# Waverley Aged Care Limited - Waverley House Rest 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:** Waverley Aged Care Limited

**Premises audited:** Waverley House Rest Home

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

**Dates of audit:** Start date: 8 July 2019 End date: 8 July 2019

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

## General overview of the audit

Waverley House provides rest home level care for up to 20 residents. There was full occupancy on the day of audit.

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

The rest home has been owned and operated by the owner/director (non-clinical) since 2004. She is supported by an experienced full-time registered nurse. Residents, family members and the general practitioner interviewed commented positively on the care and services provided.

This audit identified areas for improvement relating to staff meeting information, care plan interventions and neurological observations.

## Consumer rights

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| --- | --- | --- |
| 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 Waverley House rest 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). Discussions with family members identified that they are fully informed of changes in their family member’s health status. Information about the Code and advocacy services is easily accessible to residents and families. 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

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| --- | --- | --- |
| 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. |  | Some standards applicable to this service partially attained and of low risk. |

Quality management processes are reflected in the business plans, goals, objectives and policies. There is a current business plan in place. A risk management programme is in place. Staff document incidents and accidents. 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. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## Continuum of service delivery

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| --- | --- | --- |
| 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. |

A registered nurse is responsible for the provision of care and documentation at every stage of the service delivery. Residents are assessed prior to entry to the service to establish a level of care. The initial support plans, baseline assessments and care plans guide staff in the safe delivery of care to the residents. The care plans are resident, and goal orientated and reviewed every six months or earlier if required. Input from the resident/family is evident in the service delivery. Integration of allied health and a team approach is evident in the resident files reviewed. The general practitioner reviews residents three monthly or more often as required. Residents interviewed confirmed that they were happy with the care provided.

Planned activities are appropriate to the resident’s assessed needs and abilities and residents advised satisfaction with the activities programme.

There is a secure medication system at the facility. Medication charts are reviewed three monthly by the general practitioner. The registered nurses and senior caregivers that administer medication have annual medication competency assessments and receive annual education.

Residents' food preferences and dietary requirements are identified at admission and accommodated. The kitchen is well equipped for the size of the service. All meals are cooked on site. 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

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| --- | --- | --- |
| 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. |

Emergency systems are in place in the event of a fire or external disaster. There is a staff member on duty across 24/7 with a current first aid certificate.

The building holds a current warrant of fitness. Chemicals are stored safely throughout the facility. Appropriate policies are available along with product safety charts. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is wheelchair access to all areas. Internal areas are well ventilated and warm. External areas are safe and well maintained. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. External providers are utilised for the maintenance service.

Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation scheme and emergency supplies for at least three days. There is a staff member on duty across 24/7 with a current first aid certificate.

## 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 service has appropriate procedures and documents for the safe assessment, monitoring and review of restraint and enablers. There were no residents with restraints and no residents with an enabler at the time of the audit. Staff receive training around restraint minimisation.

## 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 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. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of the surveillance are acted upon and evaluated in a timely manner. There had been one norovirus outbreak in January 2018 which was appropriately managed and well documented.

