

Beattie Community Trust Incorporated

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: Beattie Community Trust Incorporated

Premises audited: Beattie Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 18 December 2015 End date: 18 December 2015

Proposed changes to current services (if any): The service has added a nine bed extension, to make the maximum capacity 37 rest home level of care beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 28

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

A partial provisional audit was undertaken at Beattie Home to establish the level of preparedness of the provider to increase the number of residents at the service. The service has built a new nine bed extension. The service already provides rest home level of care for up to 29 residents.

The audit process included observation of the environment, interviews with the management team, staff and review of documented processes to ensure these are appropriate for the employment, orientation and training of staff to provide services to the new rest home wing.

There are systems in place for the provision of safe medicine management, food services and infection prevention and control.

There was one area for improvement at the last certification audit related to the contractual requirements of the documentation of three monthly medical reviews, this is now addressed.

From this audit there are no new areas requiring improvement.

Consumer rights

Not applicable to this audit.

Organisational management

Systems are documented which define the scope, direction and objectives of the service and the monitoring and reporting processes. This includes the service's plan to transition to increase the number of rest home beds.

The manager has overall responsibility for the running of the service and reports to the community trust board. The manager is also supported by a clinical team of registered and enrolled nurses. The manager is suitably qualified and experienced to run the service.

The service has adequate staffing numbers to provide rest home level of care. The documented human resource management system provides for the appropriate employment of staff and on-going training processes. Systems are implemented for the orientation, induction and ongoing education programme for staff. The service has recruited additional staff in preparation for commencement of services in the new wing.

Continuum of service delivery

There are no changes required to the medicine management system. Medicine management policies, procedures and processes comply with current legislative requirements and safe practice guidelines. All staff who administer medications have been assessed as competent to do so.

The menu has been reviewed by a dietitian in the last year and is currently under review. There are no changes required to the menu to cater for the increased number of residents.

Safe and appropriate environment

The service has built a new nine bed extension to the service (Kowhai wing). The extension links to the current building.

There is a certificate of public use for the new extension. There is an approved evacuation scheme that has been updated to include the new wing. All building equipment and furnishings are maintained to meet the needs of the residents. Resident areas are of an adequate size and provide a safe and appropriate environment.

All rooms are single occupancy and ensure physical privacy is maintained. All rooms have disability accessible ensuite facilities.

There are processes in place to protect residents, visitors, and staff from exposure to waste and infectious or hazardous substances. Laundry services are conducted onsite. There are processes in place to provide safe and hygienic cleaning and waste management services.

Documented systems are in place for essential, emergency and security services, including a comprehensive disaster and emergency management plan.

The facility has an appropriate call system installed. There is access to external gardens.

Restraint minimisation and safe practice

Not applicable to this audit.

Infection prevention and control

There are no changes required to the infection control programme. The infection prevention and control policies, procedures and programme sighted identified how the provider intends to provide a controlled and safe environment.

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	0	0	0
Criteria	0	35	0	0	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 currently provides rest home level of care for up to 29 residents. The new nine bed Kowhai wing will increase capacity to 37 rest home level of care residents (one existing room needed to be removed for the joining corridor to the new extension). Services are planned to meet the needs of the residents. It is anticipated that the new extension with joining corridor completed will be ready for residents to occupy by February 2016.</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified. There is a three year business plan (2012-2015), with goals reviewed at least annually. There are also quarterly strategic planning meetings.</p> <p>Beattie Home governance is provided through a community trust board. There are clear terms of reference for the board and board members' individual roles. The board and its members are responsible to the community to ensure there is sound organisational management with beneficial outcomes and systems. The board's role is one of governance, the management of the service is the responsibility of the manager.</p> <p>In addition to the community trust board, the service is part of a wider charitable company which runs other rural aged care services - Community Care Trusts</p>

