# M F & B K Coombes - Avon 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:

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| **Legal entity:** | M F & B K Coombes |
| **Premises audited:** | Avon Rest Home |
| **Services audited:** | Rest home care (excluding dementia care) |
| **Dates of audit:** | Start date: 12 March 2018 End date: 13 March 2018 |

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

**Total beds occupied across all premises included in the audit on the first day of the audit:** 5

# 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 |
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| | 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 |
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| | 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

Avon rest home is privately owned and operated by an owner/manager for 25 years. The home provides rest home level of care for up to 18 residents. On the day of audit there were five rest home level of care residents and eleven boarders residing at the facility.

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

The service is managed by an owner who has many years aged care experience. He is supported by a part-time registered nurse, relieving registered nurse and a quality assurance manager. The staff are long-serving.

Residents interviewed were very complimentary of the care and services they receive at Avon.

All three previous findings regarding staff and resident meeting minutes, staff reference checks and staff education have been addressed.

There were no further identified areas requiring improvement at this surveillance audit.

## Consumer rights

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

The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) and advocacy brochures are accessible to residents and their families. There is documented evidence of ongoing communication with residents, relatives and support persons. Complaints processes are implemented and managed in line with the Code.

## Organisational management

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

The quality and risk management plan and policies describe quality improvement processes. Policies and procedures have been reviewed to reflect best practice. Quality data is collated for infections, accident/incidents, concerns and complaints. Quality data is discussed at meetings and is documented in minutes. Adverse, unplanned and untoward events are documented by staff. The health and safety programme meets current legislative requirements. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. | | Standards applicable to this service fully attained. |

The registered nurse is responsible for each stage of service provision. The assessments and care plans are developed and reviewed within the required timeframes. Interventions reflect the resident's current health status. The GP reviews the resident at least three monthly.

Activities offered are a reflection of the residents group and individual recreational preferences. All staff and the owner are involved with the activity programme. Community links are maintained.

The registered nurses and caregivers responsible for administration of medicines have completed medication competencies. Medication charts and administration signing charts on the electronic medication system met legislative requirements.

All meals are prepared on-site. Resident's individual food preferences, dislikes and dietary requirements are met. There is dietitian review of the four-weekly menu.

## Safe and appropriate environment

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

Avon rest home has a current building warrant of fitness.

## Restraint minimisation and safe practice

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

There were no residents with restraints or enablers. Staff receive regular education and training on restraint minimisation.

## Infection prevention and control

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

The registered nurse has responsibility for infection control across the service. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been no outbreaks.

## 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) |
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| **Standards** | 0 | 16 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 39 | 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) |
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| **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 |
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| Standard 1.1.13: Complaints Management<br>The right of the consumer to make a complaint is understood, respected, and upheld. | FA | There is a complaints policy to guide practice which aligns with Right 10 of the Code. The owner/director leads the investigation of any concerns/complaints in consultation with the RN for clinical concerns/complaints. Concerns/complaints are discussed at the staff and management meetings as sighted in the meeting minutes. Complaints forms are visible. There have been three complaints for 2017 that have been related to residential boarders (funded by a mental health provider) including one complaint that was received by HealthCert. The complaints have been managed appropriately within the required timeframes. A complaints register is maintained. A complaints and compliments register is maintained. |
| Standard 1.1.9: Communication<br>Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | There is a policy to guide staff on the process around open disclosure. Residents interviewed confirmed they are kept informed on facility matters such as the ongoing refurbishment and have an opportunity to feedback on the service through direct contact with the owner/director. Resident meetings are held six monthly and the owner/director generates newsletters for families (where applicable) and residents. Incident forms reviewed identified family (where applicable) were notified following a resident incident. The owner/director is on-site daily and operates an open-door policy to meet with residents/family at any time on non-clinical matters. A RN is available to families for discussion regarding clinical matters. Interpreters can be accessed as required. |

