverse events are well managed.

Human resource processes for recruitment, employment and orientation are implemented. Staffing levels exceed the requirements for rest home level 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.
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Residents receive services in a competent and timely manner. The registered nurses (RNs) are responsible for completing nursing assessments, care plans and evaluations. Assessments are current and up to date. Interventions are adequate to meet the residents' assessed needs.

The planned activities provided are appropriate to meet the needs, age, culture, and setting of the service. The activities reflect the ordinary patterns of life and include involvement of other representatives and other community groups.

The service uses pre-packaged medication system, paper based and e-prescribing systems. Medication is administered by staff with current medication administration competencies. Medication reviews are completed by the general practitioners (GPs) in a timely manner.

All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. There is a food safety plan with the local council.

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 have been no changes to the building since the last audit. There is a current building warrant of fitness and trial evacuations are conducted as required.

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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Restraint minimisation processes are in place and the RN is the restraint coordinator. There were no residents using restraint nor enablers at the time of the audit. The restraint policy outlines that the use of enablers shall be voluntary with the intention of promoting residents' independence and safety.

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 surveillance programme is suitable to the size and scope of the service. Infection rates and antibiotic use are monitored. Data on infections is collated.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	1	0	0	0
Criteria	0	40	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>The complaints procedure meets Right 10 of the Code. Complaints forms are displayed in languages appropriate to the resident mix. Records of complaints sampled confirmed appropriate and timely actions. All complaints had been closed to the satisfaction of the complainant. A complaints register is maintained.</p> <p>In interview, management reported that there have been no complaints to external organisations about the services provided by the rest home. There was one complaint from a resident's family regarding the services provided by their general practitioner, and the rest home have been asked to provide the Health and Disability Commissioner with the resident's records as part of their investigation.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The service promotes an environment that optimises communication. The owners/managers are able to communicate with the residents and have learnt to speak Mandarin and Cantonese and maintain general conversations. The registered nurse speaks Mandarin and staff speak a combination of Cantonese and Mandarin. The majority of family members who visit can speak English. Information, such as service agreements and consents, have been translated.</p> <p>On the day of the audit there were two residents who were able to speak and understand some English. Both were interviewed. Other residents were observed, and family/resident satisfaction surveys were sampled. An interpreter was not available on the day of the audit.</p>

		There is evidence that family are contacted when required. Records of adverse events, and progress notes confirmed that family were contacted.
<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>The quality policy identifies the mission of the organisation and the procedures undertaken to achieve the mission statement. The owners/managers' report that the mission and goals of the organisation have not required changing since they took over the business.</p> <p>One of the managers is a registered nurse (RN) with a background in aged care, dementia and palliative care. The RN manager maintains ongoing education in both clinical aspects and management of an aged care facility and is interRAI trained. The other owner has a business background. The organisation is a member of an aged care association and belongs to a local cluster group of aged care providers.</p> <p>On the day of audit 20 beds were occupied by residents at rest home level of care. One of the residents was under the age of 65 on a LTSCHC contract. There are three additional boarders living independently at the service in separate accommodation.</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>Policies and procedures are developed by an aged care consultant and personalised to the organisation. The consultant provides updates as required or as changes in best practice or legislation occur Staff have access to the most recent version of policies and procedures. Obsolete documents are archived. There is a system in place to enable the retrieval of documents as needed.</p> <p>A range of quality related data is gathered and shared at monthly staff meetings. Meeting minutes sampled confirmed discussions regarding complaints; adverse events; infection control information; internal audits; supplier performance; education requirements; health and safety; restraint use; document development and review and resident feedback. There is a resident satisfaction process (last completed October 2017) which confirmed general satisfaction with the services provided. The internal auditing programme has been maintained. This includes a corrective action process. Feedback regarding improvements is shared with staff at staff meetings.</p> <p>There is a business plan and risk analysis. Interview with the owner regarding risk management confirmed that organisational risks are identified with mitigation strategies in place. There is a health and safety programme which includes hazard identification.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p>	FA	<p>The RN manager was aware of their obligations in relation to essential notification reporting and knows which regulatory bodies must be notified as identified in policy. The RN manager reports there have been no</p>

