

Gwynn Holdings Limited - Rata Park Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Gwynn Holdings Limited
Premises audited:	Rata Park Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 October 2019 End date: 30 October 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:	13

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Rata Park is certified to provide rest home level care for up to 20 residents. On the day of audit there were 13 residents. The service is owned and managed by two registered nurses. The owner/managers are supported by a full-time registered nurse and care staff.

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

Residents and relatives interviewed were complimentary of the service that they receive.

The service has addressed one of the two previous audit shortfalls around the vinyl in the dining room. Further improvements continue around adverse events.

This audit also identified a shortfall around education.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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There is evidence of open disclosure practises being implemented and relatives reported they are well informed. There have been no complaints since the previous audit. Residents and relatives are aware of the complaints process. Staff interviewed were familiar with processes to ensure informed consent.

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Rata Park has a current business plan that includes specific goals for 2019.

Services are planned, coordinated and are appropriate to the needs of the residents. The owner/managers and registered nurse are responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is documented and implemented. The risk management programme includes managing adverse events and health and safety processes. Incidents are documented and managed appropriately.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Annual competencies are maintained. Registered nursing cover is provided seven days a week. Residents and relatives reported that staffing levels are adequate to meet the needs of the residents.

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.
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Initial assessments and interRAI assessments are completed on admission to the service. Care planning and reviews are completed by a registered nurse. Each resident has access to an individual and group activities programme. The group programme is varied and interesting. Medication is stored appropriately in line with legislation and guidelines. General practitioners review residents at least three monthly or more frequently if needed. Meals are prepared on site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are provided. Residents interviewed were complimentary about the food service.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness. Preventative and reactive maintenance occurs.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Rata Park has restraint minimisation and safe practice policies and procedures in place. The service is restraint free and no enablers were in use.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infections are reported by staff and residents and monitored through the infection control surveillance programme by the infection control officer (manager/RN). Infections are monitored and evaluated for trends and discussed at staff meetings.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	14	0	1	1	0	0
Criteria	0	39	0	1	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints log/register includes the date of the incident, complainant, summary of complaint, any follow-up actions taken and signature when the complaint is resolved. There have been no complaints received since the previous audit. The owner/managers advised that resident meetings are an open forum for residents to air any concerns or issues, which are then dealt with in a timely manner. The residents interviewed stated they talk to management or staff if there is anything, they are not happy about and it is dealt with immediately. The relatives interviewed were aware of the complaint process but felt the management team were approachable and always have an open door policy. Information on the complaint's form includes the contact details for the Health and Disability Advocacy Service.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Four residents interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Ten incident reports reviewed between August and October 2019 documented relative notification or stated the reason the relative had not been contacted as documented in the care plan. Staff interviewed (two caregivers, one cook/caregiver, one registered nurse and two owner/managers) were aware of their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. There had been no complaints since the previous audit.</p> <p>Information of outings and activities are shared on the Facebook page to keep families informed of the day-to-day</p>