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| Standard 1.2.1: Governance<br><br>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Avon rest home has been privately owned and operated for 25 years. The home provides care for up to 18 rest home level residents. On the day of audit there were four residents (under the ARC) and one younger person under MOH funding. There were eleven residential boarders funded under the care of community mental health services. The owner/manager provides support for these vulnerable people as a community service to prevent the referred people being homeless. The owner/director also has supported living facilities nearby.<br><br>There is a 2017-2018 strategic business plan that includes the mission statement, strengths, objectives and goals. The business plan has been reviewed in 2017 and goals signed off as completed including an upgrade of the sprinkler system to the designated external smoking area, new carpet to the hallways and some bedrooms and upgrade of a communal toilet. Other renovations to a communal shower and two toilets were viewed on the day of audit.<br><br>The owner/manager is supported by a registered nurse, 20 hours a week and on-call. He is supported by a relieving RN with a current practicing certificate and a quality assurance manager currently on maternity leave. A non-clinical aged care manager provides cover for the owner/director and is also a resident support person.<br><br>The provider is a member of the aged area association and attends forums as able. The RN is a qualified aged care auditor and is in the process of completing a business management course. The owner/manager and RN have attended at least eight hours of professional development relating to their roles. |
| Standard 1.2.3: Quality And Risk Management Systems<br><br>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The quality and risk management plan and quality and risk policies describe the homes quality improvement processes. Policies and procedures are developed and reviewed/updated by an external aged care consultant. Staff are required to read new/reviewed policies and sign to declare they have read them.<br><br>Quality management systems are linked to incident and accident reporting, health and safety reporting, infection control data, internal audit programme, surveys and complaints management. All data is collected is analysed for trends and corrective actions. Corrective actions are documented and implemented where improvements are identified. All quality data is discussed and documented in the two-monthly management and staff meetings. The previous finding around evidence of infection control discussion in meeting minutes has been addressed. The owner/manager attends the staff meetings and facilitates six monthly resident meetings and newsletters for residents/families. The previous finding around resident meetings has been addressed. A survey of the five residents in May 2017 identified they were all very satisfied with the care and services provided by the team at Avon.<br><br>A current risk management plan is in place. The owner/manager has overall responsibility for health and safety. Health and safety policies have been updated to the new legislation and read by staff. Health and safety and hazard management is discussed, as evidenced at the management and staff meetings. There is a current hazard register. Contractors currently undertaking construction work on-site have received site inductions. The |

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| | | bathroom/toilet area had been cordoned off safely.<br><br>Falls management strategies are developed and documented in the resident care plan for residents at risk of falling. |
| Standard 1.2.4: Adverse Event Reporting<br><br>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner. | FA | There is an incident reporting policy that includes definitions and outlines responsibilities. Three incident forms from November 2017 and one from January 2018, had documented evidence of RN follow-up and family notification as applicable. Incident/accident data is linked to the organisation's quality and risk management programme and discussed at monthly staff meetings.<br><br>The owner/manager reported he is aware of the responsibility to notify relevant authorities in relation to essential notifications. There had been no reportable events and there have not been any outbreaks to report. |
| Standard 1.2.7: Human Resource Management<br><br>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | There are human resources policies to support recruitment practices. Five staff files reviewed (one part-time RN, one relieving RN, two caregivers and one cook/caregiver) contained all relevant employment documentation. Reference checks for care staff and police checks were sighted in the files reviewed. The previous finding around reference checks has been addressed. Practising certificates were sighted for both RNs.<br><br>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed that new staff would be adequately orientated to the service on employment. There have been no new staff employed since the previous audit and staff interviewed were long-serving staff.<br><br>An annual training programme that covers all education requirements, has been completed for 2017 and in progress for 2018. Training is provided prior to the staff meetings. Individual training records are maintained. Staff who are unable to attend training read the education content, which is followed by a one-to-one discussion with the RN. This is recorded on the staff member's training record, as sighted in the staff files. The previous finding around staff attendance at training has been addressed.<br><br>Care staff complete competencies relevant to their role, including medication competencies, questionnaires and first aid certificates. The part-time RN has completed interRAI training and is a Careerforce assessor. |