<p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>reportable events, since they have owned the service.</p> <p>The monthly collation of adverse events is used to identify any shortfalls and record actions that have been taken to address any issues. This are collated monthly in order to identify trends. The most common type of event is resident falls and there is evidence of mitigation strategies and appropriate actions to try to reduce their likelihood.</p> <p>A record of the adverse event is maintained in the resident records. There is evidence that the required notifications are made, including family members.</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 policies and procedures on human resource management. The skills and knowledge required for each position are documented in job descriptions which were evident in staff files sampled. The pre-employment process includes reference checking and police vetting.</p> <p>Current practicing certificates were sighted for both the registered nurses. New Zealand Qualification Authority health and wellbeing certificates (levels 3 and 4) were sighted in the health care assistants' files sampled. The organisation also maintains a copy of the practicing certificates of other visiting health professionals.</p> <p>All staff receive an orientation. The orientation includes the essential components of the services provided. There are also specific orientation training and competencies for the different roles. Staff are also required to have an annual performance review.</p> <p>The 2018 education plan meets contractual requirements. The service has links with another aged care service for ongoing education and competency assessment training. Training is also added to staff meetings and staff attend the district health board hosted aged residential care study days. Education attendance sheets are maintained.</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 allocation of staff to meet the needs of the residents at rest home level of care. The policy meets the contractual requirements for the care staff ratio. The RN manager is on site business hours three days per week (Monday, Wednesday and Thursday) and on call after hours. There is an additional RN who is on site one day a week (Friday). There are at least two care staff members on duty during the day and one at night. Rosters sampled confirmed adequate staffing and that shifts are covered by an additional staff member in the event of a temporary absence.</p>
<p>Standard 1.3.12: Medicine</p>	<p>PA Low</p>	<p>There are medicine management policies and procedures that clearly outline the service provider's</p>

