

Capital Residential Care Limited - Ocean View Residential Care

Introduction

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

The audit has been conducted by 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:	Capital Residential Care Limited
Premises audited:	Ocean View Residential Care
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 May 2019 End date: 7 May 2019
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	18

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

Ocean View Residential Care provides care for up to 21 residents requiring rest home level care. On the day of the audit there were 18 residents. The service is overseen by the owners (one of whom is the manager, and a nurse manager who has been in the role for three months).

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

The service has addressed 10 of the 11-previous certification audit findings in relation to informed consent, quality programme, training, service delivery plans, medication management and emergency and security situations, however there continues to be an improvement required around service provision timeframes.

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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Residents and family are well informed including of changes in residents' health. Open communication between staff, residents and families is promoted, and confirmed to be effective. Complaints and concerns have been managed and a complaints register is maintained. Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. Care is guided by a Māori health care plan and related policies. There is access to formal interpreting services if required.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The quality and risk management programme includes service philosophy, goals and a quality planner. Quality data is collected. Residents/family meetings have been held and residents and families are surveyed annually. There are health and safety policies documented to manage risk. Incidents and accidents are reported and followed through. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. An education and training programme is documented. There are documented employment processes. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

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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There is an admission process at Ocean View that includes an admission agreement that fulfils contractual requirements. The nurse manager is responsible for each stage of service provision. The nurse manager assesses and develops the care plan documenting supports, needs, outcomes and goals with the resident and/or family/whānau input. Resident files included specialist and allied health notes. The nurse manager and medication competent caregivers are responsible for administration of medicines and complete annual medication competencies.

An activities officer oversees the activity programme for the rest home. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for the resident group. Residents report satisfaction with the activities programme. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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There is a current building warrant of fitness displayed at the entrance to the facility. The previous finding relating to covering all duties with a qualified first aider has been addressed.

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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Ocean View has restraint minimisation and safe practice policies and procedures in place. On the day of audit there were no residents with a restraint and no residents using an enabler.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme is led by the nurse manager and aims to prevent and manage infections. The programme is reviewed annually. Aged care specific infection surveillance is undertaken, and results reported at handover and monthly staff meetings. 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	18	0	0	1	0	0
Criteria	0	43	0	0	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Informed consent processes are discussed with residents and families on admission. The resident or their EPOA signs written consent. Five of five resident files sampled evidenced signing of consents and five of five contained advanced directives. This is an improvement on previous audit.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The service has a complaints policy that describes the management of complaints process. There is a complaints' form available. Information about complaints is provided on admission. Interviews with residents demonstrated an understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints. There is a complaint's register where both verbal and written complaints are documented. There have been two complaints in the last six months. The complaints reviewed had noted investigations, timeframes, corrective actions when required, and resolutions in place if required. Results are fed back to complainants and staff. Discussions with residents confirmed that any issues are addressed, and they feel comfortable to bring up any concerns.

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Management promotes an open-door policy. Information is provided in formats suitable for the resident and their family. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that is not covered by the agreement. Communication with family members is recorded on communication with family logs and in the resident daily progress notes. Nine incident forms reviewed identified that family were notified following a resident incident. Four residents and three family members interviewed confirmed that the staff and management are approachable and available. The three relatives interviewed all commented they were particularly well informed. Staff were observed communicating effectively with residents. Information is available for family and residents to take and it can also be read to them and explained.</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>	FA	<p>Ocean View Residential Care (Ocean View) is owned and operated by Capital Residential Care Limited. The service provides rest home care for up to 21 residents. On the day of the audit, there were 18 rest home level care residents. All residents were under the aged residential related care (ARRC) contract including two residents under the age of 65 years.</p> <p>The manager is one of the owners and is present on site each weekday. The manager is supported by a nurse manager who is a registered nurse with five years' experience in aged care and has been in the current role for three months. The nurse manager reports to the owners of the company on an ongoing basis and through monthly reports. Ocean View has a 2019 business plan that includes the home mission statement and philosophy of care.</p> <p>There is a registered nurse (RN) who provides some call coverage and back-up for the nurse manager to cover in times of sickness or emergencies.</p> <p>The facility manager and the nurse manager have completed in excess of eight hours of professional development in the past 12 months. The previous audit shortfall has been addressed.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system</p>	FA	<p>The quality and risk management programme includes an internal audit programme, data collection, analysis and review of adverse events including accidents, incidents, infections, wounds and complaints. An administrator, appointed a year ago, has a good understanding of quality processes and</p>

