

Tranquillity Bay Care Limited - Tranquillity Bay Care

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 HealthShare 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:	Tranquillity Bay Care Limited	
Premises audited:	Tranquillity Bay Care	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 4 November 2020	End date: 4 November 2020
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:	33	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Tranquillity Bay Care can provide rest home level care for up to 34 residents. This surveillance audit was conducted against a subset of the relevant health and disability standards and the provider's contract with the district health board. There have been no changes to the organisation, of the facility since the last audit.

The audit included a review of policies and procedures, interviews with management, staff, residents and family members. Resident and staff files were sampled. The organisation achieved full compliance with all requirements.

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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Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent. In interview, family members confirmed that they were notified following an adverse events. The complaints process meets consumer rights legislation. There have been no formal complaints since the last audit.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The organisation is governed by the owners/managers who monitor organisational performance. Quality activities are implemented and business goals defined and monitored. There is a documented risk management system. This includes health and safety requirements. Adverse events are documented and used to make improvements.

Human resource processes meet all requirements. Staff are suitably skilled and experienced. There are a sufficient number of qualified staff on duty at all times.

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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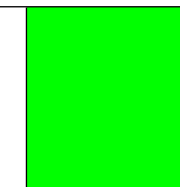
The multidisciplinary team, including registered nurses (RNs) and general practitioner (GP), assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files sampled confirmed that the care provided, and needs of residents, are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

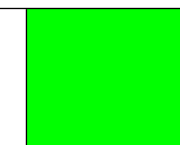
The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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There have been no changes to the facility since the last audit.

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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Infection prevention and control

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

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	15	0	0	0	0	0
Criteria	0	37	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](#).

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 process complies with consumer rights legislation. All residents are provided with information regarding the complaints process, and advocacy services, on entry. Information regarding the complaints process is displayed. Residents and family interviewed confirmed they have had the complaints procedure explained to them and they know how to make a complaint if required. Staff are aware of their responsibility to record and report any resident or family complaint they may receive. There have been no formal complaints since the last audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was evident in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of consumer legislation.</p> <p>Staff knew how to access interpreter services, although it was reported that this was rarely 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>The organisation is owned and operated by Tranquillity Bay Care Limited. There is an owner/operations manager and one director who is the owner/manager. Both owners have been working in aged care industry for many years and maintain current knowledge of the industry. Day to day management is the responsibility of the owner/manager and the clinical manager. The owner/manager is on site in excess of 40 hours per week and is currently undertaking training in business development. The clinical manager has over seven years' experience working in aged care.</p> <p>The strategic direction for the organisation is documented. The annual business plan remains current and identifies key goals for the organisation. Actions from the business plan are being implemented, for example the owner/manager's attendance with the business development programme. The mission statement 'the more we care, the more beautiful life becomes' remains the same. Organisational performance is monitored through a number of activities, including weekly meetings with the clinical manager and the owner/manager. These meetings include a review of financial accounts, internal audits, surveys and resident/staff feedback.</p> <p>On the day of audit there were 33 residents. One resident was under 65 years of age and was funded through a mental health contract. There was one respite resident funded by the accident compensation corporation (ACC) and one respite resident funded privately under carer support. There were nine residents paying privately.</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 documented quality and risk management system has not changed since the last audit, other than the required policy reviews. Policies are linked to the Health and Disability Sector Standards, current and applicable legislation/standards, guidelines and evidenced-based practice. Policies are available to staff in hard copy. Clinical policies and procedures are reviewed by the clinical manager. There is a document control process. Obsolete documents are removed from circulation.</p> <p>A range of quality related activities are implemented. Services continue to be monitored through feedback, surveys, review of adverse events, and surveillance of infections, health and safety reports and implementation of an internal audit programme. Corrective action plans are documented when required, with evidence of closure. Records of meeting minutes sampled confirmed that quality data is discussed and communicated throughout the organisation. The comprehensive internal audit programme has remained in place. An improvement has been implemented over the last few months. This was change in the satisfaction survey process and questions. The wording in the surveys is now more meaningful with more valuable data being obtained.</p> <p>An organisational risk management programme is in place. The risk management programme covers the scope of the organisation with risk levels and mitigation strategies documented 2019-2021. There is evidence that actions are being implemented, monitored and updated as required. Health and safety policies and procedures are documented along with a hazard management programme. Health and safety inspections are included in the internal audit programme. Additional processes were implemented during the COVID-19 pandemic to ensure</p>

