

M & K Atkins Limited - The Waratah Retirement 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 Q-Audit 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:	M & K Atkins Limited
Premises audited:	The Waratah Retirement Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 25 November 2019 End date: 25 November 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:	56

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

The Waratah Retirement Home provides rest home and hospital level care for up to 58 residents. The service is operated by M & K Atkins Limited and managed by a manager and a clinical team leader. Residents and families spoke positively about the care provided.

This unannounced surveillance audit was conducted against the Health and Disability Services Standards and the service's contract with the Waitemata district health board. The audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, family, management and staff. The general practitioner was not available for interview.

The audit has resulted in an area of improvement from the last audit being closed out and two areas of improvement are identified one relating to medication management and the other related to the food service.


Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Open communication between staff, residents and families is promoted and confirmed to be effective. There is access to interpreting services if and when required.

A complaints register is maintained with complaints resolved promptly and effectively.

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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Business and quality and risk management plans include the values and objectives of the organisation. Monitoring of the services provided to the governing body is regular and effective. An experienced and suitably qualified person manages the Waratah Retirement Home.

The quality and risk management includes analysis of quality improvement data, identifies any trends and lead to quality improvements. The quality and risk management and auditing maintains a high standard for the organisation. Adverse events are monitored, and corrective actions implemented. Actual and potential risks are identified and mitigated. The policies and procedures are current and regularly reviewed.

The recruitment and management of staff is based on current good practice. Training and education is provided to support safe service provision and includes regular individual performance. Staffing level and skill mix meet the changing needs of residents.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed prior to entry to the service to establish the level of care. The processes for assessment, planning, provision, evaluation, review and exit are provided by suitably qualified staff. InterRAI assessments and individualised care plans are documented.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings.

There is a medicine management system in place. Three monthly medication reviews are conducted by the general practitioner (GP).


The food service is provided onsite and caters for residents. Specific dietary likes and dislikes are accommodated. Residents' nutritional requirements are met. A food control plan was in place.

Safe and appropriate environment

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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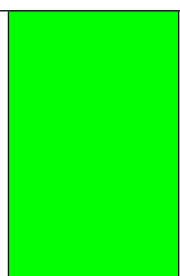
There is a current building warrant of fitness displayed in the entrance to the facility.

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 organisation has implemented policies and procedures that support the minimisation of restraint. No enablers were in use at the time of audit. Use of enablers is voluntary for the safety of residents in response to individual requests. Three residents were using restraints. A comprehensive assessment, approval and monitoring process with regular reviews is documented. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

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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Aged care specific infection surveillance is undertaken, and results reported through all level 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	15	0	1	1	0	0
Criteria	0	41	0	1	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
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints management policy meets Right 10 of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). The complaint forms and the complaints process are accessible to staff, residents and family. Residents and family are advised of the complaints process on admission. Resident and family interviews demonstrated an understanding and awareness of how to make a complaint. Staff confirmed that they understand and implement the complaints process when required.</p> <p>The manager interviewed is responsible for the management of complaints at the facility. The complaints register was reviewed. Four complaints had been received since the last audit including one from the DHB. These complaints were all addressed and effectively closed out. Resident meeting minutes confirmed that residents and their families are able to raise any issues they have during these meetings. There have been no other complaints received from external agencies.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>Information about the service is in brochures and information leaflets and is provided to prospective residents and their families when their families enquire prior to admission. The resident service agreement signed by residents or their representatives on entry to the service details information about service provision. Family/whanau stated they were kept well informed about any changes to their/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</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>supported in the residents' records reviewed.</p> <p>Staff understood the principles of open disclosure which is supported by policies and procedures that meet the requirements of the Code. The open disclosure policy was reviewed April 2019.</p> <p>Staff interviewed know how to access interpreter services through the DHB although reported that this was rarely required due to residents being able to communicate effectively in English or sign language. There are communication strategies in place for residents with cognitive impairment or use non-verbal means of communication.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The organisations philosophy and purpose is documented as part of the quality and business plan reviewed. These are communicated to residents, staff and family through the information brochures and all orientation booklets for new staff as sighted in the individual staff personal records. The business plan for 2019 has clearly documented quality objectives.</p> <p>The manager is responsible for the overall provision of services at The Waratah Retirement Home and Hospital and has been in this role for 27 years. The manager is supported by the clinical team leader (CTL) who is an experienced registered nurse who has worked in the aged care sector for over twenty-five years. Both the manager and the CTL attend study days and additional training and education specific to management exceeding eight hours annually.</p> <p>The facility is certified to provide residential care for rest home and hospital level care residents. The facility can provide care for up to 58 residents with 56 beds occupied on the day of audit. This included 35 rest home level care and 21 hospital level care residents. The service has a contract for respite care but there were no residents receiving this care.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality</p>	<p>FA</p>	<p>The service implements organisational policies and procedures to support service delivery. The manager quality systems and auditing was interviewed and explained the quality and risk management policy and hierarchy o frisk documented. The planned quality and risk system reflects the principles of continuous quality improvement. This includes the management of incidents, complaints, internal audit activities. A regular satisfaction survey, monitoring of outcomes, clinical incidents including infection and restraint minimisation and safe practice.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that information is reported and discussed at the staff and quality and risk meetings. Staff reported their involvement in quality and risk management activities through audit activities for example infection prevention and control and restraint minimisation and safe practice. Relevant corrective actions are developed and implemented to address any shortfalls and/or any preventative actions are put in place and implemented.</p>

