

Rosaria Rest Home 2006 Limited - Rosaria 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 The DAA Group 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:	Rosaria Rest Home 2006 Limited
Premises audited:	Rosaria Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 16 March 2021 End date: 16 March 2021
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:	23

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

Rosaria Rest Home 2006 Limited - Rosaria Rest Home provides care for up to 26 residents requiring rest home level care.

This unannounced surveillance audit was conducted against a subset of the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies, procedures, residents and staff files, observations and interviews with residents, families, a general practitioner, owner/manager and staff. An interpreter was used for all resident and family interviews, as all of the residents spoke Cantonese or Mandarin. Some staff were also interviewed with the assistance of an interpreter as they had limited ability to communicate in English or had English as their second language.

At the last audit there were four areas identified as requiring improvement. Those related to document control, information provided to residents and family, and dietitian review of the menu plans have been addressed. The area for improvement raised at the last certification audit related to staff medicine competency assessment remains open. In addition, there are ten new areas identified as requiring improvement. These relate to management roles, evaluating incident data / consistently having staff meeting minutes available, review of the hazard register, monitoring annual practising certificates, orientation records, staff annual performance appraisals, staffing, timeliness of InterRAI assessments and care planning, aspects of medicine management, and monitoring the temperature of the food freezer and refrigerator.

Residents and family members interviewed were satisfied with the owner / manager, staff and the services they provide.

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 was confirmed to be effective. Most staff speak Mandarin or Cantonese and provide residents and families with the information they need to make informed choices and to give consent.

Two complaints have been received in 2020. These have been acknowledged, investigated and responded to. One complaint remains open and the management team are meeting regularly with the DHB to address the issues.

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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The organisation's philosophy, mission and vision statement are identified in the business, quality and risk management plan. The management team comprises the owner/manager, the assistant manager (appointed to this role in August 2020), and a registered nurse (appointed in November 2020).

The quality and risk management systems include an internal audit programme, complaints management, incident/accident reporting, health and safety, restraint minimisation, and surveillance for resident infections. Quality and risk management activities and results are shared among managers and staff. Corrective action planning is documented.

New staff are provided with an orientation. Staff participate in relevant ongoing education. Residents and family members confirmed during interview that all their needs and wants are met.

The service has a documented rationale for staffing.

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.		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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A registered nurse (RN) 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 reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular 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.

The medication management policy guides staff in safe medicine management.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents confirmed satisfaction with the 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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Rosaria Rest Home has a current building warrant of fitness. There have been no changes to the building since the last audit except for ongoing maintenance and refurbishment. There have been no changes to the approved fire evacuation plan 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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The restraint minimisation and safe practice policy and definitions comply with the standard. There were no restraints or enablers in use during the audit. Staff are aware of the difference between restraints and enablers. Restraint and enabler use are topics included in the orientation programme for new staff and is scheduled to occur as part of the ongoing training programme in the next two weeks.

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.

The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent, and manage infections.