		ongoing communication with staff.
<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>	FA	<p>The process for managing adverse events is documented and communicated to staff. Records of adverse events sampled confirmed appropriate immediate actions, full investigation and timely closure. Adverse event reports had a corresponding note in the progress notes to inform staff and demonstrated that family were notified where required. The owner/manager is aware of situations in which the organisation would need to report and notify statutory authorities.</p> <p>Adverse events are categorised and collated with any trends identified. Discussions regarding the results of investigations are included in the weekly catch up meetings between the owner/manager and the clinical manager. Records sampled confirmed discussions regarding prevention of reoccurrence and near misses. For example, a full analysis was sighted for the month of July 2020. This included the required observations following unwitnessed falls and appropriate actions and referrals for a resident with reoccurring behaviours of concern.</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>	FA	<p>Staff files sampled confirmed the validation of qualifications. Records of orientation, employment contracts, position descriptions, reference checks, police vetting and performance appraisals were also sighted in staff files sampled. The orientation programme covers the essential components of service delivery.</p> <p>Ongoing staff training is conducted against the annual training plan. Training is delivered by the clinical manager and a range of external providers. All training resources provided include a quiz from which the clinical manager can assess understanding. Mandatory competencies are defined. This includes medication management and handwashing. Evidence of the completed competencies are kept on staff files. The registered nurses have access to clinical training. The clinical manager is completing an advanced practice and clinical reasoning post graduate diploma. The other nurse has completed wound care hospice training. The clinical manager and registered nurse have both completed interRAI training. An individual record of staff attendance at training is maintained. The administrator also maintains a staff data base which is utilised to monitor that all staff requirements have been maintained.</p> <p>Improvements continue to the performance review process to ensure performance is monitored in an ongoing manner. The process assesses staff performance based on clinical care delivery, people skills, quality, health and safety and general. The organisation also started a system to record any ongoing individual discussions with staff.</p>
<p>Standard 1.2.8: Service Provider Availability</p>	FA	<p>The documented staffing rational has not changed since the last audit. The rational is developed in line with district health board contract requirements. The owner/manager reports that staffing levels are reviewed for</p>

<p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in resident acuity and occupancy. This included a review of rosters during the COVID-19 pandemic to ensure bubbles were maintained.</p> <p>There is a registered nurse on site for 13 days over a fortnight. When not onsite, the registered nurses share on call duty. There are three health care assistants rostered on the morning shift, three in the afternoon and two overnight. There are designated staff for activities, maintenance and cleaning/laundry. The activities staff are also on site 13 days over a fortnight. The availability of a registered nurse and activity staff member for 13 days over the fortnight ensures ongoing support for the weekend staff.</p> <p>Rosters are prepared four weeks in advance. Rosters sampled confirmed a sufficient number of staff over the 24-hour period, seven days per week. There is evidence that staff members are replaced in the event of an unplanned absence. Residents and family members interviewed confirmed that they have timely access to staff when needed.</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>The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>There is a safe system for medicine management using a paper-based system. The RN was observed administering medication and they demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. Current medication administration competencies were sighted.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Prescribing practices included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines. The required three-monthly GP reviews were consistently recorded on the medicine charts reviewed.</p> <p>There were three residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner.</p> <p>Medication errors were analysed and corrective actions implemented as required.</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>	FA	<p>The food service is provided on site by three qualified cooks and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns in six weeks cycle and has been reviewed by a qualified dietitian in February 2019.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the local council. Food temperatures, including for high risk items, were monitored appropriately and recorded as part of the plan. On the day of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection control measures during food preparation and serving.</p> <p>Residents' nutritional assessments were completed for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements were made known to kitchen staff and accommodated in the daily meal plan. Copies of diet profiles were sighted in the kitchen folder. Snacks and fluids were provided for residents in a 24-hour period. Special equipment, to meet residents' nutritional needs, was available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Residents were seen to be given enough time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Documentation, observations and interviews with residents and family verified that care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP was not available for interview on the day of the audit. Healthcare assistants confirmed that care was provided as outlined in the documentation. Appropriate equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.</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</p>	FA	<p>The activities programme is provided by one trained diversional therapist holding the national Certificate in Diversional Therapy (DT), assisted by an activity's coordinator.</p> <p>The DT completes social assessment and history on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments were regularly reviewed to help formulate an activities programme that is meaningful to the residents. The residents' activity needs were evaluated regularly as part of the formal six monthly interRAI and care plan review.</p>

<p>appropriate to their needs, age, culture, and the setting of the service.</p>		<p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events were offered. Residents were observed participating in a variety of activities on the day of the audit. Residents and families/whānau were involved in evaluating and improving the programme through residents' meetings and satisfaction surveys. Residents interviewed confirmed they find the programme satisfactory.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Healthcare assistants evaluated residents' care on each shift and documented in the progress notes, while RNs document in the progress notes every second day and more frequently when required as determined by the residents' condition. Changes noted were reported to the RNs. This was verified in the records sampled and interviews with the RNs.</p> <p>Formal care plan evaluations occurred every six months following the six-monthly interRAI reassessment, or as residents' needs change. Where progress was different from expected, the service responded by initiating changes to the plan of care. Short-term care plans were consistently reviewed, progress evaluated as clinically indicated and closed off when the condition resolved. Examples of short-term care plans sighted were for wound infections, weight loss, and urinary tract and chest infections. The clinical manager reported that unresolved problems, would be added to long term care plan. The interviewed residents and family provided examples of involvement in evaluation of progress and any resulting changes.</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>	<p>FA</p>	<p>There have been no changes to the facility since the last audit. The current building warrant of fitness was sighted. Trial evacuation drills are conducted every six months as required.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the organisation. Infection data is collected, monitored and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are instigated. Staff interviewed reported that they are informed of infection rates at monthly meetings and through compiled reports. Records of the monthly analysis sighted confirmed the total number of infections, comparison with the last month, reason for increase or decrease, action advised.</p>

specified in the infection control programme.		
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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.

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, 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.