<p>Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>responsibilities in relation to all stages of medicine management. There is a new electronic medication management system in place for most of the residents and only one resident still on paper-based medication management system.</p> <p>Medication is stored safely in locked cupboards in the nurses' station. There are controlled drugs on sight and weekly and six-monthly stock checks are completed by suitably qualified personnel. Medication reconciliation is completed by the RNs and electronic records were sighted. Over the counter alternative remedies (for example Chinese herbal remedies) have been approved by the resident's GP and are safely stored with the other medications. Three monthly medication reviews are completed by the GPs in accordance with legislative requirements. Short course medication is signed off by the GPs when completed.</p> <p>Observed medication administration round was completed by a health care assistant. Additional evidence of safe medication administration processes was obtained. Annual medication administration training is completed by the RNs and through the district health board training programme. All staff who administer medication have current medication administration competencies.</p> <p>On the day of the audit, there were no residents self-administering their medicine. There is a medication self-administration policy in place to guide the staff on the process if required. Interviewed staff demonstrated awareness of the medication self-administration process. The previous audit corrective action has been addressed. No medication transcribing was sighted in the medication charts sampled.</p> <p>An improvement is required regarding the management of prescribed eyedrops.</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>Food services are provided onsite. Special dietary requirements are met with modified food provided as indicated. Interviewed residents reported that alternative food choices are provided when needed. The cook has food safety training. The RNs complete a nutritional assessment for all residents on admission that indicates resident's food preferences, dislikes, allergies and this information is shared with the kitchen staff. Copies of nutritional requirements forms were sighted in the kitchen file. Residents' weight monitoring is completed monthly and interventions are put in place to address any weight issues with the involvement of the cook and a dietician. The dietician has been contracted to complete a review of the menu.</p> <p>The kitchen was observed to be clean and tidy on the day of the audit. A cleaning schedule is in place and implemented. The pantry was packed tidily with no food packages on the floor. No expired food was found in the pantry. Cooked food in the fridge was covered and labelled. Food, freezer and fridge temperature monitoring records were sighted and are completed daily. The service has a food control plan in place registered with the local council. On the day of the audit, kitchen staff were observed to prepare and serve meals in a manner that complies with food safety hygiene and nutritional requirements.</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>Interventions sighted in short term and long-term care plans were consistent, adequate and appropriate to address the assessed needs and desired outcomes. The interRAI triggered items were addressed in the long-term care plans. Interviewed staff reported that there are adequate resources to provide quality care for the residents. Adequate resources were sighted onsite.</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 RNs are responsible for completing the activities assessment for all residents on admission with the help of the residents or family where appropriate. Individual activities plans were sighted in files sampled. There is a monthly and weekly activities programme. The weekly activities programme is posted on the notice board for residents to view. Interviewed residents reported satisfaction with the activities programme.</p> <p>There are activities to meet the needs of residents above 65 years of age and the resident below 65. There are group activities and individual activities. Residents have access to community events and community outings. Residents were observed participating in various activities on the day of the audit.</p> <p>The health care assistants are responsible for assisting residents with activities as part of their daily duties. There is an activities participation register that is completed daily and activities plans are evaluated every six months by the RNs.</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>Long term care plans are evaluated by the RNs every six months. Evaluations indicate the degree of achievement or response to the interventions and progress towards the desired outcome. Short term care plans are evaluated regularly and closed off when the condition has resolved or issues transferred to long term care plan if indicated. The care plans are resident focused and changes to the care plan are initiated if the expected outcome is not achieved. Completed and timely evaluations were sighted in all resident files sampled.</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</p>	<p>FA</p>	<p>The building is leased; the managers are responsible for the maintenance and improvements. Generalised wear and tear of the building and floor surfaces is monitored and addressed in an ongoing manner. The current building warrant of fitness is displayed. A contracted company does a certification of compliance through monthly inspections, maintenance and reporting procedures. Electrical equipment is tagged and medical devices are calibrated. Environmental audits are routinely conducted and there is a hazard identification and management programme. There are easily accessed secure shaded outdoor areas for residents'. Residents were sighted moving around safely both indoors and outdoors on the day of audit. Interviews with residents</p>

purpose.		<p>and family/whānau members confirmed the environment is suitable to meet their needs.</p> <p>The previous area requiring improvement has been addressed. The old hot water system (boiler) has been replaced with a gas califont system. This has been set at a continuous temperature by the installer. Hot water is monitored on a monthly basis and records confirmed that the temperature remains consistent and within the recommended temperature.</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>	FA	<p>There have been no changes to the facility since the last audit. There is an approved fire evacuation plan. Trial evacuations are completed every six months as required.</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>The infection control surveillance programme is appropriate to the size and setting of the service. Data on diagnosed infections (including laboratory results) is collated monthly including monthly and annual comparisons. Infection rates are discussed in the staff meetings and recommendations to reduce, manage and prevent the spread of infections are discussed. The previous area requiring improvement has been met.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There were no residents using a restraint or enabler on the day of the audit. There is a restraint policy in place that guides staff on the restraint and enabler use process for reference when needed. Interviewed staff demonstrated knowledge on the difference between a restraint and enabler and restraint and enabler authorisation process and monitoring requirements to ensure residents' safety.</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 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	Both medication systems in place are implemented to manage safe and appropriate prescribing, dispensing, administration, review and reconciliation of medicine that complies with legislation, protocols and guidelines, however an improvement is required regarding the management of eye drops. Three bottles of eye drops did not have the dates when the bottle was opened, and one bottle of prescribed eye drops did not have the residents name on it.	The management of eye drops did not meet the required standards.	<p>Date bottles of eye drops when opened and ensure all bottles of eye drops include the residents name.</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.