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

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	10	0	2	4	1	0
Criteria	0	29	0	7	3	1	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>Rosaria Rest Home implements organisational policies and procedures to ensure complaints processes reflect a fair complaints system that complies with the Code. During interview, residents, family and staff reported their understanding of the complaints process and residents and family members noted they had no complaints. There are copies of the Code in Chinese in each resident's bedroom. This was verified to be an accurate translation via the interpreter. Complaint forms are present at the main entrance and include an area for the recording of complaints or other feedback.</p> <p>A complaints register is maintained and associated records were verified. Two complaints were received in 2020. One complaint has been investigated and responded to in a timely manner. A complaint received from the District Health Board (DHB) in late 2020 remains open. The Rosaria Rest Home management team regularly meet with the DHB representatives (including the quality and monitoring manager) to progress the issues raised. This remains is a work in progress. There have been no complaints from the Ministry of Health (MOH) or Health and Disability Commissioner (HDC) since the last audit.</p>
Standard 1.1.9: Communication Service providers	FA	<p>Residents and families were interviewed with an independent interpreter assisting the interview process. Family members interviewed by telephone stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in the residents' records reviewed. Staff and the owner/manager</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>understood the principles of open disclosure. Open disclosure policies and procedures meet the requirements of the Code of Health and Disability Services Consumer Rights (the Code).</p> <p>The owner/manager and all except two staff members employed are Chinese speaking and do not require an interpreter service when communicating with current residents and family members. They are however aware that they can access the DHB interpreter services if needed. The two care givers that do not speak Chinese are long term employees and are able to effectively communicate with the residents via key phrases and other non-verbal communication methods.</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>PA Moderate</p>	<p>Rosaria Rest Home has a documented mission statement, philosophy and values that are focused on the provision of quality care, identification and meeting individual resident needs, promoting independence and the provision of culturally appropriate care. The business, quality and risk management plan detail the organisation's goals and objectives. The owner/manager and the assistant manager advised they monitor the progress in achieving goals via day-to-day activities, resident / family feedback and monitoring of the results of quality and risk activities.</p> <p>The service has a contract with the DHB for the provision of age-related rest home level care. The owner/manager and assistant manager advised 21 residents have been assessed as requiring rest home level care, including one resident under the age of 65, and one resident under a long-term support chronic health conditions (LTS-CHC) contract. The current LTS-CHC contract could not be located for review during the audit. There are two residents who have been recently re-assessed as requiring hospital level care. One of the hospital level care residents is scheduled to transfer to another ARRC facility the day following this audit. The owner/manager advised the other resident and their family wants the resident to stay at Rosaria Rest Home and is in the early stages of completing the required documentation related to this, as sighted. Please refer to the 1.3.3 for information on this hospital level resident audited using tracer methodology. There are no boarders.</p> <p>There have been changes in the management team; the roles and responsibilities for the management team members are not sufficiently clear, and some gaps have appeared in systems and processes. This is an area requiring improvement.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and</p>	<p>PA Low</p>	<p>Rosaria Rest Home has a quality and risk management system which is understood and implemented by service providers. This includes internal audits, incident and accident reporting, health and safety, infection control data collection and management, restraint minimisation and complaints/compliments management. Regular internal audits are conducted and the results of nine audits sampled demonstrated good compliance with organisation policy.</p> <p>If an issue or deficit is found, a corrective action is put in place to address the situation. Corrective actions were</p>

