

M & K Atkins Limited

Introduction

This report records the results of a Partial Provisional 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 Audit (NZ) 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: Rest home care (excluding dementia care)

Dates of audit: Start date: 11 September 2017 End date: 11 September 2017

Proposed changes to current services (if any): The introduction of hospital services – geriatric and medical level care by converting 58 rest home beds to 58 dual purpose beds.

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.

General overview of the audit

The Waratah Retirement Home currently provides rest home level care for up to 58 residents and has applied to reconfigure the service to 58 dual purpose beds. There were 56 residents on audit day. The service is family owned and operated.

This partial provisional audit was conducted against the relevant Health and Disability Services Standards to assess the ability of the current owners to provide hospital level care for older people.

The audit process included review of policies and procedures, sampling of staff files, observations, and interviews with residents, family/whānau, management, clinical and non-clinical staff and a general practitioner.

The improvement required from the last audit relating to management of medications has been addressed. The audit identified one area requiring improvement which was related to the provision of services appropriate to the needs of the consumers.

The auditors found that the facility was suitable and well prepared for hospital level care. The nursing staff are suitably trained for geriatric, non-acute medical services and palliative care.

Consumer rights

Organisational management

The manager described the business and strategic planning strategies for the reconfiguration covering all aspects of service delivery. The reconfiguration has been planned and there is evidence that actions have been taken to address the staffing, clinical resources, equipment required and procedures have been upgraded in relation to hospital level care. The actions are reviewed at the quality meetings. Staff have participated in the review of staffing requirements.

One of the owners is the manager and is responsible for the overall management of the service. The owner/manager is supported by a clinical team leader who is a registered nurse. Both managers have more than twenty years' experience in aged care and refer to the gerontology nurse specialist at Waitemata DHB for advice as required.

Human resources management policies and processes are based on good employment practice and relevant legislation. Recruitment processes include referee checks, police vetting and validation of qualifications and practising certificates, where required. Review of staff files confirms that all registered nurses have current practising certificate. Annual performance appraisals are up to date.

The owner/manager has employed sufficient registered nurses to ensure 24-hour cover has been provided since the beginning of August 2017. Additional experienced caregivers have been employed to ensure that staffing cover meets the requirements of the Aged Residential Care Contract. Staff training records confirm that all have undertaken orientation and are in the process of completing required training and competency reviews.

Continuing education is planned on an annual basis, including mandatory training requirements. In-service education and training is provided at least monthly, presented by staff within the service or by external specialists. There are four trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Additional registered nurses have been employed to ensure that the day to day operations of the facility are undertaken by staff who are appropriately experienced, educated and qualified.

The service implements documented staffing levels to ensure contractual requirements are met and to meet residents' needs.

Continuum of service delivery

The registered nurses are responsible for the development of care plans with input from the residents, staff and family member representatives. Care plans and assessments are developed and evaluated within the required time frames that safely meet the needs of the resident and contractual requirements.

Planned activities are appropriate to the residents assessed needs and abilities. High dependency residents are catered for. Residents expressed satisfaction with the activities programme in place.

There is a medication management system in place and medication is administered by staff with current medication competencies. All medications are reviewed by the general practitioner according to policy. Nutritional needs are provided in line with nutritional guidelines and residents with special dietary needs are catered for.

Safe and appropriate environment

There are documented emergency management response processes which were understood and implemented by staff. This includes protecting residents, visitors and staff from harm as a result of exposure to waste or infectious substances. The electronic call bell system has been upgraded to include personal pagers carried by all staff. The facilities meet the needs of dependent residents. Furnishings and equipment are regularly maintained. All rooms are single occupancy, large enough to accommodate

dependent residents needing assistance and have en suite toilets and showers. There are two large lounges, two smaller sun rooms and a central dining area to meet residents' relaxation, activity and dining needs. All areas are accessible to residents using mobility aids.

The facility is adequately heated and ventilated. Opening doors and windows create good air flow to keep the facility cool when required. The outdoor areas provide suitable furnishings and shade for residents' use. Residents and family/whānau surveys and interviews indicate they are happy with the environment provided. There is a current building warrant of fitness and approved evacuation plan. Regular fire safety education and trial evacuations are held. There have been no changes to the layout of the facility since the last audit.

