

# Teviot Valley Rest Home Limited - Teviot Valley Rest Home

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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:

<b>Legal entity:</b>	Teviot Valley Rest Home Limited	
<b>Premises audited:</b>	Teviot Valley Rest Home	
<b>Services audited:</b>	Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 5 November 2018	End date: 6 November 2018
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	14	

# 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

Teviot Valley Rest Home provides rest home level care for up to 14 residents. On the day of the audit, the facility had full occupancy.

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

There is a quality and risk management system in place. The manager is a registered nurse with management experience, who has been at Teviot Valley since opening in 2001. She is supported by a board of trustees, another registered nurse and care staff. Staff turnover is reported as low.

Family and residents interviewed spoke positively about the care and support provided.

The service has addressed the previous certification audit findings relating to annual resident/relative satisfaction survey, activities attendance records, medications administration and documentation of controlled medication. Further improvements are required around wound assessments.

This surveillance audit identified a further improvement required related to documentation of 'as required' medication.

## 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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Communication with residents and families is appropriately managed. Regular contact is maintained with family including if an accident/incident or a change in resident's health status occurs. Complaints are actioned and include documented response to complainants should the need arise. There is a complaint's register.

## 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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Teviot Valley Rest Home is implementing a quality and risk management system that supports the provision of clinical care. This includes incidents/accidents, hazards, internal audits, infections, complaints and concerns. Corrective actions are implemented, documented and followed through to compliance. There is a business plan and goals for 2018.

Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are appropriately managed with reporting to staff evident in meeting minutes reviewed.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice.

There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The registered nurse is responsible for care plan development with input from residents and family. A review of a sample of resident files identified that assessments, interventions and evaluations reflected current care.

Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. There are medication policies in place that comply with current legislation and guidelines. General practitioners review residents at least three monthly or more frequently if needed.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

Standards applicable to this service fully attained.

The building has a current warrant of fitness and emergency evacuation plan. Ongoing and reactive maintenance issues are addressed. There is sufficient space to allow the movement of residents around the facility using mobility aids. Teviot Valley has separate dining and lounge areas. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible.

## 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.

Restraint policy and procedures are in place. The definitions of restraints and enablers are congruent with the definitions in the restraint minimisation standard. Staff regularly receive education and training on restraint minimisation and managing challenging behaviours. There are no residents requiring restraint or enablers.

## Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Infection rates are low, and no outbreaks have been reported.

## 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	14	0	0	2	0	0
Criteria	0	39	0	0	2	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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	Teviot Valley Rest Home has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission through the information pack. Complaint forms are available at the entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is available. There have been no complaints received in the past five years. Residents and family members advised that they are aware of the complaints procedure and how to access forms.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	There is an accident/incident reporting policy to guide staff in their responsibility around open disclosure. Staff are required to record family notification when documenting an incident. The sample of adverse events reviewed met this requirement. Family members interviewed confirmed they are notified following a change of health status of their family member.  There is an interpreter policy in place and contact details of interpreters were available.
Standard 1.2.1: Governance The governing body of the organisation ensures	FA	Teviot Valley Rest Home provides residential services for up to 14 residents requiring rest home level care. On the day of the audit, there were 14 residents. All of the