## 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 | 42 | 0 | 3 | 0 | 0 | 0 |
| **Criteria** | 0 | 90 | 0 | 3 | 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 Delivery  Consumers 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 one registered nurse (RN), four caregivers, and one activities person 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 Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | There are established informed consent policies/procedures and advanced directives in place. General consents obtained on admission were sighted in the five rest home resident files reviewed. Consents were sighted for specific procedures. Advance directives were on the resident files where residents had stated a preference. Resuscitation plans were appropriately signed.  An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. Residents and families interviewed confirmed they have been made aware of and understand informed consent processes and that appropriate information had been provided.  All five long-term residents (under the ARCC) had a signed admission agreement. |
| Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Residents and families right to access advocacy and services is identified for residents. Advocacy leaflets are available in the service reception area. The information identifies who the resident can contact to access advocacy services. The information pack provided to residents prior to entry includes advocacy information. Staff were aware of the right for advocacy and how to access and provide advocate information to residents if needed. Residents and family members that were interviewed were aware of their access to advocacy services. |
| Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community. | FA | Residents and relatives confirmed that visiting could occur at any time. 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, including being involved in regular community groups. Entertainers are regularly invited to perform at the facility. |
| 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 that describes the management of the complaints process. Complaints forms are available. Information about complaints is provided on admission. The manager and the RN operate an ‘open door’ policy. Residents and relatives confirmed they are aware of the complaints process. Caregivers interviewed were able to describe the process around reporting complaints. There were three complaints made in 2018 and one complaint received in 2019 year-to-date. Complaints reviewed included follow up action and implemented corrective actions where required. |
| Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights. | FA | The Code and advocacy pamphlets are located at the main entrance of the service. On admission, the manager or RN discusses the information pack with the resident and the family/whānau. This includes the Code, complaints and advocacy information. The service provides an open-door policy for concerns/complaints. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are informed about the Code. The manager was observed discussing care with a prospective family member. The information was comprehensive and evidenced the service’s family approach to services. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records and resident’s privacy and dignity. House rules are signed by staff at commencement of employment. Residents and relatives interviewed reported that residents can choose to engage in activities and access community resources. There is an abuse and neglect policy in place. |
| Standard 1.1.4: Recognition Of Māori Values And Beliefs  Consumers 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 guidelines for the provision of culturally safe services for Māori residents. There is a Māori health plan. On the day of the audit there were no residents who identified as Māori. Discussions with staff confirmed that they are aware of the need to respond with appropriate cultural safety. Treaty of Waitangi training and cultural awareness was provided March 2018. |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs. | FA | Care planning and activities goal setting include 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. Family members reported that they feel they are consulted and kept informed and family involvement is encouraged. |
| Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position, ethics, and advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on privacy and personal boundaries. The staff employment process includes the signing of house rules. 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 privacy and personal boundaries. |
| Standard 1.1.8: Good Practice  Consumers receive services of an appropriate standard. | FA | The service meets the individualised needs of residents appropriate to rest home level care. The quality programme is designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, the requirement to attend orientation and ongoing in-service training. Monthly staff/quality meetings and regular residents’ meetings are conducted. Residents and relatives interviewed spoke positively about the care and support provided. Staff interviewed stated that they feel supported by the manager and RN. Improvements to the facility since previous audit have included, painting and decoration as rooms become available, a new hoist, upgraded heating, new lighting for the lounge, dining and hallways and garden maintenance. Meeting minutes and observation of mealtimes reflect an emphasis on maintaining a calm environment for meals. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | There is a policy to guide staff on the process around open disclosure. The facility manager and RN confirmed family are kept informed. One relative interviewed stated they are notified promptly of any incidents/accidents. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with management. Resident meetings encourage open discussion around the services provided (meeting minutes sighted). Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Waverley House is privately owned by the manager. The service provides care for up to 20 residents at rest home level care. On the day of the audit, there were 20 residents in total. All residents were under the age residential related contract (ARRC).  There is a business plan, quality and risk plan developed, which aligns with purpose, mission and values of the business. The manager is a non-practicing enrolled nurse who has many years aged care experience. She has been the owner/manager of Waverley House since 2004. The manager is supported by an RN, (who has been in the role since 2014), and also an administrative person.  The manager has maintained at least eight hours annually of professional development activities related to managing a rest home including clinically based training and emergency planning with the DHB. |