Restraint minimisation and safe practice

There are clear and comprehensive documented guidelines on the use of restraints, enablers and challenging behaviours. There were no residents using restraint or enablers at the time of the audit. Staff interviewed demonstrated a good understanding of restraint and enabler use and receive ongoing restraint education.

Infection prevention and control

The infection control management systems are in place to minimise the risk of infection to residents, visitors and other service providers. The infection control coordinator is responsible for co-ordinating education and training of staff. Documentation evidenced that relevant infection control education is provided to 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	18	0	0	1	0	0
Criteria	0	39	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
<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>PA Moderate</p>	<p>The service is a family owned business and no change of ownership is planned. The service provides rest home level care for up to fifty-eight residents. At the time of audit there were fifty-five residents comprising forty-nine rest home residents and six hospital residents. This audit is to reassess the scope of services to transition to fifty-eight dual purpose beds. The owner/manager demonstrated knowledge of the ARRC Agreement and understanding of the needs of hospital level residents including ensuring their rights are respected.</p> <p>The strategic plan includes the aim of reconfiguring the service from rest home to dual purpose care. Interview with the manager indicates that the transition process has been planned and discussed at special meetings with the registered nurses and senior care givers. There is an established quality management system and processes for internal audits and continuous improvement. Clinical protocols are being reviewed to encompass more advanced dependency with input from the DHB gerontology nurse specialist.</p> <p>No changes in key personnel are planned. The management team currently consists of six members, who have clinical, non-clinical and quality roles. One of the owners is also the general manager of the service. The owner/manager is supported by a clinical team leader, who is a registered nurse with a current</p>

		<p>practicing certificate. The responsibilities and accountabilities are defined in a job description which has been revised to include the upgraded responsibilities relating to care of hospital level residents.</p> <p>The manager and clinical team leader have each attended over eight hours of education in the past year related to aged care management. The owner/manager and the clinical team leader both demonstrated knowledge of the aged sector, regulatory and reporting requirements and maintain currency through attendance at conferences, ongoing professional development and membership with an aged care association. The residents and families reported satisfaction with the care and services provided.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The clinical team leader (CTL) is responsible for operational management of the facility. When interviewed the CTL demonstrated knowledge of the additional requirements of hospital residents and the resources needed to support them.</p> <p>The CTL deputises for the owner /manager and one of the senior registered nurses deputises for the CTL in their respective absences.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. Recruitment processes include referee checks, police vetting and validation of qualifications and practising certificates, where required. Review of staff files confirms that all registered nurses have current practising certificate. Annual performance appraisals are up to date. Staff training records confirm that all have completed orientation and are in the process of completing required training and competency reviews.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. In-service education and training is provided at least monthly, presented by staff within the service or by external specialists. The program indicates that all education required by the Age-related Residential Care Contract is covered. There are four trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. One other registered nurse is booked on the training. Attendance records sampled demonstrated completion of the required training. All 4 registered nurses have undertaken training on syringe driver/pump management, with one of them waiting for the certificate to be issued. One of the nurses has undergone</p>

		training on PEG feeding tube management, with management planning to send other nurses on this course as it became available through the DHB.
<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>There is a documented and implemented process for determining staffing levels and skill mixes that meets ARRC requirements for residential hospital care. The owner/manager has employed sufficient registered nurses to ensure 24 hour cover is provided seven days a week. Additional experienced caregivers have been employed to ensure that staffing numbers and skill mix meet the requirements of the Aged Residential Care Contract. The facility can also adjust staffing levels to meet the changing needs of residents by staff working flexible hours/week. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and families interviewed supported this. Observations and review of rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty each shift has a current first aid qualification.</p> <p>A GP practice is providing 24 hour medical cover as required. On interview the GP confirmed that residents with high dependency needs are well cared for, staff are prompt to pick up on changes in residents condition and call for advice.</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>The medicine management system is implemented to ensure that residents receive medicines in a secure and timely manner. Medication files reviewed complied with legislation, protocols and guidelines. Medications are stored in a safe and secure way in the treatment rooms, locked cupboards and drug trolleys. The service uses pre-packed medication packs that are checked by the RNs on delivery. Medication reconciliation is conducted by the RNs when the resident is transferred back to service. All medications are reviewed every three months and as required by the GP. Allergies are clearly indicated and photos attached for easy identification.</p> <p>An annual medication competency is completed for all staff administering medications and medication training records were sighted. The RNs were observed administering medication correctly.</p> <p>The controlled drug register is current and correct. The area requiring</p>