<p>services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>residents were under the age related residential care contract. The organisation is overseen by an experienced and qualified nurse manager, who is a registered nurse. The nurse manager has nursing and management experience/qualifications and has been with the service since the opening of the rest home. She is also PRIME trained (Primary Response in Medical Emergency) and undertakes on-call duties with the attached medical centre. The nurse manager is supported by a Board of Trustees and the PRIME registered nurses at the adjacent medical centre.</p> <p>The service has a business plan and goals for 2018. The service has a documented quality and risk management system that reflects the organisation's values, mission and philosophy and provides goals for measurement of achievement against key areas of the business. The nurse manager has maintained at least eight hours annually of professional development training.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Teviot Valley Rest Home has an established quality and risk system that includes analysis of incidents, infections and complaints, internal audits and feedback from the residents. The service has policies and procedures and associated systems to provide a level of service that is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Teviot Valley monitors progress with the quality and risk management plan through monthly staff/quality meetings. There is an internal audit schedule, which has been completed for 2017 and is being implemented for 2018. Areas of non-compliance identified through quality activities are documented as corrective actions, implemented and reviewed for effectiveness. A resident/relative survey is completed annually, and results discussed with residents, families and at staff meetings. The previous partial attainment has been addressed.</p> <p>The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The hazard register was last reviewed in April 2018. The service has comprehensive policies/procedures to support service delivery, which have been reviewed in January 2018. Policies and procedures align with the resident care plans. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly.</p> <p>Falls prevention strategies are implemented for individual residents, and staff receives training to support falls prevention. The service collects information on resident incidents and accidents as well as staff incidents/accidents and provides follow-up where required.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual incident forms are completed for each accident/incident with immediate action noted and any follow-up action(s) required. Accident/Incident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. A sample of seven resident related incident reports for 2018 were reviewed and evidence that all adverse events are documented to manage risk. Each event involving a resident, reflected a clinical assessment and follow-up by a registered nurse. Data collected on accident/incident forms are linked to the quality management system. Discussions with the nurse manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications.</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>Human resources policies address recruitment, orientation and staff training and development. Five staff files were reviewed (three caregivers, one cook, and one activities officer). All five staff files included contract for employment, reference checks and police checks prior to employment, relevant job description and evidence of an orientation on employment. Four staff files included an up-to-date annual performance appraisal. One staff member had been employed less than six months. The orientation programme provides new staff with relevant information for safe work practice and is developed specifically to worker type. One caregiver and one cleaner/activities coordinator interviewed, stated that new staff are adequately orientated to the service and described the orientation programme includes a period of supervision.</p> <p>The service has a training policy and schedule for in-service education. The in-service schedule is implemented, and attendance records maintained. Mandatory training is well-attended by staff. There is at least eight hours annually of training provided. Education and training for the nurse manager (RN) is supported by the local district health board and nurse practitioners/specialists. The nurse manager is interRAI trained. Competency assessments are in place for medication management. The practising certificate of the nurse manager is current. The service also maintains copies of other visiting practitioners' certification including GP, pharmacist and physiotherapist.</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>Teviot Valley Rest Home has a four-weekly roster in place, which ensures that there is at least one staff member on duty at all times and one registered nurse on-call. The nurse manager works full time and provides after hours on-call cover Monday to Friday. The PRIME nurses employed by the adjacent medical practise provide RN cover during weekends and public holidays. Caregivers and residents interviewed, advised that sufficient staff are rostered on for each shift. All care staff are trained in</p>

		first aid. Residents and families interviewed, advised that there is sufficient staff on duty to provide the care and support required.
<p><b>Standard 1.3.12: Medicine Management</b></p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Moderate	<p>The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. The medication charting reviewed, met legislative requirements, however not all 'as required' medications had an 'indication for use'. Medication is appropriately stored, and expired medication is disposed of as per policy. Medication reconciliation occurs on admission. All ten medication records reviewed evidenced that medication has been administered as prescribed. Caregivers are responsible for the administration of medications. Staff who administer medication have been assessed as competent. The facility uses a blister pack medication management system for the packaging of all tablets. The nurse manager reconciles the delivery of the packs from the pharmacy. Medication charts are written by the GP and there was documented evidence of three monthly reviews. There was one resident self-administering with current competency assessments documented and reviewed three monthly by the GP. The secure treatment room includes a medication fridge. The temperature of the fridge is monitored. The previous partial attainments have been addressed.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals at Teviot Valley Rest Home are prepared and cooked on-site by two experienced cooks who work a four on, four off rotating roster. There is a winter and summer menu, which is currently undergoing review (email confirmation from dietitian sighted). There is a registered food safety programme valid until June 2019. Both cooks have NZQA 167 qualifications. The cooks serve breakfast, dinner, morning and afternoon tea and care staff serve the tea meal.</p> <p>Chiller, freezer and food temperatures are monitored and recorded daily. The temperature of the food is checked before being plated in the kitchen and delivered to the adjacent dining room. Residents are provided with meals that meet their food, fluids and nutritional needs. The registered nurse completes the dietary requirement forms on admission and provides a copy to the kitchen. Additional or modified foods are also provided by the service if required (none are currently required). Individual resident likes and dislikes are accommodated.</p> <p>Residents and family members interviewed were very complimentary about the food and confirmed alternative food choices were offered for dislikes.</p>
<p><b>Standard 1.3.6: Service Delivery/Interventions</b></p>	PA Moderate	<p>A written record of each resident's progress is documented. Resident changes in</p>