| 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 | The manager reported that in the event of her temporary absence the RN fills her role with support from the administrative person and other staff. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | PA Low | A quality and risk management plan is in place. The quality system developed by an external consultant includes comprehensive policies and procedures. Staff meetings reviewed document discussion of policies as part of training.  There is a quality and risk management plan and business plan. The business plan had been reviewed annually. The quality/staff meetings document: discussion and follow-up of quality data, incidents and accidents, complaints (where they occur) and restraint. Health and safety and infection control are not documented as discussed. There are a series of quality improvement plans in place including new care plan templates being implemented.  The service completes internal audits as per the annual audit programme. Corrective actions have been developed for all opportunities for improvements identified through quality activities as well as repeat audits to ensure that services have improved. Staff complete hazard identification forms for identified/potential hazards. A current hazard register is in place. |
| 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 service collects all incident and accident information reported by staff on a paper-based system. Incident and accident data is collected and analysed monthly and a report documented for the monthly quality/staff meeting. Twelve resident related incident forms were reviewed for June 2019. The forms included a section to record family notification. All forms reviewed indicated family were informed or if family did not wish to be informed. Relatives sign a communication sheet to inform the service when and under what circumstances they would like to be informed. Comprehensive progress notes document follow-up and care post incidents. Care staff interviewed were knowledgeable regarding the care needs (including high falls) for all residents. Discussions with the manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. |
| 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 job descriptions available for all relevant positions that describe staff roles, responsibilities and accountabilities. The RN has a current practising certificate. Five staff files were reviewed (one RN, three caregivers and one cook). Evidence of signed employment contracts, job descriptions, orientation and training were in the files reviewed. Annual performance appraisals have been conducted for all staff as they fall due. Newly appointed staff complete an orientation that is specific to their job description. Care staff interviewed described the orientation programme that includes a period of supervision.  The service has an annual training schedule for in-service education, all mandatory training except H&S has been completed in the last two years. Health & Safety training was scheduled for this month. Staff complete competencies relevant to their roles. The RN is trained and competent in the use of the interRAI assessment tool. The RN and senior caregivers all have a first aid certificate and medication competency. This ensures that there is at least one staff member on all shifts with a first aid certificate and a current medication competency. |
| 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 RN is on site for eight hours a day during weekdays and on-call after hours and on weekends. The RN is supported by two caregivers on the morning shift, two during the afternoon shift (one long shift and one short shift) and one on night shift. An activities person is employed for 12 hours per week. A home assistant is employed seven days per week for laundry and cleaning. The caregivers, residents and relatives interviewed informed there are sufficient staff on duty at all times. |
| 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. This includes information gathered at admission with the involvement of the family. Staff can describe the procedures for maintaining confidentiality of resident records and sign confidentiality statements. Files and relevant care and support information for residents can be referenced and retrieved in a timely manner. |
| 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 | The service has comprehensive admission policies and procedures in place. Residents and family received an information pack outlining services able to be provided. All residents had the appropriate needs assessment on admission to the service. All five resident files reviewed had signed admission agreements in place. Admission agreements reflect all the contractual requirements. Exclusions from the service are included in the admission agreement. Residents interviewed reported that the admission agreements were discussed with them in detail by the owner/manager. The RN ensures that residents are admitted to the service as per contractual requirements. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | There are documented policies and procedures in relation to exit, transfer or transition of residents in a timely and safe manner. Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. The residents and their families are involved for all exit or discharges to and from the service. |
| 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 | The medication management policies and procedures align with recognised standards and guidelines for safe medicine management practice. Clinical staff (registered nurses and senior caregivers) who administer medications have been assessed for competency on an annual basis and attend annual medication education. Medication received (robotic rolls) are checked on delivery against the medication chart by the registered nurse and stored safely in a locked room. Original labels were present on medication in the medication room. The staff administering medications complied with the medication administration policies and procedures as evidenced in the observed medication round on the day of audit. The controlled drug safe and documentation were verified as compliant. Controlled drug check was verified for the one controlled drug in stock, all entries and balances brought forward were documented correctly. There were no residents who self-administer their own medicines on the day of the audit. The service does not utilise standing orders. Medication fridge temperatures are monitored and recorded weekly.  Ten medication charts were reviewed. All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three-monthly. The administration signing sheets reviewed identified medications had been administered as prescribed. ‘As needed’ medication administered had their indications for use documented and outcomes were documented in assessment forms and progress notes. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | The food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. There is a well-equipped kitchen and all meals are prepared and cooked on site by the cook. There is a food service manual in place to guide the staff. The cook has had food safety training. The service had a current food control plan valid until 30 September 2019.  There is a 4-week seasonal menu in place. Residents are provided with meals that meet their food, fluids and nutritional needs. The registered nurse completes a nutritional profile for each resident on admission and provides the cook with the dietary requirement form. Dislikes and other meal preferences are known and accommodated. Additional or modified foods are also provided by the service.  Fridge and food temperatures were monitored and recorded daily. All containers of food stored in the pantry are labelled and dated. All perishable goods were date labelled. A cleaning schedule for the kitchen was maintained. Cooked meals are plated from the kitchen directly to the dining room. The meals were well-presented, and residents confirmed that they are provided with alternative meals as per request. All residents are weighed regularly. Residents with weight loss problems are provided with food supplements. Residents and family members interviewed spoke positively about the food provided. |