		<p>improvement at the last audit in relation to ensuring that weekly and six monthly stock takes are conducted has been addressed. Expired medications are returned on time, adequate medicine cups are available and consistent use of hand gel sanitizer is maintained. All medications are stored appropriately.</p> <p>There was one resident self-administering medication and was assessed as competent and medication is stored in a secure place. There is a policy and procedure for self-administration of medication.</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>	<p>FA</p>	<p>Meal services are prepared on site and served in the respective dining areas. The menu has been reviewed by a dietitian. The kitchen staff have current food handling certificates. Diets are modified as required and the cook confirmed awareness on dietary needs of the residents. The residents have a nutritional profile developed on admission which identifies dietary requirements, likes and dislikes. The resident's weight is monitored regularly and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were observed to be clean, tidy and stocked. Labels and dates are on all containers and records of temperature monitoring on fridges and freezers are maintained. Regular cleaning is undertaken and food services comply with current legislation and guidelines. The residents and family/whanau interviewed indicated satisfaction with the food service. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</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 planned activities are meaningful to the residents' needs and abilities at Waratah Retirement Home. The activities programme covers physical, social, recreational, spiritual, intellectual, emotional and cultural needs of the residents. The activities are modified as per capability and cognitive abilities of the residents. The activities coordinator develops an activity planner which is posted on the notice boards and white boards respectively. Residents' files have a documented activity plan that reflects their preferred activities of choice. Over the course of the audit residents were observed engaging in a variety of activities. The residents and family/whanau reported general satisfaction with the level and variety of activities provided.</p>

<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are appropriate processes in place for the management of general waste, clinical waste, recycling and hazardous substances. Chemicals are stored securely. Chemicals are clearly labelled and safety data sheets are available. Personal protective equipment/clothing (PPE) sighted included disposable gloves, aprons and goggles. Staff interviewed confirmed they can access PPE at any time and were observed wearing disposal gloves and aprons as required and have undergone training in the management of waste and hazardous substances.</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>	<p>FA</p>	<p>There is a current building warrant of fitness displayed expiring June 2018. There have been no changes to the layout of the building that have required the approved evacuation scheme to be amended.</p> <p>This audit has assessed 58 rest home rooms as suitable for rest home or hospital level residents (dual purpose). All rooms are suitable for hospital level residents. There are six hospital beds, three of which are adjustable. There is a standing hoist and two sitting hoists, an elevating chair and numerous mobile reclining chairs. The rooms are spacious enough to operate hoists and wheel chairs.</p> <p>Two large lounges and two small sitting rooms are available. A second nurses' station has been developed so there is one in each wing.</p> <p>Maintenance is undertaken by both internal and external contractors as required. Electrical safety testing occurs annually by a registered electrician. All electrical equipment sighted had an approved testing tag. Clinical equipment is tested and calibrated by an approved provider at least annually or when required.</p> <p>The physical environment minimises the risk of harm and safe mobility by ensuring the flooring is in good condition, bathroom floors are non-slip, the correct use of mobility aids, and walking areas are not cluttered. Regular environmental audits sighted identified that the service actively works to maintain a safe environment for staff and residents.</p> <p>The service identifies planned annual maintenance in their business plan. There are easily accessed, level surface, shaded outdoor areas for residents.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate showering and toilet facilities throughout the service. Each room has ensuite facilities with shower, toilet and basins. All facilities are located in a manner that is easily accessible and identifiable. Floor and surface fittings are consistent with infection control requirements. Hot water temperatures are monitored and documentation identifies that they have remained within safe levels. Separate visitor toilets are provided in both wings.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All bedrooms provide sufficient space for movement, manoeuvring of equipment and for personal items. Doors are wide enough for beds to be moved through them. Electric beds are maintained in good working order and pressure mattresses are provided for those who have been assessed as requiring them. Rooms are personalised to meet resident's wants and needs and have appropriate areas for residents to place personal belongings. Each bed space is provided with a nurse call bell.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>There are two wings. Each has a communal area which is utilised for activities, lounging and meals. Furniture is suitable and well maintained. Recliner chairs are available in each area for those who require them for comfort and safety. A large number of residents come to the tables for meals. Communal areas are sufficient to accommodate all the residents. Residents and family/whānau expressed satisfaction with the environment.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>The residents' personal laundry is done onsite, with a contracted company doing the towels and bed linen offsite. The laundry has separation of clean and dirty areas and laundry processes meet good practice guidelines. Maintenance, functional testing and temperature records indicate that laundry processes meet infection control standards and laundry audits completed demonstrate that corrective actions are completed as required.</p> <p>Cleaning is done by employed staff. Review of internal audit records and visual inspection indicate that cleaning meets infection control requirements and is of a good standard. Cleaning trolleys are equipped with all the required cleaning materials and with secure storage for chemical containers. Cleaning staff are trained in the use of equipment and chemicals and chemical safety data sheets</p>

