

Metlifecare Limited - The Orchards

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:	Metlifecare Limited
Premises audited:	The Orchards
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 August 2015 End date: 17 August 2015
Proposed changes to current services (if any):	This is a new building which has a 36 bedroom purpose built area which Metlifecare wish to open as dual purpose beds for either hospital or rest home care residents.
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.

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

General overview of the audit

The Orchards is a newly built facility which has independent living apartments and a 36 bed care facility which is owned and operated by Metlifecare Limited. This audit relates to the care facility services only.

This partial provisional audit was conducted to establish how well prepared the provider is to meet the Health and Disability Services Standards and contractual requirements to operate a 36 bed care facility for both rest home and hospital level care. The operator wishes to operate all 36 beds as dual purpose.

Five areas need to be addressed prior to occupancy. They relate to staffing levels, completion of medication areas, handwashing supplies, approval of the evacuation plan and management of use of an internal lounge area.

Consumer rights

Not applicable to this audit.

Organisational management

Metlifecare governing body ensure that business and strategic planning are in place, covering all aspects of service delivery and to show how services are planned and coordinated. The business plan identifies the organisation's purpose, values, priorities and goals. Metlifecare - The Orchards will personalise aspects of the annual plan and report against them to head office quarterly to show how goals are being met and to ensure residents' needs are being met. This process is understood by the members of the management team interviewed and confirmed by the clinical quality and risk manager who attended the audit as the organisation's representative.

The village manager oversees all services, including employment of non-clinical staff. The nurse manager is accountable for all clinical aspects of care. The kitchen manager will oversee food services, including a café which is open to the public and located on the site. The service also has a maintenance manager; this person was not interviewed on the day of audit. All these roles have a job description which identifies the authority, accountability and responsibility of the role. Recruitment processes undertaken ensures each person is qualified and/or experienced for the role they are employed to do.

Employment processes which have commenced for clinical staff is overseen by Metlifecare's human resources department to ensure that all human resources management processes are conducted in accordance with good employment practice and meet the requirements of legislation. There is an interim roster showing staff requirements when the facility has 36 residents, but this does not indicate minimum staffing levels upon opening.

Continuum of service delivery

Metlifecare policies and procedures cover all aspects of medication and food service management that reflect good practice and meet legislative requirements. The kitchen is well equipped and the kitchen manager confirms they can cater for all meal varieties and types. The medication room is yet to be set up.

Safe and appropriate environment

Policies and procedures demonstrate the processes to occur that will protect staff and visitors from harm as a result of exposure to waste or infectious substances generated during service delivery. Not all hand washing supplies and equipment have been installed.

The Orchards has a documented emergency response processes for the site. The fire evacuation plan for the care facility has yet to be approved by the fire service.

The facility has a current Code of Compliance. All equipment is newly purchased and is under warrantee.

The furnishing is all new including bedroom furniture and electric beds. All bedrooms are single occupancy. There are adequate toilet and shower facilities.

The dining and lounge areas available will meet residents' relaxation, activity and dining needs. One lounge area is internal and has no external windows.

The call bell system is fully operational and located in all resident areas. There are appropriate security systems in place.

The facility is appropriately heated and is ventilated through opening doors and windows and via a central heating system.

Residents can access a covered outside deck through a lounge area and exit through the main entrance.

Restraint minimisation and safe practice

Not applicable to this audit.

Infection prevention and control

There is an infection prevention and control programme documented which will be implemented by the service.

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 Standards applicable to this service 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	10	0	5	0	0	0
Criteria	0	29	0	5	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>Services described in the business plan identify the organisation’s mission statement and values. Goals which have been personalised for The Orchards are in place and will be reported against quarterly to head office, to show how residents' needs will be met. Planning processes include a continuous quality improvement (CQI) programme which covers all aspects of service delivery.</p> <p>The management team in place, (village manager, nurse manager, kitchen manager and maintenance manager) have job descriptions which identify each person’s authority, accountability and responsibility for the role. All the members of management are suitably qualified and experienced for the roles they have been employed to undertake. The village manager has overall responsibility for all service delivery and the nurse manager will oversee all clinical aspects of care.</p> <p>The village manager has worked at another Metlifecare facility as the village manager for three years and is conversant with all the requirements of the role. The nurse manager has over 20 years’ experience in health care management including aged care. She holds a current annual practising certificate as a registered nurse. The kitchen manager and maintenance manager are employed</p>

