Parata Anglican Charitable Trust - Parata Anglican Charitable Trust

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:	Parata Anglican Charitable Trust Board
Premises audited:	Parata Anglican Charitable Trust
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 February 2019 End date: 1 March 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: 26

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

Parata Anglican Care rest home is a charitable trust governed by a board of trustees. The rest home provides care for up to 26 residents. On the day of audit, there were 26 residents.

The manager is an enrolled nurse with many years' experience in aged care management. She is supported by an assistant manager (RN), and a relief manager (enrolled nurse), a part time registered nurse, an administrator and long serving staff.

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 management, staff, residents, relative and the general practitioner. The residents and relative commented positively on the services and care provided at Parata Anglican Care rest home.

The previous shortfalls around medication management and care planning have been addressed.

This audit identified a further shortfall around prescribing of medications.

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.

The staff ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. Information about the Code and services is easily accessible to residents and families. Information on informed consent is provided and discussed with residents and relatives. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process.

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.

Parata home continues to implement their quality and risk management system. An annual review of the quality plan and incident and accidents reports is completed, and the outcome communicated to staff.

Health and safety policies and procedures are implemented. The hazards and risk register has been reviewed in 2018. Health and safety issues are discussed both at the combined staff/quality meetings. There are procedures to guide staff in managing clinical and non-clinical emergencies and a registered nurse is on call at all times.

Annual resident and relative surveys are conducted annually with the most recent during 2018. Corrective actions and quality improvements have been implemented.

There are human resources management processes in place and annual performance appraisals are completed. New staff receive an orientation programme prior to their commencement of care to residents. A staff education programme is implemented.

Staffing levels and skill mix are appropriate for the service level to provide safe service delivery.

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.

The registered nurse is responsible for each stage of service provision. The care plans are resident, and goal orientated. Input from the resident/family is evident in the service delivery. Files sampled identified integration of allied health and a team approach is evident in the overall resident file. There is a three-monthly general practitioner review. Residents and family interviewed confirmed that they were happy with the care provided and the communication.

Planned activities are appropriate to the residents assessed needs and abilities and residents advised satisfaction with the activities programme.

Medication policies reflect guidelines. Registered nurses, enrolled nurses and senior caregivers are responsible for administration of medicines and complete annual education and medication competencies. The medicine charts had photo identification and allergy status documented.

Residents' food preferences and dietary requirements are identified at admission and all meals cooked on-site. The kitchen is well equipped for the size of the service. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Residents were complimentary of the meals provided.

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. Resident rooms are spacious with ensuite facilities. There is wheelchair access to all areas. External areas are safe and well maintained. There are seating areas with shade provided.

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.

Restraint minimisation is practiced and overseen by the registered nurse. There were no residents using restraint or enablers. Staff receive training and education around restraint minimisation and safe practice and challenging behaviours.

Infection prevention and control

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

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The relief manager (enrolled nurse) is the newly appointed infection control officer. A suite of infection control policies and guidelines meet infection control standards. Surveillance data is collected, collated and displayed for staff.

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	0	1	0	0
Criteria	0	40	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 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	A complaints policy and procedure has been implemented and residents and their family/whānau are provided with information on admission. Complaint forms are available at the foyer. The residents interviewed were aware of the complaints process and to whom they should direct complaints. The service has had no complaints in 2018, and one minor complaint in 2019. Residents and relatives interviewed advised that they are aware of the complaints procedure and how to access forms.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Twelve incident and accident forms were reviewed, and documented relatives have been informed. Six residents and three relatives interviewed stated they are informed of changes in health status and incidents/accidents. Five resident files have a family page evidencing contact with relatives. Resident meetings have occurred three-monthly and the registered nurse and management have an open-door policy. The service has policies and procedures available around access to interpreter services for residents (and their family). If residents or family/whānau have difficulty with written or spoken English, the interpreter services are made available. There were no residents requiring this service at the time of audit.
Standard 1.2.1:	FA	Parata Anglican Charitable Trust board provides overarching governance to the service, with support provided by a board trustee/administrator. The manager reports to the administrator, who provides the trust board with a

Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.		monthly report. The service provides rest home level care for up to 26 residents. On the day of audit, there were 26 residents. Twenty-five residents were under the age-related residential care services agreement (ARCC) and one resident was on respite. Parata rest home has a quality plan developed in consultation with the trustees, management and staff. The quality plan includes the aims of the charitable trust, action plan, timeframes and responsibilities. The quality plan is reviewed annually. The facility is managed by a long-serving manager, who is an enrolled nurse. The assistant manager is an experienced registered nurse, and the relief manager is an experienced enrolled nurse. Both have been in their role for around a year. The assistant and relief manager share on-call with the facility manager and cover weekends at the facility. The part time registered nurse (RN) and the assistant manager are interRAI trained. A full-time administrator is employed to attend to facility business, human resource management and attend the board meetings. The manager reports to the board. The manager has completed at least eight hours of professional development in the last year.
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 manager facilitates the quality programme and ensures the internal audit schedules are implemented. Corrective action plans are developed, implemented and signed off when service shortfalls are identified. Parata rest home continues to implement its quality and risk management system. Annual review of the quality programme and incidents and accidents have been completed and outcomes of these communicated to staff at the three-monthly combined staff/quality meetings. Discussions with staff (one RN, two caregivers, one activities coordinator, one activities assistant, one maintenance, and one cook) and review of meeting minutes, demonstrated staff involvement in quality and risk activities. The relief manager (EN) is the newly appointed health and safety coordinator. Health and safety policies and procedures are implemented. The hazards and risk register was reviewed in 2018. There is a manager is on call at all times. Fall prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. Corrective actions around falls prevention are implemented. Key components of service delivery are linked to the quality and risk management system. The internal audit programme is implemented. If an audit identifies shortfalls, required corrective actions are implemented and

