

Knox Home Trust - Elizabeth Knox Home and Hospital

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 The DAA Group 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:	Knox Home Trust
Premises audited:	Elizabeth Knox Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 18 November 2021 End date: 18 November 2021
Proposed changes to current services (if any):	None – New building does not present any changes to the current services
Total beds occupied across all premises included in the audit on the first day of the audit:	0

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.

General overview of the audit

Elizabeth Knox Home and Hospital provides services for up to 213 residents and is undertaking a strategic development project over the next five years to redevelop several of the older buildings on their site. The current new build, called the Puka Home, is a transitional building consented for ten years. It is envisaged that residents will move in and out of this building as their own buildings are redeveloped. This building is purpose built for 37 residents and includes dining and lounge areas, two fully functional kitchens, ten accessible bathrooms and utility rooms.

This partial provisional audit was conducted virtually against the specified Health and Disability Services Standards. The audit process included the review of documents, observations, interviews with the chief executive officer (CEO), members of the executive leadership team, and the operations manager for the catering company, and staff. A virtual walk through of the new building was included in the audit.

Four areas have been identified that need to be resolved before the building is occupied. These relate to medication training, medication storage, the building code of compliance and an approved fire and evacuation plan.

Consumer rights

Not applicable to this audit

Organisational management

The CEO has closely monitored this building project and reports milestones to the board against the strategic objectives. The board meet monthly and monitor the building project.

The CEO, who is well qualified and experienced for the role, is supported by a competent executive leadership team. The board chair leads a Covid-19 response team that meets daily and the CEO reports this is a great support during the current crisis.

The appointment, orientation and management of staff is based on current good practice. Training needs are identified and supported by the organisation. Each staff member has an annual performance review. Staffing level and skill mix meet the changing needs of the residents. There are no additional staffing requirements for this new build.

Continuum of service delivery

The new building includes a room for the storage of medication, with sufficient lockable cupboards and hand washing facilities. The current medication management processes will continue to apply to the new building with an additional change that enables residents to keep their medication in a locked cabinet in their rooms, thus being consistent with practice across the site. Some staff still require training in this before the building is occupied. Meals will continue to be cooked centrally and 'hot boxed' to the new building. The food control plan and food safety policy were current, and menus have been reviewed by a dietician.

Safe and appropriate environment

The construction of the new premises is nearing completion at the time of audit with the bulk of the work done. Some interior refurbishment and installations remain outstanding, and there is a project and transition plan that takes these items into account. Legislative requirements need to be met before the building can be occupied.

Restraint minimisation and safe practice

Not applicable to this audit.

Infection prevention and control

Infection prevention and control processes are already in place and will be transferred to the new building. The CEO is a registered nurse and has been able to advise on infection control principles during the new build.

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	12	0	3	0	0	0
Criteria	0	31	0	4	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<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 service is governed by a seven-member board of trustees with diverse qualifications and experience. Monthly meetings have ensured the milestones of the building project are being met, in accordance with the strategic plan. This 37-bed unit is being used to accommodate residents while their buildings are being demolished to make way for a large scale development. Service provision remains unhindered when residents are transposed from one building to another. A detailed transition plan is being worked through and it is planned that the residents will eventually move back into the new building.</p> <p>The new building has been part of a strategic development plan for some years. Strategic goals are reviewed annually, and the strategic plan is formally reviewed five yearly. There are also master planning sessions that are inclusive of residents, staff, and board members. Values were last reviewed in 2020 and had good input from residents.</p> <p>The chief executive (CEO) holds professional clinical and business qualifications and has been in the role for 14 years, during which time she has project managed three other building works. There is a current job description and delegations of authority policy.</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>During any absence of the CEO, required duties and responsibilities are undertaken under delegated authorities by the finance manager, operations and communities manager and the care leader; all are members of the executive team. It is reported there is always backup from the board, and two managers are on site during office hours.</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>A comprehensive human resources manual addresses good practice and relevant legislation. Pre-employment processes include referee checks, police vetting, immigration clearance, and validation of annual practising certificates. Annual practising certificate (APC) renewal is monitored by the care leader and recorded electronically.</p> <p>Training records showed that most mandatory training has been completed. There are some gaps where some training has not been completed due to Covid-19 restrictions not allowing trainers to come on site, and arrangements have been made to catch these up.</p> <p>An orientation process includes mandatory and role specific training. Orientation, once completed, is held on each staff member's personnel file. Specific orientation to the new building is planned prior to opening</p> <p>An annual education and work training framework is in place, and this informs a monthly training plan. Residents are also invited to attend the training sessions. All training and training records are held electronically making reporting straight forward and gaps able to be identified. The service values education and staff are encouraged to undertake external education in respect of their APCs. Care guides (staff with particular interest in training) are available for teaching on-the-job.</p> <p>All staff have annual performance review which is current.</p> <p>The new building does not require recruitment of any new staff or a change to any employment practices, as all staff are transitioning with the residents.</p>
<p>Standard 1.2.8: Service Provider Availability</p>	FA	<p>The skill mix policy outlines the minimum safe staffing levels and skill mixes required to meet residents' needs, 24 hours a day, seven days a week (24/7).</p>