		by the village but their services extend to the care facility.
<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>Interviews with management confirmed that when the village manager is on leave the nurse manager will cover some aspects of the role with assistance from the clinical quality and risk manager from head office. When the nurse manager is on leave the role will be undertaken by a senior registered nurse who has accepted the role but has not yet commenced. Assistance will also be offered by the clinical quality and risk manager.</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>The staff recruitment and employment policy which reflects good employment practice and legislative requirements are implemented by head office and by the management team at The Orchards to ensure appropriate service providers are employed to safely meet residents' needs. This is confirmed in the newly appointed senior registered nurse's file reviewed on the day of audit.</p> <p>There is a system in place to record annual practising certificates for staff that require them and an organisational orientation programme which must be completed. The orientation programme includes emergency management.</p> <p>During interview, managers confirmed that the organisational annual educational requirements will be implemented by the service along with any specific educational requirements identified by staff as they are employed.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	PA Low	<p>Metlifecare organisational policy identifies that at all times adequate numbers of suitably qualified staff will be on duty to provide safe quality care. Rosters are analysed at head office to ensure staffing numbers match residents' level of care needs and contractual requirements. Managers confirmed that policy will be implemented.</p> <p>The service has an interim roster which identifies the staffing levels to occur when the facility is full. It does not show minimum staffing levels to be put in place to cater for residents' needs when the facility opens. The nurse manager is aware that to obtain hospital level care status a RN must work on all shifts.</p> <p>The nurse manager and newly appointed senior RN are both trained in the interRAI assessment process. The senior RN is also an approved assessor for a</p>

		recognised aged care education programme.
<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>	PA Low	<p>Metlifecare have organisational policies and procedures which clearly describe the processes to ensure safe administration of all medications. This includes competency requirements, prescribing by the GPs, resident self-administration, recordings, and processes when an error occurs. As confirmed by managers during interview The Orchards will implement all policies and procedures and they will operate the Medimap medication system. Staff training on the Medimap system is planned for the 7 September 2015.</p> <p>The service has a purpose built medication trolley. Medications will be stored in a secure area which is yet to be set up.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The kitchen manger interviewed verbalised her understanding of the role and has many years' experience in the hospitality industry as a cook. She will implement the organisational policies, procedures and guidelines to ensure all residents' nutritional requirements are met. This includes regular monitoring and surveillance of the food preparation and hygiene to meet current legislative requirements and guidelines. The organisational menu, which has been approved for aged care by a registered dietitian in February 2014, will be used. The menu is a six weekly cycle with summer and winter variations.</p> <p>All staff employed to work in the kitchen will hold an approved food safety certificate.</p> <p>The kitchen is fully equipped with newly purchased equipment and education has been given to the kitchen manager on how all the appliances work.</p> <p>Hand washing gel and hand towels are yet to be installed in the kitchen area. Refer to comment in criteria 1.4.1.6.</p> <p>The kitchen is to be stocked prior to opening and will include emergency food and water to meet legislative requirements. There is a 'dumb waiter' lift, which is fully operational, that goes directly from the kitchen on the ground floor to the resident dining area on the next floor. A bain marie is to be purchased for meal delivery once occupancy is established. It is planned for meals to be served by a member of kitchen staff.</p>

		Managers confirmed that all residents will have a dietary profile completed upon entry to the service and this information will be shared with kitchen staff.
<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>	PA Low	<p>There are documented policy and procedures for the safe and appropriate storage and disposal of waste which will be implemented. The removal of waste is already operating as the village is in operation. Waste is stored in a locked area. The service has purchased yellow sharps containers. There are no specific territorial authority requirements related to the waste generated from the facility.</p> <p>Protective clothing and equipment was sighted. The chemicals are being supplied by an approved provider and safety data sheets were sighted. Not all hand washing liquid dispensers or hand towel are in place or operational. Chemicals are supplied by an approved provider and securely stored.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current code of compliance and all processes are undertaken to meet legislative requirements. Medical equipment is all newly purchased and under warrantee. Managers confirmed it has been installed and will be used according to manufacturing guidelines.</p> <p>The physical environment minimises the risk of harm and safe mobility by ensuring the flooring is non-slip and well secured. Regular environmental audits will be undertaken to ensure the environment meets all residents' need. Regular and planned maintenance will occur to keep residents safe.</p> <p>Residents can access an outdoor deck area off one of the lounges. It is suggested a small ramp be placed inside the ranch slider to prevent accidents occurring owing to a lip which may be difficult for people with walking frames. Residents can also use the front entrance and the ambulance bay to gain access to the outdoors. As there is building being undertaken at present not all outdoor areas are accessible. These areas are clearly identified by the contractors on site.</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</p>	FA	There are adequate numbers of toilets and showers which are conveniently located for resident use. All residents' bedrooms have ensuite toilet and hand basins with 25 of the 36 bedrooms having full ensuite facilities which include a