		<p>Aotearoa (CCTA).</p> <p>The organisation is managed by a suitably qualified and experienced registered nurse (RN) with authority, accountability, and responsibility for the provision of services. The manager has an annual performance appraisal with the board (last conducted April 2015). The manager maintains their nursing portfolio, which includes at least eight hours education annually on the management of aged care services. The manager is a member of an aged care association, and receives ongoing education on the management of aged care services from this organisation.</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>One of the two RNs fills in for the manager during their temporary absences. The manager reports confidence in the RNs to perform this role. The manager reports that they are on call, as a backup, if required during temporary absences or annual leave.</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>Professional qualifications are validated, including evidence of registration and scope of practice for service providers. All staff who require practising certificates have them validated annually. Practising certificates were sighted for the employed staff and contactors who require them.</p> <p>As the service already operates rest home level of care, there is already adequate education and training provided. The nursing staff maintain their clinical skills and knowledge through ongoing education programmes. The education plan and attendance records evidence that education is provided to meet contractual requirements. There is additional training offered on any additional or special needs to ensure staff can meet the ongoing and changing needs of residents. The manager conducts a survey at the start of each year for staff input into what training topics they would like to have included.</p> <p>Human resource policies describe good employment practices that meet the requirements of legislation, as confirmed in the staff files reviewed. The service has recruited more caregiving and housekeeping staff for the increase in resident numbers.</p> <p>Staff receive orientation and induction to the service for their specific roles.</p> <p>There is currently one RN that is interRAI trained and two other RNs are booked</p>

		for the next interRAI training programme in 2016.
<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>The staffing and staff skills mix policy meet and exceeds the requirements for rest home level of care. The staff and the manager confirmed that staffing takes into consideration the assessed needs (acuity) of residents, and associated roles, responsibilities and levels of experience of staff.</p> <p>The service already has adequate registered nurse numbers in the current rest home section that complies with the requirements for rest home level of care. The service has recruited additional caregivers and housekeeping staff to commence in January and February 2015 for the planned commencement of services in the new wing. The planned rosters when the new wing will be opened comply with contractual requirements for rest home level of care.</p> <p>There is at least one RN or senior enrolled nurse (EN) on duty for morning shifts. There is a RN on call at all times. In addition to the rostered nursing and caregivers there are managerial and administration staff rostered Monday to Friday. The clinical staff interviewed reported that the service is responsive to providing additional staff if the needs of residents increase.</p> <p>There are adequate activities, housekeeping, kitchen, administration and maintenance staff to meet the needs of the residents and service provision. The draft rosters for the increase in resident numbers evidence the required additional housekeeping staff.</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 service has introduced a 'cloud based' medication management system. All the medicine charts sighted had prescriptions that complied with legislation and aged care best practice guidelines. All of the medicines were reviewed by the GP in the past three months, which addressed the previous area requiring improvement.</p> <p>There are no planned changes to the medication management system for the increase in resident numbers. All medications are stored securely. There were no controlled drugs or standing orders at the time of audit, though the service has systems and storage in place if these are required. The medication fridge temperature is monitored and recorded daily. The medications are checked for accuracy by the RN when they are delivered to the facility. The GP conducts</p>

		<p>medicine reconciliation on admission to the service and when the resident has any changes made by other specialists. Safe medicine administration was observed.</p> <p>Medication competencies were sighted for all staff that assist with medicine management; this included the RNs, ENs and senior caregivers.</p> <p>No residents self-administered their medications at the time of audit. The service has appropriate processes in place if a residents is assessed as being competent to self-administer their medications.</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 menu is reviewed by a dietitian as suitable for the older person living in long term care. There are no required changes to the menu to suit the needs of the increase in residents. The service has increased supply of crockery, utensils and table linen in preparation for the increased number of residents.</p> <p>Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets have these needs met. The kitchen already caters for residents who require modified diets, special equipment or texture modified diets. Informal discussion with residents in the dining room reported satisfaction with the meals and drinks provided.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal complies with current legislation and guidelines. Fridge and freezer temperature recordings are undertaken daily and meet requirements. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging. All kitchen staff have completed safe food handling certificates.</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>The housekeeping staff who participate in the laundry and cleaning report that they follow a documented process for the safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation. The housekeeping staff will have increased hours for the increase in resident capacity. Chemicals are securely stored in the sluice room, laundry and chemical cupboard. There is appropriate personal protective equipment (PPE) and clothing in these areas. Staff have had training in the</p>