		are signed off in a timely manner. A monthly summary of internal audit outcomes is provided to the staff. The service collates accident/incident, health and safety and infection control data. Monthly comparisons, and trends are displayed for staff information on the staff noticeboard. Annual resident and relative surveys have been conducted for 2018, results were collated and showed overall 100% satisfaction. There is a three-monthly combined staff/quality meeting. All health and safety matters, infection control statistics and trends, incidents and accidents, falls data, internal audit results and corrective actions compliments/complaints are discussed. There is an additional report submitted and discussed from the registered nurse around all clinical matters and training. The manager advised that residents choose not to have resident meetings. Resident meetings are now held three monthly in small resident groups, facilitated by a volunteer, and are held prior to the quality meeting. A report is written, and results are discussed at the combined quality/staff meeting.
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	Twelve incident/accident forms were reviewed from December 2018 date. Incidents and accidents are recorded by staff, follow-up is completed by RNs (including the assistant manager) and signed off by the manager. The accident/incident process includes documentation of the incident and analysis and separation of resident and staff incidents and accidents. Accidents and incidents are analysed monthly with results discussed at the combined quality assurance/staff meetings. The management team are aware of situations that require statutory reporting. No events have required reporting.
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 comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Five staff files sampled (the assistant manager, the registered nurse, the activities coordinator, the cook and one caregiver). They all included: an orientation, training records and competencies. All staff files reviewed for staff who have been employed for more than 12 months contained a current annual performance appraisal. Current annual practising certificates are kept on file, and in the locked medication cupboard for quick reference. A register of RNs, general practitioners (GPs), podiatrist, pharmacist and clinical nurse practitioners' practising certificates are kept within the facility indicating that all relevant providers have a current practicing certificate. Parata has an orientation/induction programme that provides new staff with relevant information for safe work

		practice. The two caregivers interviewed confirmed that an appropriate orientation programme is implemented, including being buddied by another caregiver and review of policies and procedures. An annual training programme is implemented, and it exceeds eight hours annually. The RN provides internal training to staff along with external experts. The RN has completed wound care training and attends interactive teleconference training sessions with other age care facilities. The manager confirmed there is nurse practitioner and nurse specialist input from the local DHB if required. Residents stated that staff are knowledgeable and skilled. The RN is the Careerforce assessor. Currently there are four staff who have completed the Level 3 Careerforce qualification and three of these staff have commenced Level 4 Health Wellbeing and Support. One staff member has completed Level 2 Foundation Skills. Two staff have completed the Level 2 Cleaning qualification.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	There is a documented rationale for staffing the service. On the day of audit there were 26 residents. The manager (enrolled nurse) and the assistant manager (registered nurse) and relief manager (enrolled nurse) work works full-time and provide on call to support staff. Another registered nurse works three days per week. The managers also assist with resident care. A senior caregiver (medication competent) is on duty on each shift (7.15am - 4.15pm, 2.30pm - 11.00pm, 10.45pm - 7.15am). Additionally, two caregivers are on morning duty (7.45am to either 2.15pm or 4.15pm, depending on what time the next caregiver comes on). Three caregivers including the senior caregiver are on duty on the afternoon shift (4.00pm - 11.00pm, 5.30pm - 8.30pm). One senior caregiver works nightshift and is medication competent. At the weekends when the manager is not on duty, an extra caregiver is on duty from 8.00am - 1.00pm, and 3.30pm - 11.00pm. Staff and residents interviewed confirmed that staffing levels are adequate, and that management are visible and able to be contacted at any time. Relatives interviewed reported that call bells are answered promptly and that there are enough staff on duty including when they visit in evenings and at weekends. The roster evidenced an increase in staffing to meet increased occupancy and resident needs.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that	PA Moderate	There are policies and procedures in place for safe medicine management that meet legislative and guideline requirements. Staff (nurses and senior caregivers) who administer medications have been assessed for competency on an annual basis. Medications received (blister packs) are checked on delivery by the registered nurse. All medications are stored safely. All eye drops are dated on opening. The medication fridge is monitored weekly.