<p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>Staffing levels are adjusted and meet the changing needs of residents and this is ensured by an experienced roster co-ordinator, who is responsible for safe staffing levels.</p> <p>Staffing will remain the same in the new home over three shifts per 24 hours, as the residents are moving over to the new building with all their existing staff. The residents are covered by two registered nurses (RN)s on morning and afternoon shifts, and four to five care partners (HCA)s. Overnight there is one RN and four to five care partners. At least one first aider is always rostered on duty. An RN site manager is also available during the night if required.</p> <p>An internal staff bureau is used for any casual staff requirements before using an external agency, for which there is a preferred supplier.</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>	<p>PA Low</p>	<p>Systems are in place to ensure that medication management processes are in line with best practice and legislation. Medication, other than controlled drugs, will be stored in each patient's room in a locked drawer. An electronic system is used, and this will be seamlessly transferred to the new building.</p> <p>The controlled drugs cabinet and fridge will be moved into the dedicated locked room one week prior to moving in, as part of the transition plan.</p> <p>Care partners will be administering medication in line with the other homes on the site, with the oversight of the RN. Five people still require training for this, staff are aware of this process as it occurs in other areas of the service.</p> <p>A rigorous process is in place to ascertain competency of residents who wish to self-administer their own medication, although this does not happen regularly.</p> <p>Medication information is part of the training plan for care partners, as is the recording of administration and all aspects of the electronic system.</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>The food service is provided on site by an external contractor, and this includes three chefs and a team of kitchen assistants. Separate summer and winter menu options follow a six weekly rotational cycle and are in line with recognised nutritional guidelines for older people. These have been reviewed by a dietician. The central kitchen has a food safety programme audited by an external company. The kitchen and all processes were audited as part of the HDSS</p>

		<p>Certification audit 30 March 2021.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan.</p> <p>The Puka Home has a fully functioning kitchen that can be used by staff and residents or families, and this is central to the design of the building. Food will be supplied from the central kitchen in a 'hot box' delivery system and served in the home kitchen, following the same process that occurs in other homes.</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>	FA	<p>A waste management and hazardous substances policy is in place. Waste is segregated and removed in a timely manner. The only chemicals held are domestic cleaning and laundry products, which are stored on the cleaners' trolleys in a locked cupboard, on the outside of the building.</p> <p>A spill kit and data safety sheets are available. Protective clothing and equipment are readily accessible.</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>	PA Low	<p>The new building has been built specifically to house 37 residents who are currently residing in the trust's adjacent buildings that are soon to be demolished, while a new building is constructed to replace them. The building Puka Home has been consented for 10 years and will be used as transitory accommodation, now and in the future, while a larger development takes place over the next five or so years. The residents moving into Puka Home are from two buildings where they have been living together. They will relocate in their entirety including with their staff, some furnishings and equipment, and integrate into the existing systems and processes. The design of the building has been tested before in the service and some residents have had input into aspects of the design. Construction of the building is complete and finishing processes are underway. Contractors are on site to complete last minute electrical fitout. The building has yet to receive the Code of Compliance Certificate or Certificate of Public Use.</p> <p>The design of the building ensures good sized communal spaces and rooms and is appropriate to the changing needs of the residents.</p>

		The building is fully surrounded by decking which has level entry into all residents' rooms that open out onto it. This eliminates the need for pathways and gives wide access for residents and mobility aids to pass one another walking around the building. Most decking is completed with some gardening and fences to be completed and an external gas water heater to be covered. Shading will be provided with large umbrellas.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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.	FA	Ten full sized assessable, wet area bathrooms service the 37 rooms and are fully installed. All have privacy shower curtains and lockable doors. The bathrooms are well placed around the building where they can be accessed easily from residents' rooms and communal areas.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	Rooms are of an adequate size to promote safe mobility. There is a designated area outside of the rooms for charging electric wheelchairs and hoists, so these are not stored in residents' rooms when they are not required. The operations and communities manager stated this was a good option to avoid clutter in residents rooms.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There are well spaced areas for dining and relaxing in addition to any of the facilities and activities areas available to all residents in the main buildings (eg, gym, physiotherapy, and games rooms). Each side of the new building is a mirror image of the other, giving two sperate dining and lounge areas. Hallways are generally wide, with any narrower areas considering the mobility of the residents who will reside there. There are exterior doors off all the common areas.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	The CEO confirmed that the current laundry and cleaning processes will be transferred to the new building. Contract cleaners are engaged, and a specific cleaning room has been accommodated on the outside of the building. Chemicals are supplied by a reputable company and kept locked away. Laundry is undertaken onsite by a contracted company and follows a