that reflects continuous quality improvement principles.		<p>oversees the quality programme along with the nurse manager. Audits (including clinical) were being undertaken and corrective actions planned and implemented (evidence of the same was readily available on audit). Results of audits are discussed at staff meetings (evidence in minutes) and resident meetings. The previous audit shortfalls around corrective actions and sharing of audit outcomes with staff have been addressed.</p> <p>Residents are surveyed annually to gather feedback on the service provided. The 2018 resident survey (low return rate) indicated satisfaction with the service. One comment expressed discontent with the number of outings. A van for outings was purchased in January 2019 to address this. The 2019 resident survey is due in June and the plan is to forward it also to relatives to increase the return rate.</p> <p>There is a health and safety and risk management system in place including policies to guide practice. There is a current hazard register and a system for staff to report hazards along with safety audits identifying hazards (one undertaken in March 2019 had the corrective action completed). Hazards are documented on the register and have interventions documented to manage the risk. Falls prevention strategies are in place, which include the identification of interventions on a case-by-case basis to minimise future falls.</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>	FA	<p>There is an accidents and incidents reporting policy. The nurse manager investigates accidents, and completes a table of incidents. Analysis of the data is undertaken and reported at staff meetings (quality meetings). The nurse manager conducts clinical follow-up of residents. Nine incident forms reviewed demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Discussions with the manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. No section 31 notifications were completed 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>	FA	<p>There are human resource management policies in place. This includes that the recruitment and staff selection process requires that relevant checks be completed to validate the individual's qualifications, experience and veracity. Five staff files were reviewed (one nurse manager, one recreation officer, two caregivers and one cook). Signed job descriptions, orientation checklists, up-to-date annual performance appraisal and reference checks were evident in all the staff files</p>

		<p>reviewed with the exception of no evidence of orientation of a staff member who had been employed six years previously and no staff appraisals for three staff who had recently commenced, therefore not yet due. A copy of practising certificates is kept.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The service has an annual education planner that has scheduled education to cover the requirements of the ARRC contract including manual handling (moving and handling and hoist training provided April 2018) and food safety (167) for kitchen staff (cook and kitchenhand) April 2019. This is an improvement on previous audit. The manager and nurse manager attend external training, including sessions provided by the local DHB. The nurse manager is interRAI trained.</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>	FA	<p>Ocean View has a policy for staff rationale. The nurse manager is rostered on from Monday to Friday. The nurse manager and a casual registered nurse cover the on-call and the casual RN provides cover for the nurse manager for periods of leave/emergencies. There are two caregivers on the morning (on the weekends there is an additional carer on from 7.00 am to 1.00 pm) and afternoon shifts, and there is one caregiver on the night shift. There is a cleaner on daily. There is a staff workload monitoring policy, which takes the acuity of residents into consideration when determining staff numbers on duty. Residents and relatives interviewed confirmed that there are sufficient staff on site at all times and staff are approachable and in their opinion, competent, professional, respectful and friendly.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements and guidelines. The service uses an electronic medication management system for administering medications. The pharmacist dispenses into blister packs and delivers medicines to the site where the nurse manager checks them in.</p> <p>The nurse manager and caregivers who administer medications have been assessed for competency on an annual basis (March 2019). This is an improvement on the previous audit. Education around safe medication administration has been provided – the most recent (March 2019) included the recording of effectiveness of PRN medications – this is done on medimap and also</p>

		<p>in progress notes. Standing orders are not used. All medications are stored appropriately. There was one resident who was self-medicating on the day of audit. The GP reviews the resident's competency three monthly (last 7 March 2019). This is an improvement on the previous audit. The resident does not lock the medication away, but it is with the resident at all times and access is difficult.</p> <p>There were no controlled drugs on site at the time of audit, however safe storage and accuracy of controlled drug records was sighted. All ten electronic medication charts reviewed met legislative prescribing requirements. The GP has reviewed the medication charts three monthly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals at Ocean View are prepared and cooked on site by a qualified cook. The cook and kitchenhand have food safety units. The kitchen is clean and tidy, and the food service has a food control plan which expires September 2019.</p> <p>There is a four-weekly rotating seasonal menu. A dietitian review was undertaken April 2018. Dietary needs are known with individual likes and dislikes accommodated. Dietary requirements, cultural and religious food preferences are met. Additional or modified foods are also provided by the service. Staff were observed assisting residents with their meals and drinks in the rest home dining room. Resident meeting minutes and surveys, along with direct input from residents, provide resident feedback on the meals and food services. Residents and family members interviewed were very satisfied with the meals.</p> <p>The fridge, freezer and end cooked temperatures are recorded daily. All foods are stored correctly, and date labelled. Cleaning schedules are maintained. Staff were observed wearing correct personal protective clothing when entering the kitchen.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Five of five resident plans reviewed (including the plan of a new admission) included detailed interventions to support the resident's current assessed needs. This is an improvement on previous audit</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate</p>	FA	<p>When a resident's condition alters, the nurse manager initiates a review and if required, a GP consultation. Relatives interviewed stated their relative's needs are</p>