<p>maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>developed and implemented. Quality information is shared with all staff via shift handover as well as via the monthly staff meetings. While accidents and incidents are being reported and managed, the monthly summary registers are no longer documented for easy reference and data is not analysed as previously occurring (prior to October 2020). The minutes of staff meetings are not consistently available to staff and these are areas identified as requiring improvement.</p> <p>Policies and procedures were readily available for staff. Policies have been developed by an external consultant and localised by the owner/manager to reflect the needs of Rosaria Rest Home. A copy of all policies is held at the nursing station with the owner/manager responsible for document control processes. A review of the manuals confirmed the three most recent policies received from the external consultant via email (including the privacy policy) had been personalised and included in the manual available for staff. The shortfall from the last audit has been addressed. Staff interviewed verified they were kept well informed of relevant quality and risk information.</p> <p>Staff, residents and family members interviewed expressed satisfaction about the services provided at Rosaria Rest Home.</p> <p>The organisation risk register has been reviewed in 2021. The hazard register is overdue for review and this requires improvement.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Policy and procedure detailed the required process for reporting incidents and accidents. Staff are provided with education on their responsibilities for reporting and managing accidents and incidents during orientation and as a component of the ongoing education programme.</p> <p>Applicable events are being reported in a timely manner, disclosed with the resident and/or designated next of kin and documented in the applicable shift progress notes. This was verified by residents and all family members interviewed, and review of resident records and incident/event forms. A review of reported events including falls with or without an injury, behaviour causing concern, and a medicine event demonstrated that incident reports were completed, and incidents were investigated and responded to in a timely manner.</p> <p>Staff communicated incidents and events to oncoming staff via the shift handover. Staff advise the number and type of events are discussed with staff at the staff meetings; however, meeting minutes are not consistently available to demonstrate the discussions (refer to 1.2.3.6).</p> <p>The owner/manager confirmed the DHB had not been informed in late 2020 that a RN was not available to provide oversight of residents' care. This has since been followed up by the DHB. The owner/manager confirmed their awareness that should this occur in the future, it would require prompt reporting to the DHB. The manager/owner is aware of the other events that are required to reported to external agencies including the DHB and HealthCERT and the process, and could detail these, noting there have been no other events that have required external notification since the last 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 Moderate</p>	<p>Recruitment processes included completing an application form, conducting interviews and reference checks. Police vetting is occurring for new staff at employment. Staff have a job description on file. The job description / employment contract and confidentiality documents include a statement advising staff of privacy / confidentiality requirements. Monitoring of registered health professionals annual practising certificates expiry dates, documenting staff completion of the orientation programme, and ensuring annual performance appraisals are undertaken are areas requiring improvement.</p> <p>Staff are provided with regular ongoing education relevant to their role.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>PA Moderate</p>	<p>A policy details staffing levels and skill mix requirements, and this aligns with the requirements of the provider's contract with the District Health Board (DHB). The owner/manager advised there were no staff vacancies.</p> <p>The roster does not accurately detail the hours the management team (including the RN) are on site, and the time allocated for catering and activities. A staff member with a current first aid certificate is not on duty one night a week. These issues require improvement.</p> <p>The owner/manager or the assistant manager take residents to health appointments off site in the event a family member is unable to attend with the resident. This occurred on the morning of audit.</p> <p>Residents and the family members interviewed confirmed their personal and other care needs are being met.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>The entry criteria and screening processes are documented and clearly communicated to the prospective residents and their family in Chinese and English languages. The services brochure and website information were updated to reflect the services provided. The previous shortfall in relation to outdated and inadequate information about the services provided on the service's brochure was addressed.</p>
<p>Standard 1.3.12:</p>	<p>PA High</p>	<p>The medication management policy and procedures were current and identified all aspects of medicine</p>

<p>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>management in line with current legislative requirements and safe practice guidelines. Rosaria Rest Home use an electronic medication management system as was observed on the day of audit.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. Clinical pharmacist input was provided on request.</p> <p>There were no residents who were self-administering medicines at the time of audit. Appropriate processes to ensure this is managed in a safe manner when required are documented in the self-medication management policy.</p> <p>Medication errors were investigated, and corrective actions were implemented, except for ensuring staff had a current medicine competency.</p> <p>An improvement is required in relation to weekly checks of CDs, medication fridge temperature monitoring, and checking of expired PRN medications. Ensuring applicable staff have a current medicine competency assessment continues to be an area requiring improvement as identified in the certification audit.</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>PA Low</p>	<p>The food service is provided on site by two qualified cooks and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns in a six-weekly cycle and has been reviewed by a qualified dietitian within the past two years. Recommendations made at that time have been implemented. This now meets the standards.</p> <p>The service operates with an approved food safety plan and registration issued by Ministry of Primary Industries (MPI). The food control plan reverification audit is booked for April 2021. The kitchen assistants have completed relevant food handling training.</p> <p>Nutritional assessments were completed for all residents on admission and a diet profile developed. Copies of diet profiles were sighted in the kitchen folder. The personal food preferences, any special diets and modified texture requirements were made known to kitchen staff and accommodated in the daily meal plan. Residents always have access to food and fluids to meet their nutritional needs. Special equipment, to meet residents' nutritional needs, was available.</p> <p>Evidence of residents' satisfaction with meals was confirmed by residents and family in interviews. Residents were given enough time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p> <p>Monitoring of refrigerator and freezer temperatures needs improvement.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p>	<p>FA</p>	<p>Observations and residents and family interviews confirmed that care provided to residents was consistent with their needs, goals, and the plan of care (refer 1.3.3.3). The interviewed GP confirmed that medical input was</p>