complies with current legislative requirements and safe practice guidelines.		All ten medication charts had a clear medication chart, with allergies documented, evidence of a three-month review and photo identification. Signing sheets were in line with medications prescribed. The previous finding has been addressed. 'As required' medications were not always prescribed correctly, and did not always document the indications for use. Signing sheets were in line with the medication chart, and all 'as required' medications had been administered correctly. Registered nurse, enrolled nurses and caregivers interviewed could describe their role regarding medicine administration. All staff administering medications have completed an annual medication competency assessment. There were no self-medicating residents at the time of audit. The medication round observed was not completed as per policy and procedure. Medication errors were documented on incident forms and investigated with competencies of staff being reviewed where appropriate. The internal auditing programme includes medication audits completed by the registered nurse.
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	A food control plan is in place expiring 13 March 2019. All meals and baking at Parata Rest Home are prepared and cooked on-site by a team of three cooks. A relief cook, and kitchenhands provide cover across seven days. There is a four-weekly seasonal menu, which had been reviewed by a dietitian in June 2018. Food preferences are met, and staff can access the kitchen at any time to prepare a snack if a resident is hungry. The cook receives a dietary profile of resident dietary requirements and any likes or dislikes including updates. Special diets including modified foods are provided. Fridge, freezer and end cooked temperatures are recorded daily. Chemicals are stored safely. A cleaning schedule is maintained. Resident meetings 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 food and confirmed alternative food choices were offered for dislikes.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Five resident files were reviewed for this audit. Caregivers follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the RN will initiate a referral (eg, to the dietitian, district nurse or wound care specialist nurse). If external medical advice is required, this will be actioned by the GPs. Staff have access to sufficient medical supplies (eg, dressings). Continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described.

		A wound assessment, plan and evaluations were in place for the current wound (chronic ulcer), and documents progression towards healing. The previous finding has been addressed. There were no residents with pressure injuries on the day of the audit. The RN has access to specialist nursing wound care management advice through the district nursing service and DHB wound care nurse specialist. Interviews with the assistant and relief managers, RN, and caregivers demonstrated an understanding of the individualised needs of residents. Care plan interventions had all been updated to reflect when there was a change in residents' needs. The previous finding has been addressed. Monitoring charts in use included; repositioning charts, restraint monitoring, food and fluid charts, regular monitoring of bowels and regular (monthly or more frequently if required) weight management.
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 coordinator who works 19.5 hours per week and works Wednesdays, Thursdays and Fridays each week, and an activities assistant who works one day a week. Activities on a Monday, Tuesday and at the weekend are delivered by volunteers from the community. There is a set activity programme that is resident-focused and is planned around residents' interests and suggestions. The programme meets the recreational needs of the rest home level care residents and reflects normal patterns of life. The monthly planner includes a mixture of group activities including bowls, outings to other facilities, crafts, and entertainment. Individual activities are offered. Resident meetings are held in small groups on a three-monthly basis, the activities staff regularly ask the residents for feedback and suggestions for the programme. An activity profile is completed on admission in consultation with the resident/family (as appropriate). The documentation in the resident files sampled reflected the specific needs and interests of each resident. In the files reviewed the recreational plans had been reviewed six-monthly at the same time as the care plans were reviewed. Relatives and residents interviewed, advised that the activity programme was interesting, and the residents were encouraged to participate. The service has a van to transport residents to events in the community and on outings.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	In the files sampled, initial care plans have been evaluated by RNs within three weeks of admission. The long-term care plans are evaluated at least six-monthly or earlier if there is a change in health condition. There was at least a three-monthly review by the GP. All changes in health status are documented and followed up. Short-term care plans have been evaluated and resolved or added to the long-term care plan if the problem is ongoing. Where progress is different from expected, the service responds by initiating changes to the care plan.

Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	Parata Rest Home has a current building warrant of fitness, which expires on 14 June 2019. Hot water temperatures are checked randomly each month. Medical equipment and electrical appliances have been tested and tagged and calibrated. There is a planned schedule to maintain regular and reactive maintenance. Residents were observed to mobilise safely within the facilities. There are sufficient seating areas throughout the facilities. The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. There is wheelchair access to all communal areas. Caregivers interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs and as identified in the care plans. There is safe access the outdoor areas.
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	Infection control is managed by the assistant manager along with the RN. Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and compared month by month. Outcomes and actions are discussed at quality/staff meetings and results posted for staff to view. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the manager. The infection rate is very low and there have been no outbreaks.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There are policies around restraints and enablers and restraint is actively minimised. The registered nurse oversees the restraint process within the facility. There are policies around restraint, enablers and the management of residents who may exhibit behaviours that challenge. The service currently has no residents using restraints or enablers, four residents were using bed hoops. Any resident requiring restraint or who exhibited behaviours that may challenge, would be reassessed to determine their suitability to continue to reside in the rest home. Staff receive mandatory training around restraint minimisation. All care staff interviewed were able to describe the difference between an enabler and a restraint.

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)
Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.	PA Moderate	All ten medication charts were clear, and the signing sheets were in line with the regular medications prescribed. ‘As required’ medications were documented, but did not consistently document indications for use. The signing sheets document correct administration of the medication.	i) Six of ten charts do not have documented indications for use of ‘as required’ medications. ii) Four of ten medication charts have the same drug prescribed regularly and ‘as required’ with no maximum dose documented.	Ensure all ‘as required’ medications are prescribed correctly and document indications for use. 30 days

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.