| 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 | There is a documented policy on decline of entry to the service. When a potential resident’s entry to the service is declined, the decision and reason is communicated to potential residents/family and referring agency for appropriate placement and advice. The manager reported that the district health board needs assessors and social workers contact the manager to discuss the suitability of the resident prior to sending the resident and their family to view the facility. |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | On admission the registered nurse utilises standardised assessment tools to gather information regarding the resident, in consultation with the resident and their relatives where appropriate. All five resident files sampled contained appropriate completed assessment tools and interRAI assessments that were reviewed at least six monthly or when there is a change to a resident’s health condition. The interRAI assessments have been completed for all residents within the required timeframes. The long-term care plans sampled reflected the outcome of the assessments. Additional assessments were completed according to the need (eg, for pain, skin integrity and continence). |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | PA Low | The long-term care plans sampled were resident-focused and personalised, however not all care plans reflected the resident’s current health status. There was evidence of allied health care professionals involved in the care of the resident. There was documented evidence of resident and/or family input ensuring a resident-focused approach to care. Residents and family members confirmed on interview they are involved in the care planning and review process. All long-term care plans sampled were reviewed and updated in a timely manner. Short-term care plans are evident in the sampled files and have been developed following a change in health status. Interventions addressed the desired outcomes/goals. Integration of records and monitoring documents was evident. Staff interviewed reported they found the care plans easy to follow. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | PA Low | The registered nurse and caregivers follow the care plan and report progress of the resident at each shift handover. When a resident's condition alters, the registered nurse initiates a review and if required, arranges a GP visit. If external medical advice is required, this will be actioned by the GP. There was evidence of three-monthly medical reviews or earlier for health status changes. There was evidence that family members were notified of any changes to their relative’s health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented. Caregivers interviewed stated there is adequate access to medical supplies including continence and wound care supplies.  Wound management policies and procedures are in place. Three wounds were being treated by the service on the day of the audit. Wound assessments and wound care plans (include dressing type and evaluations on change of dressings) were in place for all three wounds. There is access to the DHB wound nurse specialist for advice for wound management as required. The service had no reported pressure injuries at the time of the audit. The registered nurse interviewed could describe the referral process to the specialist wound care or continence nurse through the DHB. The service maintains close links with the local district health board and clinical nurse specialist.  Interviews with the registered nurse and caregivers demonstrated an understanding of the individualised needs of residents and confirmed they are updated of any changes in resident’s care or treatment. Residents interviewed confirmed care delivery and support by staff is consistent with their expectations and expressed satisfaction with the clinical care. Monitoring occurs for weight, vital signs and blood glucose. Neurological observations following unwitnessed falls were not always completed. |
| Standard 1.3.7: Planned Activities  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. | FA | The service employs one activity coordinator for three hours, four days per week to operate the activities programme. Activities provided are appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. The activities coordinator interviewed displayed an understanding of resident requirements.  The weekly activities programme was posted in the lounge and include exercises, singing, pamper time, scenic drives, reminiscing, pet therapy games and church services. Residents are encouraged to maintain community links through activities such as the RSA lunches, a monthly social with another local rest home and a morning tea held at the local church. Birthdays and other special events such as Mother’s Day, ANZAC, Easter and St Patricks day are celebrated. The activity plans sampled were well-documented and reflected the resident’s preferred activities and interests. Each resident has an individual activities assessment on admission and from this information an individual activity care plan is developed. The activities plan is reviewed six monthly, and monthly updates were documented on the resident’s progress towards goals. The residents’ activities participation log was sighted. Interviewed residents and family members indicated the activities provided by the service are adequate and enjoyable. On the day of audit, some residents were observed being actively involved in a group game, while others were socialising with family in the lounge.  The service receives feedback on activities through one-on-one feedback, residents’ meetings and surveys. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | The five files sampled demonstrated that the initial care plans are evaluated by the registered nurse within three weeks of admission. Long-term care plan evaluations sighted have been reviewed at least six monthly. The registered nurse completing the plan signs the care plan reviews. Residents and families are involved in the care plan reviews, by signing the next of kin documentation form. Short-term care plans reviewed had been utilised for all short-term care issues. The care staff document in the progress notes on every shift. Registered nurse entries in progress notes were evident. The GP completes a three-monthly resident review or earlier if required. |
| 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 | The service facilitates access to other medical and non-medical services. The registered nurse initiates referrals to clinical nurse specialists and wound care specialist. There was evidence of referrals by the GP to other specialist services. The residents and the families are kept informed of the referrals made by the service. Referral documentation is maintained on resident files. |