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>sought in a timely manner, that medical orders were followed, and care was implemented promptly. Care staff confirmed that care was provided as outlined in the care plans. A range of equipment and resources was available, suited to the levels 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 appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by two activities coordinators, one being the assistant manager who has a triple role. Social history and activities assessments are completed on admission to ascertain residents' needs, interests, abilities, and social requirements. Two residents did not have an activities assessment completed on admission (refer to 1.3.3.3). Activities daily attendance records were maintained. The residents' activity needs were evaluated regularly and as part of the formal six-monthly care plan review.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. The activities on the programme include board games, outings, loop games, tai chi, Chinese newspaper reading, external entertainment, church activities, birthday celebrations and monthly theme celebrations. Individual, group activities and regular events were offered. Residents who are under 65 had individual activities organised and were able to join the activities on the programme as desired. Residents and families/whānau were involved in evaluating and improving the programme through residents' meetings. The interviewed residents confirmed they found 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>Residents' care was evaluated on each shift and reported in the progress notes. Changes noted were reported to the RN. Formal care plan evaluations are to occur every six months, or as residents' needs change. However, one resident did not have a care plan developed in a timely manner (refer to 1.3.3.3). Where progress was different from expected, the service responded by initiating changes to the plan of care. Short-term care plans were implemented for acute conditions including wound infections, chest infections, weight loss and urinary tract infections. The short-term care plans were being consistently reviewed and progress evaluated as clinically indicated. Residents and families/whānau interviewed reported being involved 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</p>	<p>FA</p>	<p>The building has a current building warrant of fitness (expiry 22 June 2021). There have been no changes to the facility except ongoing maintenance and refurbishment of resident rooms as they become vacant. There have been no changes to the approved fire evacuation plan dated October 2002.</p>

<p>physical environment and facilities that are fit for their purpose.</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>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, wound infections, fungal, E. Coli, the upper and lower respiratory tract. The infection prevention and control coordinator (ICC) reviews all reported infections, and these were documented. New infections and any required management plans were discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and required actions. Graphs were produced that identify trends for the current year, and comparisons against the previous month. Minutes of staff meetings do not consistently demonstrate that infection statistics are consistently communicated with staff (refer to 1.2.3.6).</p> <p>Learnings from the Covid-19 pandemic have been incorporated into practise, with additional staff education implemented. There has been no infection outbreak reported since the last audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers should they be implemented.</p> <p>On the day of audit, no residents were using any restraint or enabler and this was verified during interviews with caregivers. Enablers were described in policy as the least restrictive and used voluntarily at a resident's request. Restraint would only be used as a last resort when all alternatives have been explored as reported by staff and managers interviewed and noted in policy.</p> <p>Restraint minimisation is included in the orientation programme for new staff. The scheduled training on restraint minimisation was deferred in 2020 due to the Covid-19 National Alert Level restrictions and rescheduled to occur in the next two weeks.</p>

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 1.2.1.3</p> <p>The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.</p>	<p>PA Moderate</p>	<p>There have been changes in the management team since the last audit. A new assistant manager started in this role in August 2020. The assistant manager, who previously worked as a caregiver at Rosaria Rest Home from 2017, still undertakes some caregiving duties and provides assistance with the activities programme. The registered nurse (RN) employed at the last audit is on extended leave from October 2020. A new RN has been appointed and commenced in November 2020. The new RN does not have interRAI competency so all InterRAI assessments are currently being conducted by the RN that is on leave as able.</p> <p>The owner (who is also the manager) has owned the rest home since 2006, and advised being overall responsible for ensuring the care needs of residents are met. The owner/manager is on site approximately three days a week (refer to 1.2.8.1), and participates in relevant ongoing education as required to meet the provider’s contract with the District Health Board (DHB).</p>	<p>The roles and responsibilities of the three members of the management team are not clearly defined, or the person responsible is unaware of the requirements. There are some aspects of service management and coordination that are not occurring in a timely</p>	<p>Review and clearly detail the responsibilities allocated to the assistant manager, owner/manager and the registered nurse to ensure all ARRC contract requirements are included, the management of</p>