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| Standard 1.2.8: Service Provider Availability<br><br>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The owner/manager is on-site daily and available on-call for non-clinical matters. There is a part-time RN who is on-site 20 hours per week across three days of the week and on-call. A relieving RN is available as required.<br><br>On morning shift (7.00 am to 3.00 pm) there is one caregiver and on the afternoon shift (3.00 pm – 11.00 pm) there is one caregiver. There is one caregiver on the night shift 11.00 pm to 7.00 am). An employee who completes cleaning duties, gardens, grounds and other non-clinical duties lives on-site in a self-contained flat. The staff member is available as required to assist the caregiver.<br><br>Caregivers complete laundry duties over the three shifts. |
| Standard 1.3.12: Medicine Management<br><br>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | There are policies and procedures in place for safe medicine management that meet legislative requirements. The supplying pharmacy delivers the medication blister packs for regular and 'as required' medications. All medications are checked on delivery by the RN against the medication chart in the electronic medication system. Caregivers and the RNs who administer medications have been assessed for competency on an annual basis. Medications were stored safely. All medications were within the expiry date. There were no eyedrops in use. Standing orders are not used by the service. There were no self-medicating residents on the day of audit.<br><br>Five medications charts were reviewed on the electronic medication system. Allergies were clearly noted on the medication administration chart. Prescribing of medications met legislative requirements. 'As required' medications had indications for use with the date and time of administration on the signing sheet. The RN confirmed that staff contact the RN prior to the administration of 'as required' medications. The GP had reviewed all of the medication charts (reviewed), at least three monthly. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management<br><br>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | All baking and meals are cooked on-site at Avon Rest Home, by cooks who have completed food safety training. The four-weekly menu has been reviewed by a dietitian in May 2016. The food control plan is in the process of being submitted for verification. Dietary requirements are identified on admission. The cook is notified of any resident dietary changes. Diets such as diabetic desserts, and alternative choices for dislikes are accommodated.<br><br>End-cooked food temperatures are recorded daily. Weekly fridge and freezer temperatures are taken and recorded. Meals are served directly to residents in the adjacent dining room. Perishable foods are covered and dated. All foods were labelled, and the cook described rotation of the dry goods.<br><br>Residents can feedback directly on the food services and through surveys and at the residents' meeting. Residents interviewed spoke positively about the meals and baking provided. |

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| Standard 1.3.6: Service Delivery/Interventions<br><br>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Residents interviewed reported that their individual needs were appropriately met. Resident files included a family contact page which demonstrated relatives (where applicable) are kept informed of any changes to resident's health status and GP visits. When a resident's condition alters, the RN initiates a review by the GP. Caregivers reported that they are informed of any changes in health status at handover. Short-term care plans are used to document short-term needs. There are a number of monitoring forms in use such as multipurpose forms, weight, blood pressure, behaviour charts and pain monitoring.<br><br>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. There were no wounds on the day of audit. There is access to the wound nurse specialist or palliative care nurses for advice on wound management if required.<br><br>Continence products are available and resident files included a continence assessment where appropriate. |
| Standard 1.3.7: Planned Activities<br><br>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | FA | The service currently has a vacancy for an activity assistant due to a recent resignation. The caregivers and owner/manager are implementing the activity programme in the interim. Activities are provided Monday to Friday and include news reading, exercises, games, crafts, adult colouring, happy hours and movies. The activities are physically and mentally stimulating and appropriate to the needs, age and culture of the residents. The owner/manager supports residents to attend their community groups including attending church services. A taxi-van is hired for resident outings. Residents interviewed, enjoy the activities provided and many also have their individual interests and community groups they attend. The younger person is supported to attend their interest groups in the community.<br><br>The activity plans reviewed reflected the resident's preferred activities and interests as identified in the resident social profile. The activity plan is reviewed six monthly and the reviews documented the resident's progress towards goals. Activity attendance lists were maintained.<br><br>The residents have the opportunity to feedback on the programme directly at any time and through surveys and resident meetings. |
| Standard 1.3.8: Evaluation<br><br>Consumers' service delivery plans are evaluated in a comprehensive and | FA | Evaluation of care plans against resident goals is conducted by the RN with input from the resident, family as applicable, caregivers and the GP. Families/support persons are notified of any changes in the resident's ability to meet their desired goals. There is recorded evidence of additional input from specialist or multidisciplinary sources if this is required. There is at least a three-monthly review by the GP for medically stable residents or more frequently if required.<br><br>Short-term care plans are used for short-term changes in health status and had been reviewed, resolved or if an |

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| timely manner. | | ongoing problem transferred to the long-term care plan. |
| Standard 1.4.2: Facility Specifications<br>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building has a current warrant of fitness that expires 23 June 2018. There has been ongoing refurbishment of resident rooms and upgrade of toilets and shower areas. |
| Standard 3.5: Surveillance<br>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator (RN) collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed and recorded at the monthly management and staff meetings. Standard definition for infections are used and trends are identified and analysed, and preventative measures put in place. Information and graphs are displayed for staff. Infection rates are low. There have been no outbreaks.<br>Systems in place are appropriate to the size and complexity of the facility. |
| Standard 2.1.1: Restraint minimisation<br>Services demonstrate that the use of restraint is actively minimised. | FA | The restraint policy includes a definition of enablers as voluntarily using equipment to maintain independence. The RN registered nurse is the restraint coordinator. There were no residents at the time of the audit using restraint or enablers. Staff have been trained in the management of behaviours that challenge. |

# Specific results for criterion where corrective actions are required

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

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

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

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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.