Scovan Healthcare Limited - Taurima Rest Home

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking here.

The specifics of this audit included:

Legal entity:	Scovan Healthcare Limited
Premises audited:	Taurima Resthome
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 July 2018 End date: 24 July 2018

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: 27

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

Taurima Rest Home provides rest home level care for up to 30 residents. On the day of the audit there were 27 residents including three private paying boarders.

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, family, management and staff.

The home is privately owned and operated. The owner/directors are supported by a registered nurse manager and part-time RN. Residents and relatives interviewed were complimentary of the care and service received at Taurima.

All five previous findings around essential notifications, education attendance, health and safety manager training, care plans and interventions have all been addressed.

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.

Complaints policies and procedures meet requirements and residents and families are aware of the complaints process. Complaints processes are implemented and managed in line with the Code. Communication with families is recorded.

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.

Taurima rest home is implementing a quality and risk management system that supports the provision of clinical care. Quality management processes are reflected in the businesses plan's goals, objectives and policies. Quality data is collated and discussed at staff meetings. Staff document incidents and accidents. There are human resources policies including recruitment, job descriptions, selection and orientation. The service has an orientation programme that provides new staff with relevant information for safe work practice. The service has an annual training schedule for in-service education. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

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.

A registered nurse assesses, plans and reviews each resident's needs, outcomes and goals at least six monthly. Care plans demonstrated service integration and included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior carers responsible for administration of medication complete annual education and medication competencies. The medicine charts had been reviewed by the general practitioner at least three monthly.

An activity officer and volunteers implement the activity programme for the residents. The programme includes community visitors, outings and activities that meet the individual and group recreational preferences for the residents.

Residents' food preferences and dietary requirements are identified at admission. All meals and baking are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines.

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.

The building holds a current warrant of fitness.

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.

There are restraint minimisation and safe practice policies and procedures in place. There were no residents requiring the use of a restraint and one resident using an enabler. Staff receive training in restraint minimisation and challenging behaviour management.

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 registered nurse oversees infection control for the facility and is responsible for the collation of infection control events. Information obtained through surveillance is used to determine infection control activities and education needs within the facility.

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	17	0	0	0	0	0
Criteria	0	43	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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints policy and procedures have been implemented and residents and their family/whānau are provided with information on admission. The residents and family members interviewed were aware of the complaints process and to whom they should direct complaints. Complaint forms are visible at the entrance of the facility. A complaints register is maintained. There have been two complaints for 2017 and none to date for 2018. The documentation for the 2017 complaints were reviewed and showed an internal investigation and actions were implemented to the satisfaction of the complainant.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment	FA	There is a policy to guide staff on the process around open disclosure. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. Residents and family members interviewed confirmed that the staff, registered nurse (RN) and RN manager are approachable and available. Six incident forms reviewed identified family were notified following a resident incident. The two family members interviewed confirmed they are notified of any incidents/accidents. Resident meetings are held every two months and confirms discussion on all aspects of the services provided. The service has policies and procedures available for access to interpreter services for residents (and their family).

conducive to effective communication.		
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Taurima Rest Home provides care for up to 30 rest home level residents. On the day of audit there were 27 rest home residents under the ARCC and three private paying boarders. There were no residents under any other contracts. Taurima rest Home is owned and operated by two persons who have a second rest home facility in the Manawatu region. One director is a registered nurse with a current practicing certificate and the other director is the administrator for the business. The owner/operators visit the facility at least monthly and meet with the nurse manager and RN. The owner/operators employ a full-time nurse manager who has been in the role since April 2018 and has six years' experience as an RN in aged care. She is supported by an RN with many years aged care experience. There is a 2017 to 2019 business plan with key objectives and risk management plan that has been reviewed annually by the owner/operators. The nurse manager has completed a two-day orientation with the RN owner/operator and RN. She has also attended a DHB leadership in aged care seminar, completed a workplace assessor Careerforce qualification, received privacy training and attended on-site education.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	The quality manual and the business, quality, risk and management planning procedure describes the quality improvement processes. The risk management plan describes objectives, management controls and assigned responsibility. Progress with the quality and risk management programme is monitored through the monthly staff meetings. Staff meetings evidence discussion around quality data including infections, accidents/incidents, health and safety, medications, pressure injuries and concerns/complaints. Staff meeting minutes are made available for staff who are required to sign these when read. Discussions with caregivers confirmed their involvement in the quality programme. The internal audit schedule for 2018 is being completed as per schedule. Areas of non-compliance identified at audits have been actioned for improvement including re-audits. The service has in place a range of policies and procedures to support service delivery that reflect best practice. Staff interviewed confirmed they are made aware of new/reviewed policies. There is a health and safety and risk management system in place including policies to guide practice. Hazard identification forms are completed for any accidents or near misses and an up-to-date hazard register was in place. The nurse manager is the health and safety officer and scheduled to attend external training on 18 October 2018. Due to a change in manager, the previous finding has been addressed around manager health and safety training. Falls prevention strategies are implemented for individual residents.

Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.	FA	There is an incident reporting policy that includes definitions and outlines responsibilities. Six accident/incident forms for the month of June 2018 were reviewed. All document timely RN (including on-call RN) review and follow-up. There is documented evidence the family had been notified of incidents/accidents. Discussions with the nurse manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications including section 31 notifications. There has been one section 31 notification with change in manager and one outbreak in March 2018 was notified to the public health authorities. The previous finding around knowledge of essential notifications has been addressed.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	There are human resources policies to support recruitment practices. Five staff files (one RN, two caregivers, one cook and one activity officer) were reviewed. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Performance appraisals were current. A current practising certificate was sighted for the RN and nurse manager. Both RNs have completed interRAI training. The service has an orientation programme in place to provide new staff with relevant information for safe work practice. The RNs and caregivers' complete competencies relevant to their role such as medication competencies. The 2017 education programme has been completed and the 2018 programme implemented to date. Records evidence good attendance at mandatory training. The previous finding around staff attendance at training has been addressed.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably	FA	There is a documented rationale for staffing the service. Staffing rosters were sighted, and staff are on duty to match needs of different shifts and needs of individual residents. The nurse manager works full time from Monday to Friday and the RN works three days per week as RN and one day per week as cook. The nurse manager and RN share the on-call. There are two caregivers on full morning shift, two caregivers on full afternoon shift and two caregivers on full night shift. They are supported by an activity officer and cook. Interviews with the residents and family members confirmed there were sufficient staff on duty to meet their needs.

qualified/skilled and/or experienced service providers.		
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs and senior caregivers who administer medications complete annual medication competencies and medication education. Medications (blister packs) are checked on delivery against the medication chart by the RN and the pack signed to verify the pack has been checked. Any discrepancies are fed back to the pharmacy. All medications are stored safely. All medications are prescribed for a resident. Standing orders are not used. There was one self-medicating resident with a current self-medication competency. Ten paper-based medication charts were reviewed. The medication charts met prescribing legislative requirements. 'As required' medications had indications for use. All medication charts had photo identification and allergy status documented. The GP reviews the medication charts at least three monthly.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	All meals and home baking are prepared and cooked on-site by the cook. She is supported by an afternoon tea shift person and caregivers. The cook prepares and cooks meals as per the menu, which is displayed on the menu board. The main meal is at midday. The menu reflects resident preferences and has been reviewed by the dietitian. The cook receives a dietary profile and any dislikes are accommodated. All food services staff have completed food safety and hygiene training. The food control plan expires 11 July 2019. Fridge and freezer temperatures are monitored and recorded daily. End cooked temperatures are taken and recorded. All perishable goods sighted are date labelled. A cleaning schedule is maintained. The dishwasher is checked regularly by the chemical provider. Residents and family members interviewed were complimentary about the meals provided.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Five residents' long-term lifestyle care plans reviewed were resident-focused and individualised. Care plans documented the required supports/needs, goals and interventions to reflect the resident's current health status in all resident files reviewed. A quick care guide provides a current summary of resident needs/supports for care staff. The previous finding around care plans has been addressed. Relatives interviewed confirmed they were involved in the care planning process. Long-term lifestyle care plans evidenced resident and/or relative involvement in the development of care plans. Short-term care plans were sighted for short-term needs and these were either resolved or transferred to the long-term care plan. There was evidence of allied health care professionals involved in the care of the resident.

Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	When a resident's condition alters, the RN initiates a review and if required, GP or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, GP visits and changes in medications. Discussions with families and notifications are documented on the family communication form in the residents' files reviewed. Adequate dressing supplies were sighted. Wound management policies and procedures are in place. A wound assessment and wound care plan (includes dressing type and evaluations on change of dressings) were in place for three residents with wounds (skin tear, chronic ulcer and one stage one facility acquired pressure injury). There is evidence of access to the DHB wound nurse specialist and ulcer clinic for advice on wound management as required. The previous finding around wound management has been addressed. Continence products are available. The residents' files include a urinary continence assessment, bowel management plan, and continence products used. Monitoring occurs for blood pressure, weight, vital signs, blood glucose, pain, challenging behaviours, food and fluid intake, skin assessment checks and neurological observations.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	The service employs an activity officer for 25 hours per week (10.00 am to 3.00 pm) Monday to Friday, to coordinate and implement the activity programme. Activities reflect resident preferences and include activities such as newspaper reading/current affairs, "move it" exercises, happy hours and movies. There are fortnightly musical entertainers. Volunteers are involved in the programme including chats/discussion, one-on-one time, card groups with residents. Residents enjoy gardening with raised garden beds in place. There are monthly on-site church services. The service has an eight-seater van for regular outings, attending community events (concerts/garden festival) and scenic drives. A "this is your life" profile is completed for each resident. The activity plan/social activity is included in the long-term lifestyle care plan which is evaluated. The service receives feedback on activities through one-on-one feedback and monthly resident meetings. Residents interviewed were satisfied with the activities and enjoy the outings.
Standard 1.3.8: Evaluation Consumers' service delivery plans are	FA	All initial care plans reviewed were evaluated by the RNs within three weeks of admission and a long-term lifestyle care plan developed. Care plans had been evaluated six monthly for residents who had been at the service six months. Written evaluations identified if the desired goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. The evaluation includes input form the RN, care staff, activity officer and

evaluated in a comprehensive and timely manner.		resident/relative. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building has a current building warrant of fitness that expires 29 September 2018. The owner/directors oversee reactive and planned maintenance. Environmental improvements include upgrading of toilet/shower areas and the refurbishment of one wing of the rest home.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	There is a policy describing surveillance methodology for monitoring of infections. The RN is the infection control coordinator who collates monthly infection rates and provides reports to management and staff as evidenced in staff meeting minutes. Information obtained through surveillance is used to determine infection control activities and education needs in the facility. Trends are identified and analysed, and preventative measures put in place. Systems in place are appropriate to the size and complexity of the facility. There has been one norovirus outbreak in March 2018. The public health was notified, and case logs were sighted.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Taurima Rest Home has restraint minimisation and safe practice policies and procedures in place. The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. On the day of the audit, there were no residents requiring the use of a restraint and one resident with an enabler. The RN is the restraint coordinator. The resident file reviewed evidenced voluntary consent for the use of an enabler, which was reflected in the care plan. Staff receive training in restraint minimisation and challenging behaviour management.

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, these 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.