improvement principles.		<p>Policies reviewed covered all aspects of service and contractual requirements including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and are current. The document control system ensures systematic and regular reviews occurring. All polices are referenced of all relevant sources of information, approval, distribution and removal of any obsolete documents.</p> <p>The manager quality systems/auditing described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements.</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>Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and action followed up in a timely manner. Adverse event data is collated by the registered nurses and reported at the CTL meetings. The CTL actions the individual incidents. Comparative summaries are documented of the previous and current months. A breakdown is provided for wounds, skin tears, bruises, falls (unwitnessed and witnessed), pressure injury and other incidents. Any quality improvements required are discussed at the fortnightly staff meetings and education sessions are provided on a regular basis in conjunction with the staff meetings as recorded. The CTL is aware of the responsibilities in respect of when to make an essential notification and to whom if required. There have been no section 31 notices completed since the previous audit. Family are kept well informed of any events that may have impacted on their relatives.</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</p>	FA	<p>Human resource management policies and processes are based on employment practice and relevant legislation. The staff recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs) where required. A sample of records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained. Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed show documentation of completed orientation. Booklets are provided to each staff with all information relevant to the role and these were sighted. Orientation checklists are completed. Individual staff records reviewed evidenced annual appraisals are completed.</p> <p>The staff training schedule 2019 was reviewed and is based on mandatory and contract obligation requirements and topics of interest to the staff. Four registered nurses, senior caregivers and the coach driver have completed first aid training. Records are maintained electronically by the manager quality systems/audits of all attendees; the</p>

legislation.		presentation and topic and each in-service session is evaluated. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the Waitemata District Health Board. The gerontology nurse specialist from WDHB visits regularly as part of the residential aged care integration programme and provides educational sessions and these are recorded. There are seven registered nurses including the CTL and six are interRAI trained and maintain their annual competency requirements to undertake the interRAI assessments.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	The staffing rationale policy forms the foundation for workforce planning. Staffing ratios are based on the numbers of residents and the acuity of residents in the two wings A and B wings. Staff interviewed stated that staffing levels are reviewed and allocated according to anticipated workloads. The CTL ensures there is an appropriate staff skill mix and additional staff are arranged as and when needed due to changes in the services provided. Rosters reviewed confirmed adequate numbers of suitably qualified staff are on duty to provide safe and quality care. There are registered nurses on duty every shift. The clinical team leader is on duty Monday to Wednesday and Friday – four days a week. The registered nurses have allocated time to complete the interRAI assessments. The manager and the CTL are on call after hours and weekends. The on-call arrangements are known to staff. Senior registered nurses are able to cover in the absence of the CTL if required. Residents interviewed stated that their needs are met in a timely manner. Family supported this and commented that there is always adequate staff and spoke highly of the care provided to the residents.
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.	PA Moderate	The medication records and associated documentation was in place. All staff who administer medication have current medication administration competencies. Medication reconciliation is conducted by the registered nurses when a resident is transferred back to service. The RNs check medicines against the prescription. There were no residents self-administering medications. Self-administration medication policy and procedure is in place if required. The controlled drug register was current and correct. Weekly and six-monthly stock takes were conducted. Medication audit was conducted, and corrective actions have been acted on. RNs were observed administering medications safely and correctly. The previous corrective action relating to documenting (pro re nata) PRN outcomes and stop dates for short term course medication was addressed. An improvement is required to ensure PRN medication held in stock has documented expiry dates.
Standard 1.3.13: Nutrition, Safe Food,	PA Low	There is an approved food plan for the service which expires 27 February 2021. Meals are prepared on site and