		<p>The owner/manager is delegating some day-to-day tasks to the assistant manager and is working to train the assistant manager to undertake more of the manager's role. The assistant manager has a Master of Business Administration (Operations and Logistics) from the Auckland Institute of Studies, however, does not have a job description detailing what responsibilities are included in this role. The registered nurse is new to aged related residential care and is learning the responsibilities of this role and aged related residential care (ARCC) contract requirements. The RN job description details the position roles and responsibilities and these align with the ARRC contract requirements. As a result of the changes in management team and changes in role expectation, there are some activities that are no longer occurring e.g., monitoring of registered health professional annual practising certificates, staff performance appraisals, maintaining some human resource records, undertaking staff medicine competency assessments, and analysing some of the quality and risk data, and timeliness of undertaking nursing assessments and development of care plans.</p>	manner.	<p>services is appropriately delegated, coordinated, and understood by those responsible.</p> <p>60 days</p>
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	<p>A monthly register of reported incidents and accidents was documented for the period up to and including September 2020, along with analysis of this data, location, cause, time of the day and resident outcomes. This register and the analysis have not been documented since, although staff confirm they are informed of the number of reported events and types of events.</p> <p>Staff advise they are also informed of complaints, infections, new or changes in policy and procedures, and other quality and risk data during the monthly staff meetings. There is a template for minutes that includes all these components. Minutes of these meetings are not consistently available. Minutes of the meetings held in October and November 2020 are not available for review. These are reported to be located on another computer offsite. The minutes of the meetings in January and February 2021 do not include all applicable components as the usual meeting template was not used. The September and December 2020 meeting minutes include discussion on all quality and risk issues as well as</p>	<p>A monthly register summarising the reported incidents and accidents was documented up to and including September 2020, however, has not occurred since. While there is discussion on the number and types of incident/accidents reported, there is</p>	<p>Record all reported accidents and incidents on the summary register monthly. Analyse the incident and accident data monthly and communicate the results.</p> <p>Ensure minutes of the monthly staff meeting are consistently</p>

		other issues.	inconsistent analysis of this information. Minutes of monthly staff meetings where quality and risk issues are discussed are not consistently documented or available for staff.	documented and available for staff. 180 days
<p>Criterion 1.2.3.9</p> <p>Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:</p> <p>(a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;</p> <p>(b) A process that addresses/treats the risks associated with service provision is developed and implemented.</p>	PA Low	<p>Actual and potential risks are identified in the risk register. These were reviewed by the owner/manager in January 2021. Mitigation strategies have been documented. The owner/manager could detail organisation risks and how these were being addressed and noted the risk of the Covid-19 virus remains a significant risk. All staff and visitors to Rosaria Rest Home are still required to wear face masks while on site during The Covid -19 National Alert Level One.</p> <p>Staff confirmed that they understood hazard identification processes. The hazard register sighted was last reviewed in August 2019. The assistant manager was unaware that reviewing this document is now the assistant managers responsibility.</p>	The hazard register is dated as last reviewed in August 2019.	<p>Ensure a regular process is in place to review potential and actual hazards.</p> <p>180 days</p>