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>condition are followed-up by the nurse manager, as evidenced in residents' progress notes. When a resident's condition alters, the nurse manager initiates a review and if required, GP or nurse specialist consultation. The family members confirmed on interview, they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications.</p> <p>Wound care documentation was reviewed for three residents (one skin tear, one skin lesion and one long-term chronic ulcer). The two minor wounds are being managed by the facility. The vascular ulcer is being managed by the district nurse. Both minor wounds had a short-term care plan that described the type of wound (but not a comprehensive assessment), a wound management plan and regular wound evaluation. There has been GP and wound care specialist nurse involvement in the management of the chronic ulcer. The chronic ulcer management is included in the long-term care plan. Dressing supplies are available.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. The nurse manager could describe access continence specialist input as required. Monitoring charts are available, and the nurse manager described when these have been used. Weights (daily, weekly and monthly), observations and blood sugar monitoring were completed as per care plan interventions. There were no residents with weight loss at the time of the audit.</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>An activities coordinator provides an activity plan, three to four hours per day, five days per week. The programme is flexible, dependant on the wishes of the residents, the weather and local events. A basic weekly plan that carries over from week to week is developed, however the plan is flexible each day depending on what the residents want to do. Records are kept of the actual activities provided and attendees. The previous partial attainment has been addressed.</p> <p>Activities include (but are not limited to) newspaper reading, housie, outings, church services, quizzes, baking, card making and card and board games. Residents were encouraged to join in activities that were appropriate and meaningful and to participate in community activities. The service has a van that is used for weekly outings. Residents were observed participating in activities on the day of the audit. On interview, residents were appreciative of the programme offered and enjoyed the spontaneity and the diversity offered.</p> <p>Each resident has an individual activities assessment as part of the admission</p>

		assessment and from this information an activities section is developed within the care plan and reviewed at each care plan review.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	The nurse manager evaluates all initial care plans within three weeks of admission. Files sampled demonstrated that the long-term nursing care plan was evaluated at least six monthly or earlier if there is a change in health status. All interventions are updated with a change in health condition. There was at least a three-monthly review by the GP. In the resident files sampled reassessments have been completed at least six monthly using the interRAI LTCF tool, and where a resident has had a significant change in health status. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled.
<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>	FA	The building has a current building warrant of fitness that expires in 25 June 2019. Planned and reactive maintenance is completed as required. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. External areas are maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.
<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	Infection surveillance is an integral part of the infection control programme. Monthly infection data collected for all infections is based on signs and symptoms of infection. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. The results are discussed at staff meetings. Reports are easily accessible to all staff. There have been no outbreaks since the last audit.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	Documented systems are in place to ensure the use of restraint is actively minimised. The facility was not utilising restraint or enabler use on audit day. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Enablers are voluntary. Care staff interviewed, have a good knowledge of restraint and confirmed restraint is not used, and has not been used at Teviot Valley Rest Home. Restraint minimisation is reviewed via staff meetings and education and audits are completed.

## 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)
Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.	PA Moderate	The general practitioner prescribes all medication to be administered. Five of ten medications evidenced that indications for use were recorded for ‘as required’ medication.	Five of ten medication charts reviewed did not have indications for use charted for all ‘as required’ medication.	Ensure that all ‘as required’ medication has indications for use charted.  60 days
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers’ assessed needs, and desired outcomes.	PA Moderate	A short-term care plan is documented for all wounds. The short-term care plan documents the type of wound, but does not include an assessment including size and depth of the wound. A plan was documented for each of the two wounds and both wounds are healing. Both wounds show regular evaluation. The district nurse completes the documentation of the chronic ulcer. All dressings are completed by the nurse manager who therefore is aware of the	Two of two current wounds did not have a comprehensive assessment documented.	Ensure all wounds have a comprehensive assessment documented.  60 days

		assessment of every wound. The previous partial attainment continues.		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.