<p>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>served in the allocated dining rooms. There is a six-weekly rotating winter and summer menu in place.</p> <p>The residents' weights are monitored monthly and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents as and when required. The family members and residents interviewed acknowledged satisfaction with the food service.</p> <p>All food services staff have completed training in food safety/hygiene. The kitchen and pantry were clean, tidy and well stocked. Labels and dates were on all containers and records of food temperature monitoring, fridges and freezers temperatures are maintained. Regular cleaning is conducted.</p> <p>An improvement is required to ensure menu is reviewed by the registered dietitian to confirm it is appropriate to meet the nutritional needs of the residents.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Interventions are adequate to address the identified needs in the care plans. Significant changes are reported in a timely manner and prescribed orders carried out. The clinical team leader (CTL) reported that medical input is sought in a timely manner that medical orders are followed, and care is person centred. Care staff confirmed that care is provided as outlined in the care plan. A range of equipment and resources are 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>	FA	<p>The planned activities are appropriate to the residents' needs and abilities. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests and enjoyments. A resident's activities profile is completed within two weeks of admission in consultation with the family and residents where applicable. Care plans are evaluated along with interRAI assessments. The activities are conducted by two activities coordinators covering the rest home and hospital residents. There are experienced care staff who fill in on weekends.</p> <p>The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. The activities are varied and appropriate for residents assessed as rest home and hospital level of care. Activities are offered from Monday to Sunday. The activities range from word games, walks, ball exercises, housie, bowls, bingo, music, movies, balloon flying, pet therapy, artwork, puzzles and church services.</p> <p>The residents were observed to be participating in a variety of activities on the audit day. The planned activities and community connections are suitable for the residents. There are regular outings/drives, for all residents from Monday to Friday to various places of interest. Residents and family members interviewed reported overall</p>

		satisfaction with the level and variety of activities provided.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Resident care is documented on each shift by care staff in the progress notes. The registered nurses complete progress notes daily for residents assessed as requiring hospital level of care and weekly for residents assessed as requiring rest home level of care or as necessary. All noted changes by the care staff are reported to the RNs in a timely manner.</p> <p>Formal care plan evaluations are completed following interRAI reassessments every six months or as residents' needs change. The degree of a resident's response in relation to desired outcomes and goals are documented. These are carried out by the RNs in conjunction with family, GP and specialist service providers. Where progress is different from expected, the service responded by initiating changes to the service delivery plan.</p> <p>Short term care plans are reviewed weekly or as indicated by the degree of risk noted during the assessment process. Interviews verified residents and family/whanau are included and informed of all changes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building warrant of fitness is current dated 17 June 2020. The manager stated there have been no alterations to the buildings since the last certification audit.</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>Emergency and fire safety training was provided for all staff on the 19 September 2019. A record of attendees was reviewed. The service has an approved fire evacuation approval and the letter was sighted.</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>The infection control programme is reviewed annually. The surveillance policy identifies the requirements around the surveillance of infections. The infection logs are maintained and collated monthly by the infection control coordinator (ICC). The ICC is an experienced registered nurse who was not available for interview. Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and skin infections.</p> <p>Residents' records evidenced that those residents diagnosed with an infection had short term care plans in place. In interviews staff reported that they are made aware of any infections through feedback from the RNs, verbal handovers, short term care plans and the progress notes. This was confirmed during attendance at the handover and review of the resident's records. The RN interviewed confirmed that there had been no outbreaks of infection at this facility 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 Waratah retirement home has restraint minimisation policies and procedures that clearly document the risk assessment process and communicate its commitment to restraint minimisation. The definition of restraint and enabler are clearly stated in the organisation's restraint policy. There were three resident using bedrails as restraint and no resident using enablers. The organisation's policy states that approved methods of restraint and enablers are bedrails, lap belts and harness. Interviewed staff demonstrated knowledge on the difference between an enabler and a restraint. The service advocates for the least restrictive method of restraint to be used. Staff training on restraint/enabler and challenging behaviour was conducted.</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 1.3.12.1</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 Moderate	<p>The medication management policy identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. Indications for use were noted on 'as required' medications, allergies were clearly indicated, and resident photos were current. Administration records were maintained, and drug incident forms completed in the event of any drug errors. All medicines were reviewed every three months or as and when necessary. The service does not keep any vaccines.</p> <p>There were 12 packs of PRN medication held in stock which had no expiry dates.</p>	12 PRN medication packs held in stock had no expiry dates.	<p>Provide evidence that PRN medication have expiry dates.</p> <p>90 days</p>
Criterion 1.3.13.1	PA Low	Residents' food preferences are developed on admission which identifies dietary requirements, likes and dislikes and is communicated	There was no	Provide evidence of

<p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>		<p>to the kitchen including any recent changes made. Diets are modified as required and the cook confirmed awareness of dietary needs required by the residents. Meals are served warm in sizeable portions required by residents and alternatives are offered as required. The menu has not been reviewed by the registered dietitian.</p>	<p>evidence of menu review by the registered dietitian.</p>	<p>menu review by the dietitian. 180 days</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.