| 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 | There are implemented policies in place to guide staff with waste management. All chemicals were securely stored. Storage areas both inside and outside were locked. Chemical bottles sighted had correct manufacturer labels, and safety data sheets were available and accessible in all service areas. The hazard register is current. Staff interviewed confirmed they can access personal protective clothing and equipment at any time. As observed during the audit, staff were wearing gloves, aprons and hats when required. |
| 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 facility has a current building warrant of fitness that expires on 1 November 2019. There are established systems in place to ensure the physical environment and facilities are safe and fit for their purpose.  Maintenance is undertaken by external contractors on referral by the manager. The electrical safety test tag system shows this had occurred. The facility is being maintained in good repair. All maintenance records were reviewed and are clearly documented. Review of the records revealed temperatures are all below 45 degrees Celsius and whenever it was out of range, corrective actions have been taken.  Residents have access to safely designed sheltered courtyards with appropriate seating and shade covering. The facility has sufficient space for residents to mobilise using mobility aids and residents were observed moving around freely.  Interviews with residents confirmed the environment was suitable and safe to meet their needs. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans. Servicing for the hoist was scheduled as evidenced. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  Consumers 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 | There are sufficient numbers of toilets and bathrooms for the number of residents in the rest home. There are adequate communal showers and toilets with locks and shower curtains. Three resident rooms have ensuites. All bathrooms and toilets are maintained to a good standard, are constructed for ease of cleaning walls and floors. The hot water temperatures are monitored monthly. Residents interviewed confirmed their privacy is assured when staff are undertaking personal care. |
| 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 | There is adequate space in the bedrooms and enough space for the safe manoeuvring of mobility equipment. All resident rooms are single. Residents are encouraged to personalise their rooms as viewed on the day of audit. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The rest home has a dining room and a lounge area which is suitable for the residents and the care setting. There is adequate room for facilitating activities as observed. Appropriate comfortable seating is provided both within the facility and outside. The dining rooms and lounge are within easy walking distances to bedrooms and common areas. Residents interviewed confirmed they use their rooms or external areas if they want privacy or quiet time. All furniture is safe and suitable for the rest home residents. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All laundry is laundered on site in a designated laundry area with defined clean and dirty areas. There is a dedicated cleaning/laundry person Monday to Friday and caregivers’ complete basic laundry and cleaning duties at the weekends. The cleaning trolley is locked in a designated area when not in use. The chemicals are stored appropriately in a locked cupboard in the laundry. The service conducts regular reviews and internal audits of cleaning and laundry services to ensure these are safe and effective. Residents and relatives interviewed were satisfied with the laundry service and cleanliness of the communal areas and their bedrooms. |
| 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/business management plan in place to ensure health, civil defence and other emergencies are included. Staff interviewed were able to describe the emergency management plan and how to implement this. Emergencies, first aid and CPR are included in the mandatory in-service programme. At least one staff member is on duty at all times with a current first aid certificate. Six-monthly fire evacuation drills have been completed. A contracted service provides checking of all facility equipment including fire equipment.  There are civil defence supplies including radios, batteries and food. There is sufficient stored water.  There are call bells in the residents’ rooms and lounge/dining room areas. Residents were observed to have their call bells in close proximity. |
| 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 | Residents are provided with adequate natural light and safe ventilation. The environment is maintained at a safe and comfortable temperature. All bedrooms have adequate natural light. Residents and family members interviewed were satisfied with their surroundings and comfortable. |
| Standard 3.1: Infection control management  There 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 | Waverly House has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The registered nurse is the designated infection control person with support from all staff. Infection control rates are collated monthly. Education has been provided for staff. The infection control programme has been reviewed annually. Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents and staff are offered the influenza vaccine annually. |
| Standard 3.2: Implementing the infection control programme  There 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 for the size and complexity of the organisation. The infection control (IC) person has maintained practice standards by attending external training. External resources and support from the infection control nurse at the DHB 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 procedures  Documented 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 | There are infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive 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 reviewed and updated. |
| 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 person has completed infection control updates and provides ongoing education of staff. Education is provided to residents and family in the course of daily support on a one-to-one basis. Staff and residents interviewed were able to describe infection prevention practices that are safe and suitable for the setting. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Infection surveillance and monitoring is an integral part of the infection control programme and is described in Waverley House infection control policies. Systems in place are appropriate to the size and complexity of the facility. Monthly infection data is collected for all infections based on signs and symptoms of infection and antibiotic usage. Trends are identified and analysed, and preventative measures put in place. Surveillance of all infection control data is not reported at staff meetings (link 1.2.3.6). On review of the surveillance data the infection rate is very low at the facility. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. The RN is the restraint coordinator. On the day of the audit there were no residents with restraints and no residents with enablers.  Restraint and challenging behaviour education are included in the training programme. Restraint use is on the agenda at the staff meetings and past restraint minimisation meetings were evidenced when restraint was in use. |