<p>conducive to effective communication.</p>		<p>activities and special events at Rata Park. Residents have consented to information shared on social media.</p> <p>Three relatives interviewed confirmed that they are notified of any changes in their family member's health status. Interpreter services are available as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Rata Park Rest Home provides rest home care for up to 20 residents. On the day of audit there were 13 residents. This included two respite residents, and one resident assessed as hospital level care. The service has MOH dispensation for this resident to remain at Rata Park. All residents were under the age-related contract.</p> <p>The service has a strategic plan, a business plan and a quality and risk management plan, and goals have been reviewed at least annually.</p> <p>The owner/managers are both registered nurses who have owned the facility for eight years. They are supported by a full-time registered nurse and committed care staff. The owner/managers described a low staff turnover over the last year.</p> <p>The managers have maintained at least eight hours of professional development in relation to management of a rest home and attend the DHB providers meetings regularly.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The owner/managers facilitate the quality programme and ensure the internal audit schedules are implemented. The internal audit schedule is implemented. Corrective action plans are developed, implemented and signed off when service shortfalls are identified.</p> <p>Quality improvement processes are in place to capture and manage non-compliances. They include internal audits, hazard management, risk management, incident and accident, and infection control data collection and complaints management. All quality improvement data is discussed formally at the bi-monthly staff meetings, and less formally on a day-to-day basis (interview with the caregivers confirmed this).</p> <p>There is a current risk management plan. Hazards are identified and managed and documented on the hazard register. The hazard register has recently been reviewed. The manager is the designated health and safety officer. Health and safety issues are discussed at every staff meeting with action plans documented to address issues raised.</p> <p>An annual resident survey has been conducted and analysed. The residents are overall very satisfied with all aspects of the service.</p> <p>Falls prevention strategies are in place for individual residents.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>PA Moderate</p>	<p>The accident/incident process includes documentation of the incident and analysis and separation of resident and staff incidents and accidents. Ten incidents sampled for August, September and October 2019, demonstrated NOK notifications or the reason for not notifying was documented. Neurological observations had been completed for all unwitnessed falls, the previous finding has been addressed, however, not all incident reports documented appropriate RN follow-up, or documented opportunities to minimise risks.</p> <p>Accidents and incidents are analysed monthly with results discussed at staff meetings.</p> <p>Discussions with the management team and RN evidenced awareness of situations that require statutory reporting. A recent outbreak was notified appropriately. There have been no section 31 notifications required since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Five staff files sampled (the activities/caregiver, an RN and three caregivers employed since the previous audit) demonstrated appropriate employment practices and documentation. Current annual practicing certificates are kept on file.</p> <p>The orientation package provides information and skills around working with residents with aged care and was completed in all staff files sampled.</p> <p>There is an annual training plan in place which is not fully implemented. All files sampled contained a current annual performance appraisal. Residents and the relatives interviewed stated that staff are knowledgeable and skilled.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably</p>	<p>FA</p>	<p>There is a documented rationale for staffing the service. Staffing rosters were sighted and staff on duty match needs of different shifts and needs of different individual residents.</p> <p>On morning shifts, the registered nurse works 8 am to 3 pm Monday to Friday, she is supported by a caregiver/cook who works from 8 am to 3 pm Monday to Friday.</p> <p>The afternoon shift has one caregiver from 3 pm to midnight, there is an extra shift from 4 pm to 8 pm to be utilised when the resident numbers or resident acuity increases. Nightshift is from midnight to 8 am covered by one</p>

<p>qualified/skilled and/or experienced service providers.</p>		<p>caregiver. All caregivers have a current first aid certificate.</p> <p>The owner/managers and the registered nurse share on call. The owner/managers live next door to the facility with access to their house at the end of a corridor. Staff, residents and relatives interviewed confirmed that staffing levels are adequate.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Ten electronic medication charts reviewed had photo identification and an allergy status on the medication chart. Medication prescribed is signed as administered on the electronic system, there is evidence of three-monthly reviews by the GP. Caregivers and RNs who administer medications have completed a practical and written medication competency annually. Medication administration practice complies with the medication management policy for the medication round sighted. Medications are checked on delivery against the medication chart by the RN. Standing orders are not used. The facility uses a blister pack medication management system for the packaging of all tablets. Two residents self-administer inhalers and have a current competency assessment, which has been reviewed six monthly by the GP. All medications were stored safely in a locked cupboard in the nurses' station. The medication fridge is monitored daily as sighted in records reviewed. Medication room temperatures were checked and recorded daily and were under 25 degrees.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a functional kitchen adjacent to the dining room, all food is cooked on site. There is a food services manual in place to guide staff. The kitchen is able to meet the needs of residents who require special diets and the cook works closely with the RN. The cook has completed food safety training and has taught the caregivers around food safety. The cook follows a rotating menu which has been reviewed by a dietitian. Supplements are available for residents who experience unintentional weight loss. There is special equipment available for residents if required. A food control plan is in place expiring on 27 February 2020. The temperatures of refrigerators and freezers are recorded daily and were within ranges. Cooked foods are monitored and recorded at each main meal. All food is stored appropriately and is dated to ensure good stock rotation. Cleaning schedules are in place and are adhered to. Residents interviewed were very happy with food service provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services</p>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP or nurse specialist consultation. There is evidence that relatives 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 relatives and notifications are documented in the resident files reviewed. The hospital level resident has a hospital bed and pressure relieving equipment in place, the room is large and provides adequate space for the use of hoists and equipment required.</p>