		<p>are available in work areas.</p> <p>Management monitors cleanliness standards through observations, resident/family feedback and internal audits. Interviews with staff, residents and family indicate satisfaction with facility cleanliness.</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 management policies and procedures guide staff actions in the event of an emergency. The emergency plans include emergency systems such as fire protection equipment, emergency lighting, and communication. Fire equipment is checked annually by an approved provider. Fire training is provided three monthly and staff must attend one trial lateral evacuation annually. Staff training records indicate that all staff have attended at least once in the last 12 months.</p> <p>Sufficient staff to provide a first aider on each shift have received first aid training. Emergency supplies and equipment include food and water sufficient for three days. The service has a diesel generator for energy. Gas barbecues are available for cooking. Emergency response equipment and supplies are available and staff are trained in their use.</p> <p>Appropriate security systems are in place. This includes locking doors after hours and a wanderer alert system. Staff and residents interviewed confirmed they feel safe at all times.</p> <p>Call bells are located in all resident areas. The call bell system has been upgraded to include emergency calls from all bells to pagers carried by the RNs and caregivers. Resident and family/whānau interviews confirm call bells are answered within acceptable timeframes. .</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The facility has plenty of natural light. All bedrooms have at least one good sized window. There is plenty of natural ventilation. The facility is maintained at a consistent temperature with heating along the corridors and wall mounted electric heaters in each bedroom. Observations during the audit and interview with residents and family members indicated that the internal environment is maintained at a comfortable temperature. The facility is smoke free.</p>

<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Waratah Retirement Home provides an environment that minimises the risk of infection to residents, staff and visitors by implementing an appropriate infection prevention and control programme. One of the RNs is the infection control coordinator (ICC) and has access to external specialist advice from the GP, district health board and infection control specialists when required. The infection control programme at Waratah Retirement Home allows for a systematic, coordinated and ongoing approach.</p> <p>The infection control programme is reviewed annually and is incorporated in the monthly staff meetings and review of the education programme. Staff are made aware of new infections through daily handovers on each shift and by progress notes. The infection control programme is appropriate for the size and complexity of the service. Infection control practices are guided by infection control policies and procedures. Interview conducted with the ICC indicated that all infections are monitored through a surveillance system in accordance with the infection control programme. There are processes in place to isolate infectious residents when required.</p> <p>A documented job description for the ICC including role and responsibilities is in place. Hand sanitisers and gels are available for residents, staff and visitors to use. There have been no outbreaks documented and infection control guidelines are adhered to. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</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>Click here to enter text</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 restraint minimisation policy provides consistent definitions for restraints and enablers. No residents were restrained or using enablers on the day of the audit at Waratah Home and Hospital. All staff receive education regarding restraint minimisation and challenging behaviours. Staff interviewed are aware of the difference between a restraint and 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 1.2.1.1</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.</p>	<p>PA</p> <p>Moderate</p>	<p>On the day of the audit, there were 6 residents who were assessed as requiring hospital level care. However, this facility was neither certified for hospital level care nor applied for dispensation to HealthCERT to care for these residents. The provider has applied for reconfiguration including the ability to provide hospital level geriatric and medical services, which this audit is addressing.</p>	<p>There were 6 residents at hospital level care at the facility not certified for this service.</p>	<p>Following this Partial Provisional audit, if the hospital level of service is not approved, the provider must work with the DHB NASC and families to ensure that these residents are placed appropriately.</p> <p>30 days</p>

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.