<p>services in order to meet their assessed needs and desired outcomes.</p>		<p>met and they are kept informed of any health changes. There was documented evidence in the resident files of family notification of any changes in health including infections, accidents and incidents and medication changes. Residents interviewed stated their needs are being met.</p> <p>Nursing summaries and long-term care plans showed evidence of ongoing evaluation and updating of interventions.</p> <p>Adequate dressing supplies were sighted. Wound assessments, treatment and evaluations were in place for the current two wounds (both malignant wounds which the residents were admitted with). There were no pressure injuries on the day of audit. There was a range of equipment readily available to minimise pressure injury.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission, identifying resident nutritional status and preferences. Short-term care plans document appropriate interventions to manage short-term changes in health.</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 service had three months prior to audit appointed a new recreation officer who plans and implements the activities programme at the rest home. She is employed 15 hours per week covering Monday to Friday. A number of changes were being made to the activities programme including more entertainers and visits out into the community. These were in response to feedback by residents and family. A new van had been purchased and the recreation officer was booked to undertake a first aid certificate, so regular outings could occur. The recreation officer had written a set of goals for the programme and was working towards achieving the same.</p> <p>An activity assessment and plan is completed on admission in consultation with the resident/family and reviewed six monthly or as residents needs change. The activity plan in place, is in line with the interests of the residents who are participating. There is a variety of activities within the facility available to residents. On interview the residents and families were very happy with the changes that were occurring around activities including the response to previous feedback. Residents were able to give their feedback through two monthly</p>

		meetings, surveys and one-to-one.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans reviewed were evaluated by the nurse manager within three weeks of admission. Long-term lifestyle plans, with the exception of those mentioned (link 1.3.3.3) have been reviewed at least six-monthly or earlier for any health changes. The written evaluation documents the residents' progress against identified goals. The GP reviews the residents every three months. Families are welcome to meet with the GP at this time (resident willing). Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Changes are made to care plans and nursing summaries.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>Ocean View has a current building warrant of fitness which expires on 2 June 2019. There is a staff member on each duty with a first aid certificate.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A review of the roster for a fortnight evidenced there was a qualified first aider on each duty. The recreation officer who had commenced 3 months prior to audit was booked later in the month to undertake first aid training so she could take residents on outings independently. This is an improvement on previous audit. Fire drills occur six monthly.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in Ocean View's infection control manual. Monthly infection data is collected for all infections. Short-term care plans are used. Surveillance is appropriate to that recommended for long-term care facilities. When an infection is identified, a record of this and management is documented in the residents' clinical records and on the infection reporting form. New infections and any required management plan are discussed at handover and a report is given to the monthly staff meeting. The IC coordinator (nurse manager) reviews all reported infections and is in contact with the DHB for information and advice on any issues along with the contracted company Bug Control. There had been one skin infection in the previous three months and a newly admitted resident had been</p>

		identified the week of audit as being a hepatitis B carrier. Staff were educated as to appropriate processes and the care plan reflected appropriate interventions.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, the service had no residents using a restraint or an enabler.</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 1.3.3.3</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>	PA Moderate	<p>Resident files sampled identified that there was no consistent documentation verifying the GP had seen the resident within 5 days of admission.</p> <p>On interview with the nurse manager it was confirmed that the GP would review and chart medication on the electronic medication charting system when the person was admitted and would come and visit, should the resident require immediate attention but otherwise would see the resident on the routine monthly visit to the site.</p> <p>On admission, residents were assessed (a suite of assessment tools and the interRAI assessment was undertaken and a short-term care plan and nursing summary was written and available for staff to follow within 24 hours, this is an improvement on previous audit. However, long-term care plans were not consistently in</p>	<p>(i) In two long-term resident files reviewed (residents admitted from home) there was no documentation verifying the GP had seen the resident within five days of admission.</p> <p>(ii) In two of the five ARCC resident files reviewed, there was no long-term care plan completed within 21 days of admission.</p>	<p>(i) Ensure resident files reflect a GP admits a resident fully within five working days of admission when they have not come directly from hospital.</p> <p>(ii) Ensure long-term care plans are written for residents within 21 days of admission.</p> <p>60 days</p>

		place within 21 days of admission. The nurse manager was unaware of the timeframe in the contract.		
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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.