<p>in order to meet their assessed needs and desired outcomes.</p>		<p>Adequate dressing supplies were sighted. There was one resident with a wound on the day of the audit. A wound assessment, plan and evaluation was in place. There is access to a wound nurse specialist from the DHB if required.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Monitoring occurs for blood pressure, weight, vital signs, blood glucose, pain and challenging behaviours. All monitoring forms were appropriately completed.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities team were undergoing changes during the time of the audit. There will be two caregivers sharing the role of activities coordinator. The hours of activities will remain between 10 am to 2 pm. Additionally, the manager and other caregivers provide activities. A notebook of the activity's residents have participated in and outings is maintained, along with a participation record for each resident. Each resident has an individual activities assessment on admission. From this information, an individual activities plan has been developed by the activity's coordinator for all long-term resident files sampled.</p> <p>Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan. Participation is monitored. Group activities reflect ordinary patterns of life and include planned visits to the community. One resident has their dog living at the service and is a source of interest for all residents. The local kindergarten and school children visit regularly. Regular activities include spontaneous outings to the supermarket or hardware stores, trips to the museum, walks outside (weather permitting), newspaper reading quizzes and word games.</p> <p>Rata Park are focusing on more resident lead activities. The current residents have requested to participate in more household chores as this is what they have been used to at home. Residents were observed helping set the tables at lunch time, another resident went around each resident with hand gel prior to the meal. Some of the resident activities were posted on the facilities Facebook page for relatives to catch up on what residents are doing. Recently the residents were involved in making and planting raised vegetable beds in the garden and tunnel house.</p> <p>Residents are encouraged to maintain links with the community with two residents attending church and one resident attends the MS society locally. Informal resident meetings occur almost daily as confirmed by staff and residents during interviews. Residents let the management or activities staff know if there is a place of interest they would like to visit, or an activity they would like to try, such as a BBQ lunch.</p> <p>One-on-one activities are provided for residents who choose not to participate in group activities. Activities include manicures, hand and feet massages, reading and a chat.</p> <p>Residents and relatives interviewed commented positively on the activity programme.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans reviewed were evaluated by the RN within three weeks of admission. Files sampled demonstrated that the long-term care plan was evaluated at least six-monthly or earlier if there is a change in health status. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem was ongoing, as sighted in resident files sampled. Written evaluations identified if the desired goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current warrant of fitness expiring on 27 June 2020. All equipment has been tested and calibrated. One wing continues to be closed due to low resident numbers.</p> <p>There is a large central communal lounge adjacent to the large dining room, the vinyl in the dining room has been repaired. The previous finding has been addressed.</p> <p>All resident rooms are personalised to personal taste. There are adequate shared toilet and shower rooms available for residents. All areas are accessible to residents requiring mobility aids. The external garden areas are accessible, well maintained and provide seating and shade.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in policy. The owner/manager is the designated infection control person. Individual infection report forms are completed for all infections and are kept as part of the resident files. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered onto a monthly summary and then analysed and reported to staff meetings. There is close liaison with the GPs and laboratory service that advise and provide feedback and information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There was a recent outbreak of gastroenteritis. Five residents were affected, the symptoms and processes were well documented, and notifications were made in a timely manner. All staff were updated on a daily basis through the communication book, and at handovers. The outbreak was well managed.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate</p>	FA	<p>Rata Park has documented systems in place to ensure the use of restraint is actively minimised and is restraint free. There were no enablers in use on the day of the audit. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education on restraint minimisation and enablers and management of challenging behaviours has not occurred (link 1.2.7.5).</p>

that the use of restraint is actively minimised.		
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Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	<p>PA</p> <p>Moderate</p>	<p>Adverse events are recorded on incident forms. Neurological observations were commenced for all unwitnessed falls; however, RN follow-up was not documented in the progress notes or incident forms in a timely manner, and opportunity to minimise risks were not documented.</p>	<p>(i) RN follow-up of incidents was not documented in progress notes or incident forms in a timely manner in all ten incident reports reviewed.</p> <p>(ii) Ten of ten incident reports did not document opportunities to minimise risk.</p>	<p>(i)-(ii) Ensure RN follow-up is documented in a timely manner, and opportunities to minimise risks are identified.</p> <p>60 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers</p>	<p>PA Low</p>	<p>Annual medication competencies, hoist training, chemical safety, and fire drills have occurred. The registered nurse and the owners (RNs) have attended interRAI refresher courses, external study days for infection control and</p>	<p>There was no evidence of education sessions in 2018 or 2019 on; residents rights and consent, abuse and neglect, cultural safety, falls minimisation, wound management,</p>	<p>Ensure all staff complete compulsory training sessions listed</p>

to provide safe and effective services to consumers.		hospice training. One caregiver and one RN have completed online dementia credits.	continence, challenging behaviours and restraint, or annual infection control.	above. 180 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.