# Queen Rose Retirement Home Limited - Queen Rose Retirement Home

## Introduction

This report records the results of a Certification 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Queen Rose Retirement Home Limited

**Premises audited:** Queen Rose Retirement Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 25 June 2019 End date: 26 June 2019

**Proposed changes to current services (if any):**

**Total beds occupied across all premises included in the audit on the first day of the audit:** 29

# Executive summary of the audit

## Introduction

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

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

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

**Key to the indicators**

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

Queen Rose Retirement Home is certified to provide rest home level care for up to 29 residents. On the day of audit, the facility had full occupancy. The manager has been in the role for six months and has responsibility for the daily operations and to oversee the delivery of services. The manager is supported by three owners who continue to work at the facility and provide ongoing support on a daily basis and two registered nurses.

This certification audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of resident’s and staff files, observations and interviews with residents, relatives, staff, management and general practitioner.

Residents and family members interviewed praised the service for the support provided.

There were no areas for improvement identified at this audit.

## Consumer rights

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

The staff at Queen Rose Retirement Home ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services is easily accessible to residents and families. Information on informed consent is provided and discussed with residents and relatives. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process.

## Organisational management

|  |  |  |
| --- | --- | --- |
| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Standards applicable to this service fully attained. |

The business plan and quality plan have goals documented. There are policies and procedures to provide appropriate support and care to residents with rest home level needs. A quality and risk management programme is in place, which includes managing adverse events and health and safety processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. Ongoing training is provided and there is a training plan developed and implemented for 2019. Rosters and interviews indicated sufficient staff that are appropriately skilled with flexibility of staffing around clients’ needs. The residents’ files are appropriate to the service type and are compliant with all legislative requirements.

## 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. |

An admission package with information on the services provided at Queen Rose Retirement Home is available prior to or on entry to the service.

Registered nurses assess, plan and review residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals. There is a three-monthly general practitioner (GP) review.

The residents’ activities programme provides varied activities that include one-to-one and group activities, community involvement and outings.

Medication policies reflect legislative requirements and guidelines. Staff responsible for administration of medicines complete annual education and medication competencies. All medication charts have photo identification, allergy status and evidence of three-monthly reviews noted.

All meals are prepared off site by a catering company. There is a verified food control plan in place. The four weekly seasonal menu has been reviewed by a dietitian. Individual and special dietary needs and residents’ dislikes are catered for and alternative options are made available for residents.

## 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. |

Queen Rose Retirement Home has a current building warrant of fitness. All rooms are single and personalised, and there is an adequate number of shower and toilet facilities for the number of residents. There is adequate room for the safe delivery of rest home level of care within the resident’s rooms. Residents can freely access communal areas using mobility aids. There is a communal dining area, lounge and recreational areas, and lounges and seating areas. Outdoor areas and the internal courtyards are safe and accessible for the residents. There is wheelchair access to all areas.

Housekeeping staff maintain a clean and tidy environment. All laundry is completed at Queen Rose Retirement Home. Chemicals were stored safely throughout the facility. Appropriate policies are available along with product safety charts.

## Restraint minimisation and safe practice

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| --- | --- | --- |
| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |

The organisation actively minimises the use of restraint. All staff receive training on restraint minimisation and management of behaviours that challenge. At the time of the audit there were no residents using restraint or enablers.

## Infection prevention and control

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| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. |  | Standards applicable to this service fully attained. |

