

Pinehaven Cottage 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 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: Pinehaven Cottage Limited

Premises audited: Pinehaven Cottage

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 19 August 2016 End date: 19 August 2016

Proposed changes to current services (if any): The service is adding a new build 17 bed secure dementia unit. There already is a 17 bed rest home level of care facility onsite.

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

Pinehaven Cottage currently provides rest home level of care for up to 17 residents. The service is in the process of building a secure specialist dementia service for an additional 17 residents. This partial provisional audit was undertaken to establish the provider's preparedness to provide the new dementia level of care service. Construction of the building is completed, with the furnishing, fit out and landscaping not completed at the time of audit. The new service is planning to open on 20 September 2016.

The audit was conducted against the relevant Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies and procedures, the observation of the new building and interviews with the manager and owner. The documented planning processes were reviewed to ensure these are appropriate for the employment, orientation and training of staff to provide the new specialist dementia care. There are systems in place for the provision of safe medicine management, food services and infection prevention and control.

There were no areas for improvement in the continuum of care sections of the previous certification audit that were required to be reviewed as part of this audit.

Prior to commencement of dementia care the service is required to complete the changes to make a secure external environment. The new build has a number of areas that are still required to be fully completed internally and externally, and the relevant council and fire service approvals are required prior to the commencing of services.

Consumer rights

Not applicable to this audit.

Organisational management

Pinehaven Cottage is a family owned service, with the owners operating a specialist secure dementia unit in their other facility. There is a clearly documented organisational mission, vision and philosophy. The direction and objectives of the service are monitored both formally and informally through the business and strategic planning documents and continuous quality improvement (CQI) meetings.

There is a transitional plan to gradually admit residents to the new building. The service is implementing staff education to promote positive wellbeing for residents living with dementia.

The service is managed by a suitably qualified and experienced manager, who is an enrolled nurse. The manager has registered nurses as part of the CQI team who assist with the clinical aspects of service delivery.

The service has commenced recruitment of additional staff. The current staff have either completed or are undergoing specific education related to dementia care. The documented human resources management system provides for the appropriate employment of staff and on-going training processes. A system has been developed for the orientation, induction and ongoing education programme.

Continuum of service delivery

There is an occupational therapist, with dementia specific training, who will oversee the activities programme for the new dementia service.

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 suitable for residential aged care. There will be food and nutritional snacks available 24 hours a day for the residents living in the new building.

Safe and appropriate environment

The construction work has been completed, with the fit out, decorating, furnishing and landscaping still to be completed. There are documented emergency management response processes which are understood and implemented by staff. This includes protecting residents, visitors and staff from harm as a result of exposure to waste or infectious substances. There are appropriate cleaning and laundry services.

The new building still requires the council and fire services consents and approvals, which will be required prior to occupancy of the building. The call bell system has been installed. Dementia friendly design has been incorporated into the building design, both with the interior and planned exterior and landscaping. The new building is suitable for the needs of the residents and separated from the existing rest home facilities. Designated lounge and dining areas meet residents' relaxation, activity and dining needs.

There is adequate toilet, bathing and hand washing facilities in both the current and new rest home building. Each of the rooms in the new building have shared ensuites with disability access.

When the service gains council, fire and Ministry of Health permission for residents to reside in the new building, the organisation then plans to convert the current rest home to an additional secure dementia unit.

The new and existing buildings are suitably heated, cooled and ventilated.

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	14	2	0	0	0	0
Criteria	0	31	5	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 17 residents. The service has built a new 17 bed dementia level of care facility (pod). The organisation plans to commence service delivery on 20 September 2016 (pending council approval). The owner reports that DHB advice has been sought and the DHB have indicated approval for the new dementia level of care service. The owners and manager have been part of, and contributed to, national strategies on dementia care and dementia friendly environments.</p> <p>The business, quality and risk management plan sighted is formally reviewed on an annual basis. As the organisation is a family run business there is daily to at least weekly informal reviews. There is a clearly described organisation mission statement, including strengths, opportunities, weaknesses, threats, and objectives. Service delivery is based on a person centred approach to care, with interactions with children, music and animals to make a meaningful homelike environment. The building has incorporated dementia friendly design principles.</p> <p>The service is managed by a suitably qualified and experienced manager who is an enrolled nurse (RN) and currently completing qualifications in dementia care. The manager's position description describes their roles and responsibilities for the management of the services. The manager has been in the role for over 10 years.</p>

		<p>They have completed more than eight hours' education in the last 12 months related to the management of aged care services. The manager is supported by the owners (which include two occupational therapists) and other onsite RNs for clinical support.</p> <p>One of the owners interviewed reports confidence in the manager to perform the role and implement the organisational philosophy.</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 temporary absences of the manager, the management role is shared between one of the RNs and the owners. The manager reported confidence in the RNs to take on the clinical management responsibilities during temporary 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>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 who required them.</p> <p>As the service already operates a rest home there is already adequate education and training provided. All the current care staff have completed or are enrolled in the required dementia qualifications. One of the owners is an assessor for the dementia/aged care national qualification programme. As part of the recruitment process, if a new care staff member does not have the required qualifications, plans are in place to support them gain the qualification with 12 months of commencement.</p> <p>The service already has an occupational therapist, with dementia specific qualifications, who will oversee the activities programme. Recruitment processes have commenced to employ a diversional therapist/activities coordinator to provide a seven days a week programme.</p> <p>The education plan and attendance records evidence that education is provided to meet contractual requirements. There is additional training offered on any special needs to ensure staff can meet the ongoing and changing needs of residents. The nursing staff maintain their clinical skill and knowledge through ongoing education and leadership programmes. The RNs have completed their interRAI assessment training and ongoing competencies related to this.</p>