<p>privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>'wet floor' shower. They are completed to a high standard. There are centrally located toilet and shower areas throughout the facility.</p> <p>Managers confirmed that hot water temperatures will be monitored and recorded as part of the ongoing maintenance programme which is in place.</p> <p>There are separate staff and visitor toilets.</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 36 bedrooms provide enough space to allow the resident and staff to move safely around the area with or without mobility aids and lifting equipment. All bedrooms are single occupancy. The bedrooms have been furnished so residents can keep their personal items safe. The nurse manager stated residents will be able to personalise their bedrooms to meet their needs.</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 areas which are dedicated lounge dining areas with separation shown by flooring and/or furnishings. The areas have kitchenette facilities for tea and coffee making. They are fully furnished with adequate seating. One centrally located room was to be used for a lounge but it has no external windows. Refer comment in 1.4.8.2.</p> <p>There are adequate areas for activities to be undertaken.</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>Metlifecare policies and procedures are in place related to cleaning and laundry. The village manager confirmed that cleaning and laundry hours will be monitored and hours will be put in place according to need. There are purpose built cleaning trolleys for the safe storage of equipment. Dedicated secure storage areas are available for chemical and equipment. The chemicals sighted were all labelled.</p> <p>The laundry has a very clear clean to dirty flow and is equipped with commercial washing and drying machines. Laundry skips have been purchased. The laundry had a very bad smell on the day of audit. The nurse manager stated this was being sorted by a plumbing firm at the time of audit.</p>

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>Management confirmed that all staff will be provided with emergency education as part of orientation and at least annually thereafter. Regular six monthly fire evacuation drills are planned with the first drill to occur on the 28 August 2015. Fire equipment is in place and was approved for use in June 2015. The service has a documented evacuation plan that was completed by a fire consultant. This plan is for the whole site and was accepted by the local council. However the fire evacuation plan related to the care facility has not yet been submitted to the fire service for approval.</p> <p>There facility has gas services available and emergency lighting. One cooker in the kitchen is designed to run on an emergency generator.</p> <p>The call bell system is fully operational in all resident areas and was tested on the day of audit. The audible sound can be heard throughout the care facility.</p> <p>The service uses night porters to cover 11pm to 8am. They are stationed at the front desk on ground level and respond to the call bells in the apartments and undertake regular night security checks of the grounds. The front doors lock automatically at 5pm and open again at 8am. Visitors ring a bell to gain access. Discussions with management included how the operation of allowing people access between the hours of 5pm to 11pm was to be managed. The village manager stated that the door bell will be wired to the care staff pagers and they can open the door remotely. This process is being reviewed by the village 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>	<p>PA Low</p>	<p>Resident areas, with the exception of one central lounge area, have at least one opening window which provides natural light and ventilation.</p> <p>The building has electric heat pumps and a ceiling ventilation system throughout. The heat pump temperatures are controlled from the nurses' station.</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>Metlifecare's infection and prevention control policies, procedures and programme clearly describe the responsibility for infection control. A nominated infection control coordinator's job description identifies specific responsibilities and reporting requirements which are inclusive of keeping head office informed.</p> <p>The organisation's infection control programme is reviewed 12 monthly.</p>

		Management voiced their understanding related to management processes to be undertaken to prevent staff, visitors and residents from being exposed to infections. Refer comment in 1.4.1.6 related to the need to ensure all areas have appropriate hand washing supplies.
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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 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Low	The service has a roster to show the numbers of staff they will have on each shift when the facility is full. This is modelled on a ‘sister site’ which offers both rest home and hospital level care. This does not indicate minimum staffing levels.	The interim roster sighted only identifies the numbers of staff that will be rostered on each shift when the facility is full. The roster does not indicate the minimum number of staff or the designation of staff who will be available upon commencement of service.	<p>Provide evidence of how the staffing requirements for hospital and rest home level care will be met upon commencement of service delivery.</p> <p>Prior to occupancy days</p>
<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</p>	PA Low	The service has one medication trolley. The nurse manager understands the need for all staff to be medication competent prior to being able to undertake roles related to medication management. The area which is to house medications has not yet been set up.	The room which is to house medications has yet to be set up. There is a lock on the door. A cabinet for controlled medication has yet to be purchased.	<p>Provide evidence that all medication is securely located and that provision is made for the correct storage of controlled medication.</p> <p>Prior to occupancy days</p>

guidelines.				
<p>Criterion 1.4.1.6</p> <p>Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.</p>	PA Low	Protective clothing, such as disposable aprons and gloves, are available. The service does not yet have all hand washing gels and hand towels in place.	Not all areas have hand washing gels or hand towels in place (for example, the kitchen).	<p>Provide evidence that all areas have hand washing facilities and supplies operational.</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>	PA Low	There is a documented evacuation plan for the whole site. A fire drill is planned for August 2015. The plan is acceptable to the local council but has not been submitted to the fire service.	The evacuation plan for the aged care facility is yet to be approved by the fire service.	<p>Provide evidence that the evacuation plan for the aged care facility is approved by the fire service.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.8.2</p> <p>All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.</p>	PA Low	Resident bedrooms all have external windows to provide natural light. The two lounge/dining areas have large external windows. One centralised lounge area has windows that face onto the internal corridor with not external windows.	One large lounge area is centrally located and does not have any external windows to provide natural light. Following discussion it was decided by management that this area is to be used for movies and some entertainment.	<p>Provide a management plan to show how resident time spent in the centralised lounge area will be limited owing to no natural light.</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.