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

## 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 | 45 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 93 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service DeliveryConsumers receive services in accordance with consumer rights legislation. | FA | Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) and relevant legislation. An information pack is available to residents/families prior to admission and contains information of their rights. Discussions with staff (three caregivers, two registered nurses and an activities coordinator) confirmed their familiarity with the Code. Four residents and two family members interviewed, confirmed the services being provided are in line with the Code.  |
| Standard 1.1.10: Informed ConsentConsumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | Residents and their families are provided with all relevant information on admission. Policies and procedures for informed consent and resuscitation are in place. General consents and specific consents where applicable were obtained on admission and updated as required. These were sighted in the residents’ files reviewed. Resuscitation plans were appropriately signed. Copies of enduring power of attorney (EPOA) for care and welfare were in resident files for residents deemed incompetent to make decisions. Systems are in place to ensure residents, and their family/whānau (where appropriate), are provided with appropriate information to make informed choices and decisions. Discussions with staff confirmed consent is obtained when delivering care. A signed admission agreement was in place for the files reviewed. Discussions with family/whānau confirmed that the service actively involves them in decisions that affect their relative’s lives.  |
| Standard 1.1.11: Advocacy And SupportService providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Contact numbers for advocacy services are in advocacy pamphlets available in the entrance. Residents’ meetings include actions taken (if any) before addressing new items. Discussions with relatives identified that the service provides opportunities for the family/EPOA to be involved in decisions.  |
| Standard 1.1.12: Links With Family/Whānau And Other Community ResourcesConsumers are able to maintain links with their family/whānau and their community.  | FA | Residents confirmed that visiting can occur at any time. Key people involved in the resident’s life have been documented in the resident files. Key people involved in the resident’s life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community.  |
| Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.  | FA | The service has a complaints policy and procedures in place and residents and their family/whānau are provided with information on admission. Complaint forms are available outside the nurse’s station entrance of the service. The complaints process has been reviewed and updated to include clear evidence of complainant satisfaction with outcomes of the investigation and response. Staff are aware of the complaints process and to whom they should direct complaints. The service documents all concerns (including minor verbal concerns) as complaints. A review of the complaints log/register evidences that 22 complaints were documented for 2018 and 12 complaints for 2019 year to date. Appropriate actions have been taken in the management and processing of all complaints with evidence of 100% satisfaction with all outcomes. A complaints procedure is provided to residents within the information pack at entry. Residents and family members advised that they are aware of the complaints procedure and how to access complaint forms.  |
| Standard 1.1.2: Consumer Rights During Service DeliveryConsumers are informed of their rights. | FA | The service provides information to residents that include the Code, complaints and advocacy including in formats suitable for people with intellectual disabilities. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents interviewed identified they are well informed about the Code. Surveys and direct communication with management provide the opportunity to raise concerns. Advocacy and the Code information is included in the information pack and are available at the service.  |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And RespectConsumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | Staff interviewed could describe the procedures for maintaining confidentiality of resident records, residents’ privacy and dignity. Golden rules are signed by staff at commencement of employment. Residents are supported to attend church services held within the facility or attend church services in the community if they wish. Residents interviewed reported that they can choose to engage in activities and access community resources. There is an abuse and neglect policy and staff education around this occurred in July 2017. |
| Standard 1.1.4: Recognition Of Māori Values And BeliefsConsumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs. | FA | The service has a Māori heath plan and an individual’s values and beliefs policy, which includes cultural safety and awareness. There were no residents that identified as Māori at the time of audit. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. Staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff had training around cultural awareness in February 2018.  |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And BeliefsConsumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.  | FA | Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives reported that they feel they are consulted and kept informed and family involvement is encouraged. |
| Standard 1.1.7: DiscriminationConsumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | The staff employment process includes the signing of golden rules, house rules and code of confidentiality. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity, privacy and boundaries. |
| Standard 1.1.8: Good PracticeConsumers receive services of an appropriate standard. | FA | The service meets the individualised needs of residents who have been assessed as requiring rest home level care. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. The service has reviewed and redocumented all policies and procedures over the last year. All staff are aware of the changes and this was evidenced in meeting minutes, signing sheets and on interview. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Combined quality/health and safety/infection control /staff meetings are conducted every month with a high staff attendance. Residents interviewed spoke positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel very supported by the management team. Caregivers are encouraged to complete Careerforce qualifications and demonstrate high attainment rates. All staff have current first aid certificates and complete competencies relevant to their practice.  |