		comprehensive manual explaining all aspects of the process. The company provide a team of laundry staff who undertake their own training. The service has oversight from the infection prevention and control nurse. A domestic washing machine is available in the sluice room of this new building for residents who may want to wash individual items.
<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>	PA Low	<p>The fire and evacuation plan has been drafted. A Fire and Emergency New Zealand (FENZ) audit is due to take place before the plan can be approved. Staff training is included in the transition plan once the fire and evacuation plan has been approved. The building is fitted with appropriate sprinklers, and there is a fire extinguisher in the kitchen area.</p> <p>There are contingencies in place for emergencies. The building will be connected to the facility's generator and backup generators. Additional water is available on site as well as a solar hot water system that would be available if central utilities fail. Civil Defence supplies are in place for the entire site.</p> <p>A nurse call system has been installed which is the same as in the rest of the facility and integrated into the same reporting system. It is also connected to the security system. The call system is silent with annunciator screens in appropriate places throughout the building. Call bells are strategically placed in residents' rooms, bathrooms, and common areas.</p> <p>Security is addressed in conjunction with the rest of the site. External low light, and internal cameras, some with movement sensors are installed, as in other buildings. Lighting under the eaves outside are on a mixture of timers and sensors. All external doors, including residents' rooms, have electronic closures easily operated from the inside. Doors at automatically lock at night. Staff are on duty 24/7 in addition to a site manager.</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>Each resident's room has a floor to ceiling glass opening door onto the outside decks. The entire building has a climate-controlled air conditioning system, centrally managed. The building is well insulated and has carpets in the common areas.</p> <p>There are several skylights throughout the building that provide additional light in the interior communal areas and central hallways.</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>The responsibilities of infection prevention and control (IPC) rests with a registered nurse, who has an appropriate qualification. This person works one day per week and reports to the care leader. Responsibilities include monitoring of the IPC programme, quality indicators and surveillance. The service has an infection control team that includes representatives from all areas of the facility.</p> <p>The Elizabeth Knox infection prevention and control manual includes the infection control programme.</p> <p>A Covid-19 response team led by the medical director and CEO, includes representatives from all areas of the service. This team meet daily and focus on visitor management. They keep track of Covid results and stay in touch with staff who are isolating. Daily vital signs are taken of all residents. Teams work in 'bubbles'. Facial recognition and temperature monitoring occurs for all staff and contractors daily. Education has been stepped up and constantly occurs. There is a good supply of PPE.</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 Low	The new building has a dedicated treatment room for the storage of medication. Whilst cupboards are in place the CEO reported that the controlled drug cupboard will be fixed to the wall. This will be moved over from the old building as part of the transition plan. There is a space for the medication fridge that will also be moved into place at the same time.	A controlled drug cabinet and drug fridge are not yet in place in the new building.	<p>Ensure that the controlled drugs cabinet and drugs fridge are in place in the dedicated space.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Low	Medication will be administered by care partners in the new building in line with the rest of the service. There is a training plan in place, but some staff are yet to be trained.	Five care partners require training in medication administration.	<p>Ensure that all appropriate staff are trained in medication administration prior to moving into the new building.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA Low</p>	<p>The building construction is completed but final finishing is required prior to the application for the building Code Compliance Certificate.</p>	<p>The new building does not yet have a building Code Compliance Certificate or Certificate of Public Use.</p>	<p>The building Code Compliance Certificate or Certificate of Public Use, is issued and submitted.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	<p>PA Low</p>	<p>The fire and evacuation plan has been drafted. The CEO reports that the building is due to undertake a FENZ evacuation scheme audit the day following this audit.</p>	<p>An approved fire and evacuation plan for this new building is not yet available, and staff have not been trained on this new plan.</p>	<p>Any corrective actions from the FENZ evacuation scheme audit are addressed and the plan is approved by FENZ. Staff have been trained on the plan and have undertaken a trial evacuation prior to occupancy. Evidence of the approved plan and training are submitted.</p> <p>Prior to occupancy 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.