<p>Criterion 1.2.7.2</p> <p>Professional qualifications are validated, including evidence of registration and scope of practice for service providers.</p>	<p>PA Low</p>	<p>Copies of the annual practising certificates (APCs) for the general practitioner (GP) the two pharmacists, the two registered nurses (RNs) and podiatrist were overdue for review. A current APC was obtained for the current RN and podiatrist during audit. It was unclear who was responsible for ensuring this data remains current.</p>	<p>Annual practising certificates records are out of date for employed and contracted registered health professionals.</p>	<p>Ensure records are available to demonstrate that all registered and contracted registered health professionals have a current annual practising certificate.</p> <p>30 days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	<p>PA Low</p>	<p>New employees are required to complete an orientation programme relevant to their role. A checklist is utilised to assist with ensuring that all relevant topics are included. New employees are buddied with senior staff for a number of shifts until the new employee is able to safely work on their own. Records were not available to demonstrate that two out of six staff members sampled (the RN and a caregiver employed in the last ten months) have completed orientation requirements.</p>	<p>While staff including a caregiver and RN confirm they have been provided with an orientation programme relevant to their role, records have not been consistently maintained to demonstrate this.</p>	<p>Ensure new staff are provided with an orientation relevant to their role and records retained to demonstrate this.</p> <p>180 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>A staff education programme was in place with in-service education provided monthly. The topics are scheduled over a two-year period and align with Rosaria Rest Homes contract with the DHB. Education provided in the last five months includes</p>	<p>Annual performance appraisals have not been</p>	<p>Ensure annual performance appraisals are undertaken with</p>

<p>to provide safe and effective services to consumers.</p>		<p>emergency management, medicines safety, confidentiality, infection prevention and control procedures, complaints, open disclosure, respect, cultural beliefs, pain management, privacy, and continence. While eight staff attended a medicine related in-service in December 2020, records of current medicine competency were not available for applicable staff (refer to 1.3.12.3).</p> <p>Staff are required to have an annual performance appraisal. These have not been completed for three out of six applicable staff (due between July to December 2020). One staff member is due their appraisal this month.</p>	<p>undertaken for three out of six applicable staff.</p>	<p>all staff and records are retained.</p> <p>180 days</p>
<p>Criterion 1.2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	<p>PA Moderate</p>	<p>The current roster was reviewed as well as two previous weeks of rosters. The roster notes the owner/manager is on site everyday (seven days a week) however this is not occurring. The owner/manager confirms normally coming on site around three days a week or if requested and is available via phone in between. The assistant manager works as a caregiver three shifts a week and assists with the activities programme, along with another person that comes on site two days a week for an hour and a half each day. The activities and non-caregiver hours worked by the assistant manager are not noted on the roster. The assistant manager, RN and owner/manager confirm being available on call afterhours.</p> <p>One caregiver is rostered for the full morning, afternoon, and night shifts, with another caregiver working 7 am to 1.30 pm and from 4 to 8 pm to assist. The caregivers are responsible for undertaking cleaning and laundry duties as able throughout the day and night . A cook is rostered on daily every day, although the hours worked are not detailed on the roster. The staff interviewed including two caregivers identified they had sufficient time to complete their required tasks and provide care for the residents with staff working as a team.</p> <p>The new RN is on site two days a week and works between 16-18 hours as stated during interview and can be contacted when not</p>	<p>The roster does not accurately reflect the hours staff work including the facility manager, assistant manager, registered nurses, the cook, and for activities.</p> <p>The staff member working one night a week does not have a current first aid certificate.</p>	<p>Ensure the roster accurately reflects the hours staff and managers are working.</p> <p>Ensure there is at least one staff member on duty with a current first aid certificate.</p> <p>30 days</p>