		handling of waste or hazardous substances, which is conducted by an external chemical provider and as part of the ongoing in-service education programme.
<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 certificate of public use expires on 31 March 2016. There is a current building warrant of fitness for the existing building that expires in January 2017.</p> <p>The construction and fit out for the new extension is complete. There is still some building work required for the connecting corridor and roof where the extension joins the existing building. This work is expected to be completed within six weeks.</p> <p>Equipment is maintained to ensure safety. Electrical testing and tagging and medical equipment calibration was conducted within the last year. The service has a planned and reactionary maintenance programme, with the building maintained in an adequate condition to meet the needs of the residents, which has been updated to include the new extension. The maintenance log notes the area of work required and is signed off when the work is completed. The hot water temperature has been set to meet the requirements of an aged care service. Hot water temperature monitoring has been conducted in the new Kowhai wing to ensure the temperature complies with building requirements.</p> <p>New furnishings and fittings have been purchased and installed for the new Kowhai wing. The fittings and furniture installed are maintained to ensure safety and the needs of the residents. Furniture cleaning is part of the planned maintenance and cleaning programme. The residents' rooms are personalised with the resident's possessions in the occupied rooms.</p> <p>There is access to external gardens via disability ramps and steps. External access points also have handrails. The landscaping has yet to be completed, though there are no hazards to prevent residents from using the external areas. Shaded seated areas are provided.</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</p>	FA	<p>Each of the new rooms has disability access and a full ensuite, with shower, toilet and hand basin. There are facilities for staff and visitors in the existing parts of the service.</p>

requirements.		
<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>	FA	All of the new rooms have adequate space for the resident and mobility equipment. The doors are wide enough to fit the beds through if required, though the rooms will be for rest home level of care. There is adequate space in the room for the resident, any mobility equipment and staff to provide care. The rooms have been furnished with electric beds, lounge chairs and wardrobes.
<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>	FA	There has been a lounge area added to the new extension. The current rest home section has separate lounge and dining areas that will provide adequate facilities for the increased resident numbers. There are additional lounge, dining and entertainment facilities throughout the service to enable appropriate access.
<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>	FA	There will be an increase in the laundry and cleaning hours when the new wing is occupied. The laundry, cleaning and sluice room remain in the existing part of the service. Additional cleaning and laundry trolleys have been purchased for the increase in resident numbers. The laundry has a dirty to clean flow. The external chemical supplier conducts monthly surveillance of the cleaning and laundry processes.
<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>The service has adequate emergency supplies in the event of an emergency or infectious outbreak. The service has stores of food and drinking and non-drinking water for emergency use. A water tank provides access to emergency drinking water. There is a civil defence kit with additional food, first aid and emergency supplies. In the case of mains failure the service has access to an onsite generator. The generator will run the essential equipment. There is also an additional gas BBQ if needed for emergency cooking.</p> <p>All residents' rooms, bathrooms and lounge areas have a call bell system installed. The call bell system has an audible alert and the room number displays on panels in the corridors.</p> <p>There is an approved evacuation scheme that was updated on 8 November 2015 to include the new extension. The last fire drill was conducted on 14 December</p>

		<p>2015, which included the new fire systems and new wing.</p> <p>The service identifies and implements appropriate security arrangements relevant to the residents in the rest home level of care. The afternoon and night staff are required to sign off that the doors and windows are closed for security. There are adequate processes for visitors to sign in and confirm their identity.</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>Areas used by residents and staff are ventilated and heated appropriately. All resident-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light and ventilation, with double glazing in the new extension. The new wing is heated with heat pumps in communal areas and panel heaters are planned to be installed in the new bedrooms. Heaters have already been installed in the ensuites. The new extension is fully insulated and has sound proofing.</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>	FA	<p>The service has a clearly set out infection control programme that is reviewed annually as part of the quality programme and internal audit schedule. There were infection control precautions introduced during the construction of the new wing. There are no changes required to the implementation of the infection control programme with the reconfiguration of the bed usage.</p> <p>The infection control programme was last reviewed in November 2015, which has been signed off by the board. The annual audit of the infection control programme identified that they are achieving their goals and objectives related to infection prevention and control.</p> <p>There is a defined process for gaining advice and support as required. The infection control coordinator reports to the staff and manager on all aspects of the infection control programme and surveillance data at monthly staff and management meetings. The monthly surveillance data is also benchmarked with other aged care services within the CCTA group.</p> <p>The service has processes and outbreak management procedures to reduce the spreading of infections. The service has notices at the door to ask visitors not to enter if they are unwell. There is sanitising hand gel and hand washing facilities throughout the service for staff, residents and visitors to use. Observation and interviews with care and housekeeping staff demonstrated good infection</p>

		prevention and control techniques and awareness of standard and transmission base precautions.
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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.

No data to display

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.