| Standard 1.1.9: CommunicationService providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Relatives interviewed confirmed they are notified following a change of health status of their family member. This was confirmed in ten incident forms reviewed. Residents also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident meetings occur quarterly and management have an open-door policy. The residents stated that the owners and manager are on site daily and visit residents to ask about their wellbeing. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau have difficulty with written or spoken English, the interpreter services are made available.  |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Queen Rose is jointly owned by three couples. Two couples are actively involved in the day-to-day running of the facility. The service can provide care for up to 29 rest home level care residents. On the day of the audit there were 29 residents in total, including one respite resident, one resident on a mental health contract, two younger persons disability and two residents on long-term chronic health contracts. All other residents were under the Aged Residential Care (ARC) contract. The owners have owned/managed Queen Rose Retirement Home since 1985. One owner (previous manager) provides financial and operational support, another works as the activities coordinator and another provides maintenance and transport services. The manager commenced the role in December 2018 having previously worked as the registered nurse at the facility for five and a half years. She is supported by three owners who are all on site most weekdays, and two full time registered nurses. Both RNs and the manager have current annual practicing certificates. The service has a business plan for 2018 – 2019. The mission statement sets out the vision and philosophy of the service and includes a quality policy statement. The mission statement and philosophy is displayed in a frame at the entry to the main lounge. The manager meets with at least two of the owners each week and reports on a variety of topics relating to quality and risk management. The managers have attended at least eight hours of training relating to managing a rest home including attendance at aged care provider meetings.  |
| Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.  | FA | During the temporary absence of the manager, the owner (previous manager) will fill the role with support from the RNs.  |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The manager facilitates the quality programme and ensures the internal audit schedules are followed. Corrective action plans are developed and signed off when service shortfalls are identified. Quality improvement processes are in place to capture and manage non-compliances. They include internal audits, hazard management, risk management, incident/accident and infection control data collection and complaints management. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints, and surveys. Quality improvement data is discussed at monthly combined quality/staff meetings. Quality objectives have been documented and progress towards attainment is discussed at management and quality/staff meetings. Resident meetings have been held regularly every three months. There are policies and procedures provided by an external aged care consultant that are relevant to the service types offered. All policies and procedures have been thoroughly reviewed by the manager with input from owners, staff and external expertise over the last year. These are reviewed and updated at least two yearly or sooner if there is a change in legislation, guidelines or industry best practise. There is a current risk management plan. Hazards are identified, managed and documented on the hazard register. There is a designated health and safety officer (the owner and previous manager). Health and safety issues are discussed at monthly quality/staff meetings with action plans documented to address issues raised. There are resident/relative surveys conducted and analysed annually. The October 2018 resident/relative survey had been distributed. The survey evidences that residents and families are overall very satisfied or satisfied (97%) with the service. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.  |
| Standard 1.2.4: Adverse Event Reporting 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.  | FA | The accident/incident process includes documentation of the incident and analysis and separation of resident and staff incidents and accidents. Ten incidents reviewed (from May and June 2019) demonstrated clinical follow-up. Neurological observations were completed as per policy for resident falls with a potential head injury. Accidents and incidents are analysed monthly with results discussed at the combined quality/staff meetings. The management team are aware of situations that require statutory reporting.  |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | FA | There are human resources policies including recruitment, selection, orientation and staff training and development. Five staff files sampled (two RNs, two caregivers, and one activities coordinator) showed appropriate employment practices and documentation. All staff files reviewed for staff who have been employed for more than 12 months contained a current annual performance appraisal. The recruitment and staff selection process require that relevant checks are completed to validate the individual’s qualifications, experience and suitability for the role. The service has competencies for basic medication, controlled drugs and insulin administration. Current annual practising certificates are kept on file. The orientation package provides information and skills around working with residents with rest home level care needs and were completed in all staff files reviewed. There is an annual training plan in place for 2019. There are 18 caregivers that work at Queen Rose and 13 have level 3 or level 4 NZQA qualifications. A further two caregivers have level 2 and the remainder are enrolled and were in progress of completing. Residents interviewed stated that care staff are knowledgeable and skilled.All three registered nurses are interRAI trained. |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The manager is on site 40 hours per week. The owners are on-call after hours for any non-clinical issues and the manager and an experienced RN provide on-call for any clinical issues on a weekly rotation. The local general practitioner (GP) also provides after-hours care if required and caregivers have access to the local ambulance service. Interviews with caregivers, residents and family members identified that staffing is adequate to meet the needs of residents. Advised that extra staff can be called on for increased resident requirements. There is an RN on site on the morning shift every day with two RNs on Sunday to Tuesday. Staffing for 29 residents is as follows: There are four caregivers (three full shift and one short shift) on the morning shift, two caregivers (one short and one full shift) on the afternoon shift and one on the night shift. The activities coordinator works 25 hours per week plus an activity’s assistant six hours per week. Staff and residents interviewed, confirmed that staffing levels are adequate, and that management and the owners are visible and able to be contacted at any time.  |
| Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The service retains relevant and appropriate information to identify residents and track records. Files and relevant resident care and support information can be accessed in a timely manner. All resident files are in hard copy and stored where they cannot be accessed by people not authorised to do so. Individual resident files demonstrate service integration. Entries are legible, dated and signed by the relevant staff member including designation.  |
| Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | Prior to entry to Queen Rose Retirement Home potential residents have a needs assessment completed. The service has an admission policy, admission agreement and a resident information pack available for residents/families/whānau at entry. The information pack includes all relevant aspects of the service. All Queen Rose Retirement Home admission agreements viewed were signed. Admission agreements in the files reviewed align with contractual requirements. Exclusions from the service are included in the admission agreement. The registered nurses described the entry and admission process.  |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.  | FA | A transfer document, summary care plan and medication profile are provided when residents are transferring to hospital. All relevant information is documented and communicated to the receiving health provider or service. Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | There are policies and procedures in place for safe medicine management that meet legislative requirements. The rest home has one medication room. The medication trolley is kept in the locked medication room. Controlled drugs are stored in a locked safe. Registered nurses, or medication competent carers administer medications from Webster packs on medication rounds. These staff members have been assessed for competency on an annual basis and attend annual medication education. RNs attend syringe driver education. All medication is checked on delivery against the electronic medication chart. All medications were securely and appropriately stored. There were no residents self-medicating on the day of audit. The medication fridge is maintained within the acceptable temperature range. All eye drops, and ointments were dated on opening. Twelve medication charts reviewed met legislative requirements; all charts had photo identification and allergies/adverse reactions noted, and ‘as required’ medications prescribed correctly with indications for use. Medications had been signed as administered in line with medication charts. The twelve medication charts included three monthly GP reviews. Appropriate practice was demonstrated on the witnessed medication around.  |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | All meals are prepared and cooked off-site at a catering company. The Food Control Plan achieved a Grade A from Dunedin City Council. The kitchen manager has a food handling certificate and oversees the food service provision for Queen Rose Retirement Home. The kitchen team includes the kitchen manager and kitchenhands. There is a four weekly rotating summer and winter menu that is reviewed by the company dietitian. A food services policies and procedures manual is in place. All residents have their dietary requirements/food and fluid preferences recorded on admission and updated as required. The cook maintains a folder of resident’s dietary requirements that includes likes/dislikes. Alternative choices are offered. The kitchen manager is informed of dietary changes and any residents with weight loss. Dietary needs are met including normal, pureed meals and finger foods. Specialised utensils and lip plates are available as required. Input from residents and food surveys, provide resident feedback on the meals and food services. Residents and relatives interviewed confirmed likes/dislikes are accommodated and alternative choices offered. Food is delivered in hot boxes from the catering company and transferred to the hot box. It is probed as it goes into the bain marie. Daily hot food temperatures are taken and recorded for each meal. Meals are served and delivered to residents. Fridge and freezer temperatures are recorded. Dry foods in the pantry are dated and sealed. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen has a separate dishwashing area, preparation, cooking, baking and storage areas. The chemicals are stored safely. The chemical supplier completes quality control checks on the sanitiser. Safety data sheets are available, and training is provided as required. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons and gloves.  |
| Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.  | FA | If entry is declined, the management staff at Queen Rose Retirement Home communicate directly with the referring agencies and potential resident or family/whānau as appropriate. The reason for declining entry to the service would be if there were no beds available or the service could not meet the assessed level of care. The manager advised that they then write a letter to the Ministry of Health advising them of the reason for declining service. |
| Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | There was evidence in files sampled that the RN completes an initial admission assessment within 24 hours which includes relevant risk assessment tools for all residents. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident/relative and significant others. Four of the six files reviewed (not under the ARC) did not require interRAI assessments. Two residents under the ARC had interRAI assessments completed within the required timeframe. Additional assessments for management of wound care were appropriately completed according to need. The long-term care plans reflected the outcome of the assessments. A variety of assessments are completed for the residents that are not under the ARC contract. |
| Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | The RN develops the long-term support plan from information gathered over the first three weeks of admission. The support plans sampled reflected the outcomes of risk assessments. Interventions clearly described support required. Each resident file sampled had a risk summary and detailed the resident’s medical problems and alerts such as (but not limited to); risk of urinary tract infections; and high falls risk. There was documented evidence of resident/relative/whānau involvement in the support planning process. Short-term care plans are available for use to document any changes in health needs with interventions, management and evaluations. Short-term care plans sighted included management of wounds, back pain and a lower muscle sprain and behaviour management. There was evidence that short-term care plans sampled had been evaluated at regular intervals and integrated into the long-term care plan if it was an ongoing problem.Medical GP notes and allied health professional progress notes are evident in the residents integrated files sampled.  |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | The registered nurse reviews a client’s care needs when there is a change in the resident’s condition. The registered nurse arranges a GP or nurse specialist visit if required. There is evidence of three-monthly medical reviews, or the GP will visit earlier if there is a change in health status. Residents and relatives interviewed confirmed care delivery and support by staff is consistent with their expectations. Families confirmed they were kept informed of any changes to resident’s health status. Resident files sampled recorded communication with family.Staff reported there are adequate continence supplies and dressing supplies. On the day of the audit supplies of these products were sighted. There were four wounds being managed, on the day of the audit. Wound assessments had been completed for all wounds. For one of these wounds there was evidence of GP and podiatrist involvement (the wound was to the resident’s heel). Pressure injury prevention interventions were documented in the care plans for residents identified at risk of pressure injury. Behaviour management plans are developed with multi-disciplinary input and describe types of behaviour, possible triggers and interventions. The GP initiates any specialist referrals to the mental health services. Daily bowel monitoring for each resident has been introduced and a bowel chart / record developed. As a result, staff report that there has been a reduction in constipation incidents. Monitoring charts included weight, blood pressure and pulse and food and fluid intake charts. Resident care plans (short-term and long-term) document appropriate interventions to manage clinical risk such as poor mobility, falls, skin integrity and nutrition. Caregivers interviewed confirmed they are updated of any changes in resident’s care or treatment during handover sessions. The active short-term care plans and long-term care plans are in the resident files. |
| Standard 1.3.7: Planned ActivitiesWhere 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. | FA | The service employs an activities coordinator who works 25 hours per week. An activities assistant is employed six hours per week. Both members of the activities team have considerable experience in the aged care environment. There is evidence in files reviewed of the activities team conducting activities assessments on admission and six monthly. Plans are developed, reviewed and evaluated and integrated into the resident’s care plan. Interview and file review confirmed that activities and community access were provided for younger residents. A pastor from the local church provides fortnightly spiritual and pastoral care to residents. The activities programme is displayed in residents’ rooms and in the communal areas and includes exercises, housie, and regular weekly concerts. The activities team enables residents to access the community through bus outings and car outings to appointments, shopping or social visits. Bus outings are very popular and include outings for picnics and restaurants and cafés. Special events have included a “baby shower” for one of the staff who is expecting a baby and a 30-year celebration for one of the residents.The residents have the opportunity to provide feedback on the programme through resident meetings and surveys. The residents and relatives interviewed commented positively on activities offered. |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Three of the six residents’ files sampled had been in the facility for longer than six months. There was evidence in these files of six-monthly evaluations of the support plan. The resident/family interviewed advised they are involved in review of their care plans. The long-term support plans reviewed evidenced that the support plan was amended with each review if there were changes identified. Short-term care plans reviewed were evaluated regularly with problems resolved or they were integrated into the long-term support plan if there was an ongoing problem.  |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.  | FA | Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. A transfer document, summary care plan and medication profile are generated when residents are transferring to hospital. There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and their families are kept informed of the referrals made by the service. The RNs interviewed described the referral process to other medical and non-medical services. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | The service has policies and procedures for the disposal of waste and hazardous material. There is an incident system for investigating, recording and reporting all incidents. The chemicals supplies are kept in locked cupboards in service areas. The contracted supplier provides the chemicals, safety data sheets, wall product charts and chemical safety training as required. Approved containers are used for the safe disposal of sharps. Personal protective equipment (gloves, aprons, goggles) are readily available to staff.  |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building holds a current building warrant of fitness which expires 4 March 2020. The maintenance person is employed 40 hours per week. The maintenance person carries out minor repairs and maintenance, reactive and preventative maintenance. There is an annual maintenance plan, with monthly checks, which include hot water temperatures, maintenance of resident equipment and safety checks. Electrical equipment has been tested and tagged. Clinical equipment is calibrated annually. Essential contractors are available after-hours. The corridors are sufficiently wide to enable safe mobility for the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There are outdoor areas with seating and shade. There is wheelchair access to all areas. The facility has a bus with a current warrant of fitness and registration available for transportation of residents. The bus driver transporting residents has a current first aid certificate. The caregivers and RNs stated they have enough equipment to safely deliver the cares as outlined in the resident care plans. There are adequate storage areas for hoist, wheelchairs, products and other equipment.There is a designated external smoking area.  |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | All resident rooms are single with hand basins, and some rooms have ensuites. There are adequate communal toilets and showers. The ensuites have appropriate flooring and handrails. There are vacant/occupied signs and privacy locks.  |
| Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.  | FA | All resident rooms in the facility are of an adequate size for rest home level care. The bedrooms allow for the resident to move about the room independently or with the use of mobility aids. Residents and their families are encouraged to personalise the bedrooms as viewed. Residents interviewed confirmed their bedrooms are sufficiently spacious and they can personalise them as desired. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The facility has a dining area and lounge rooms. Seating is placed appropriately to allow for groups and individuals to relax or take part in activities. The corridors are light and spacious. Residents were observed safely moving between the communal areas with the use of their mobility aids. There is a hairdressing area, a sunroom, and additional lounge areas for quiet activities and private meetings with family/visitors. |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | All personal clothing and laundry are laundered on site. There is a laundry person rostered to work seven days a week five hours per day, (this role is combined with cleaning, kitchen and caregiving roles). There is a defined clean and dirty area of the laundry and an entry door and exit door. The laundry is well equipped, and the machinery is regularly serviced. Personal protective clothing is available including gloves, aprons and face masks. Adequate linen supplies were sighted. There are policies and procedures which provide guidelines regarding the safe and efficient use of laundry services.Cleaners are available daily. The cleaners’ cupboard containing chemicals is locked. Cleaners’ trolleys are well equipped and kept in locked areas when not in use. All chemicals have manufacturer labels. Cleaning staff were observed to be wearing appropriate personal protective equipment. The environment on the day of audit was clean and tidy. There is a daily and monthly room clean schedule. The cleaning staff have completed chemical safety training. |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | FA | There is an emergency management plan to guide staff in managing emergencies and disasters. The facility has an approved fire evacuation plan. Fire evacuation drills are completed every six months. A contracted service provides checking of all facility equipment including fire equipment. Civil defence supplies are checked six-monthly and secured with plastic ties providing assurance the kit remains complete. The facility has back-up lighting, power and sufficient food and personal supplies to provide for its maximum number of residents in the event of a power outage. There is sufficient water stored to ensure for three litres per day for seven days per resident. There are alternative cooking facilities available with a gas cooker. The staff are responsible for checking the facility for security purposes on the afternoon and night shifts. The nurse call system is appropriate for the size of the facility and call bells are accessible in the rooms, lounge and dining areas. There is a staff member on each shift with a current first aid certificate. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | All resident rooms and communal rooms have external windows allowing adequate natural light. Windows can be opened safely to allow adequate ventilation. The facility is heated and kept at a comfortable temperature. Residents and relatives interviewed confirmed the environment and the bedrooms are warm and comfortable.  |
| Standard 3.1: Infection control managementThere is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.  | FA | Queen Rose has an established infection control programme. The infection programme is appropriate for the size, complexity and degree of risk associated with the service. An RN is the designated infection control person with support from all staff. Infection control matters are routinely discussed at all quality/staff meetings. Education has been provided for staff. The infection control programme has been reviewed annually.  |
| Standard 3.2: Implementing the infection control programmeThere are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | There are adequate resources to implement the infection control programme. The RN is responsible for infection prevention and control. The infection control team is all staff through the quality/staff meeting. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available. |
| Standard 3.3: Policies and proceduresDocumented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. | FA | The infection control manual outlines a range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies have been recently are reviewed and updated as required, at least two yearly. |
| Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The staff orientation programme includes infection control education. The infection control coordinator, the second RN and the manager have all completed external infection control updates. Staff in-service education is provided annually. Education is provided to residents during daily support with residents interviewed able to describe infection prevention practice that is safe and suitable for the setting. |
| Standard 3.5: SurveillanceSurveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections, based on signs and symptoms of infection. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and compared month by month. Outcomes and actions are discussed at quality/staff meetings and results posted for staff to view. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the manager and owners. The infection rate is very low apart from a norovirus outbreak in July 2018. The outbreak was managed appropriately and included comprehensive analysis. The outbreak was reported to public health. |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | FA | The restraint policy includes a definition of enablers as voluntarily using equipment to maintain independence. The service philosophy includes that restraint is only used as a last resort. At the time of the audit there were no residents using restraint or enablers. Staff have been trained in restraint minimisation and the management of behaviours that challenge, last occurrence in June 2019. |

# 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.

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| 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.