		<p>onsite. The RN that is on leave is still noted on the roster as working Monday to Wednesday each week. This does not reflect the actual hours worked, although this RN is assisting completing interRAI assessments remotely utilising the information provided by the new RN and assistant manager.</p> <p>A staff member with a current first aid certificate is not on duty one night shift a week. There is a staff member with current first aid competency on all other shifts. Staff do not have evidence of current medicine competency training (refer to 1.3.12.3).</p>		
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>Regular medicines and bulk supply medicines were stored safely in the locked medication room and the medicine trolley. Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. 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 chart. The refrigerator temperature monitoring was not documented consistently. There were expired PRN medicines in the medication trolley.</p>	<p>Nine pro re nata (PRN) medicines present in the medicines trolley have expired.</p> <p>Weekly checks of the controlled drugs register balance is not occurring.</p> <p>The temperature of the medication refrigerator has not been documented since December 2020.</p>	<p>Ensure all medicines are within current expiry dates.</p> <p>Undertake weekly checks of the controlled drugs onsite.</p> <p>Undertake regular checking of the medicine refrigerator to ensure the temperature is within the required range.</p> <p>60 days</p>
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are</p>	PA High	<p>The RN and the care givers are responsible for administering medicines. The care giver observed administering medicines demonstrated good knowledge and had a clear understanding of</p>	<p>The medicine competency assessments for</p>	<p>Ensure all staff administering medicines have</p>

<p>competent to perform the function for each stage they manage.</p>		<p>their roles and responsibilities related to each stage of medicine management.</p> <p>The annual medication administration competencies sighted in the staff files were not current and were noted as due in March and April 2020. Evidence was not available to demonstrate that a caregiver had completed a medication administration competency assessment process since employment. This caregiver is administering medicines. The RN was unaware that annual competency assessments are required for staff administering medicines as per the Medicine Care Guide for Aged Residential Care. The new registered nurse reported she has completed medicine competency processes elsewhere. Eight staff had attended a medicine safety in-service in December 2020.</p>	<p>care givers are overdue for annual review (dated as due in March and April 2020).</p> <p>Records are not available to demonstrate that a medication competency assessment has been undertaken for a new care giver and registered nurse (although the registered nurse reports she has completed medicine competency requirements elsewhere).</p>	<p>current medicine competency and records retained.</p> <p>30 days</p>
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	<p>PA Low</p>	<p>The kitchen was clean on the day of the audit. Hair nets and gloves were worn by the kitchen staff during food preparation. Different coloured boards were used for allergens management. Food was served in portions that the residents required, and additional food was offered per request. Leftover food in the fridge was labelled and covered. The refrigerator and freezer temperatures were not recorded consistently.</p>	<p>The temperature of the refrigerator and freezer in the kitchen has not been checked and documented since December 2020.</p>	<p>Ensure the temperature of the refrigerator and freezer in the kitchen is checked and documented at least daily and ensure it is within the required temperature</p>

				range. 90 days
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	<p>PA Moderate</p>	<p>There is one interRAI trained RN who is assisting while on leave. The RN's are communicating with each other by phone about residents in order to facilitate current information being included in the interRAI assessment process, as these are being completed. Long-term care plans reviewed were based on a range of clinical assessments, including, referral information, resident, and family input and the NASC assessments. However, the interRAI assessment records were not in the residents' files sampled and access to the electronic records was not available as the interRAI assessor was on leave. As a result, it could not be confirmed and verified that the interRAI outcomes were addressed in the care plans reviewed. Most of the care plans were reviewed at least six-monthly. Two new residents did not have activities assessment completed on admission (refer to 1.3.7). The care plans evidenced integration of relevant information, including resident/family input and information from specialist services. Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p>	<p>InterRAI assessments and activity assessments have not been completed for two new residents.</p> <p>Eight residents are overdue for their interRAI reassessment.</p> <p>The outcomes of completed interRAI assessments are not printed/available in resident files sampled to enable verification that all the residents assessed needs have been included in the long-term care plan.</p> <p>One resident whose record was reviewed and who is at risk of absconding did</p>	<p>Undertake interRAI assessments and reassessments, and ensure that sufficiently detailed long term care plans are developed and reviewed in the timeframes required by the aged related residential care contract.</p> <p>Ensure the outcomes of interRAI assessment are available in residents' files to ensure all relevant components are included in the long-term care plan.</p> <p>90 days</p>

			<p>not have a care plan developed, although the residents' needs including those related to maintaining the resident's safety was known by staff, and appropriate actions are being taken.</p> <p>The resident receiving services under LTC CHC contract is overdue for review of their care plan (due February 2021).</p>	
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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.