# 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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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.3.6  Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers. | PA Low | Monthly staff meetings are documented, they include discussion of incident and accident data, complaints and training and follow-up from identified issues. Health and safety and infection control are not documented as discussed. | Monthly staff/quality meetings do not document discussion of health and safety or infection control. | Ensure health and safety and infection control are agenda items for the monthly staff/quality meetings to ensure staff are updated.  90 days |
| Criterion 1.3.5.2  Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process. | PA Low | The long-term care plans were developed based on detailed assessments and in consultation with the resident/relative. Long-term care plans were in place for all residents; however, four of the five long-term care plans had not been updated to reflect the resident currents needs and interventions to safely guide care staff in the delivery of care. | Four of the five long-term care plans reviewed did not include all interventions to support assessed needs;  (i) Three residents with challenging behaviours did not have documented interventions in place regarding management of challenging behaviours, identification of triggers and de-escalation techniques.  (ii) There were no documented falls prevention interventions for two residents identified as high falls risk. | (i) (ii) Ensure care plans reflect the needs/supports and interventions to meet the residents’ current health status.  90 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 Low | Monitoring forms are used to monitor residents’ health and well-being including blood pressure and pulse, weight, blood sugar levels, behaviour, food and fluid intake. Short-term care plans are used to document short-term needs and supports. Short-term care plans sighted on the day of audit included urinary tract infection, wounds and skin tear. These had been reviewed regularly and signed off when resolved or transferred to the long-term care plan. | Three residents with unwitnessed falls did not have neuro observations monitored and recorded post-falls as per policy. | Ensure neuro observations are completed for all residents that had unwitnessed falls as per policy.  90 days |

# 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.