		Human resources policies describe good employment practices that meet the requirements of legislation, as confirmed in the staff files reviewed. The staffing and employment processes sighted ensure that all new staff receive an orientation and induction to the service and their specific roles. This includes competency assessments.
<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 new building is linked to the current facility. The draft rosters and staffing process for the new dementia level of care facility meet contractual requirements for both rest home and the new dementia level of care. In the dementia service there will be at least two care staff for the morning and afternoon shifts, with one care staff member on duty at night. There is a caregiver also located within the rest home at all times. There are on call staff who are required to assist in the dementia unit after hours as required. There will be activities staff on duty each day (planned 10 am to 6.30 pm). The service is recruiting additional RNs to provide RN coverage seven days a week (morning shift and on call at other times). The service is planning to gradually stage admission to the new build. The service has also planned to employ additional staff for the cleaning and laundry duties.</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>There are no planned changes to the medication management system and policies and procedures. The new building has a medication trolley already purchased and a secure storage area in the nurses' office is in the final fit out stage. The medicines and medicine trolley were securely stored in the current rest home building. There are no controlled drugs or standing orders. All the medicine charts sighted (in the current rest home) had prescriptions that complied with legislation and aged care best practice guidelines.</p> <p>Medications are delivered by the pharmacy in a pre-packed medication administration system. These packs are checked for accuracy against the medication prescription and signing sheets when delivered. There are no residents in the rest home who self-administer their medications and self-administration will not be appropriate for the residents living in the new dementia level of care facility.</p> <p>Medication competencies were sighted for all staff that assist with medicine management.</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 menu was reviewed by a dietitian in 2016. The menu is suitable for the older person living in long term care. The service is increasing the menu cycle from four weeks to six weeks to suit the needs of the increase in dementia level of care residents. The service has already purchased a bain-marie to transport the food from the kitchen to the dining area in the new facility. The dementia unit has a kitchenette and nutritional snacks will be available 24 hours a day.</p> <p>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.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal complies with current legislation and guidelines. Fridge and freezer 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 and ongoing education.</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>Planned activities are suitable to dementia level of care. The service has an occupational therapist that is suitably trained and experienced in dementia services that will oversee the activities in the new secure dementia service. All the care staff will also have dementia training and assist in the meaningful activities at any time of day and night. There is an additional diversional therapist/activities coordinator each day 10 am to 6.30 pm.</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>The service will be increasing the housekeeping staff when the service increases resident numbers. There is a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation. Chemicals are securely stored in the laundry area in the rest home. At the time of audit there were no chemicals stored in the new building, though there is a secure room to be used for waste/linen storage. There is appropriate personal protective equipment (PPE) and clothing in the laundry and cleaning areas. The education related to handling of waste or hazardous substances is part of the orientation and ongoing in-service education programme.</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>PA Negligible</p>	<p>The Code of Compliance/Certificate of Public Use for the new building will need to be obtained and the external security fencing between the existing rest home and secure dementia unit will need to be completed prior to occupancy of the new building. The internal environment fit out and furnishing and access to the external areas have not yet been completed. The building and environment is based on dementia friendly design. The interior layout of the building is designed into two pods (one with eight rooms and the other with nine rooms).</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 numbers of accessible toilets/showers/bathing facilities. The new build has two disability access toilets/showers facilities in each of the pods. The service is currently in the process of updating, painting and finalising the signage for the bathrooms to reflect a dementia friendly design. The toileting and showering facilities sighted have wall and floor surfaces fully installed that provide ease of cleaning to comply with infection control guidelines.</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>One room was furnished at the time of audit. All rooms are single occupancy and are of a suitable size for the needs of the resident in the new building. The rooms sighted have adequate space to allow the resident and staff to move safely around in the rooms. All rooms are to be fitted out with beds with pressure relieving mattresses.</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>Communal areas are designed to provide a dementia friendly environment. There is one central dining room, with kitchenette areas in each pod. There is lounge, entertainment and library areas in each of the pods that allow for group socialisation and quiet areas. There is one central dining area and activities will not impact on this area. When the fencing of the current rest home is fully completed and the security features are fitted to the connecting door, the rest home and dementia area will be separate from each other (refer to 1.4.2.6).</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic</p>	<p>FA</p>	<p>The laundry is in the current rest home building. The laundry has a dirty to clean flow and has adequate washing and drying machines to cater for the increase in resident numbers. The service has plans to renovate the laundry at a later stage.</p>

<p>cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>Linen trollies, waste disposal, storage of cleaning equipment and chemicals will be in secured cupboards in the new building. The current laundry has adequate PPE. The external chemical supplier conducts monthly surveillance of the cleaning and laundry processes.</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 Negligible</p>	<p>In the rosters sighted there were multiple staff on each shift with first aid qualifications. Fire evacuation drills are conducted six monthly. The new building does not yet have an approved evacuation scheme, with the last drill conducted within the last six months for the current service. The drills will be extended to the new building.</p> <p>The service has adequate emergency supplies in the event of an emergency or outbreak. The service has emergency stores of food, drinking water and supplies for emergency use. In the case of mains failure, the service has generator emergency electrical supply and gas cylinder supply for cooking needs.</p> <p>The service has identified and implemented appropriate security arrangements relevant to the residents in the rest home and the new secure dementia unit. The new building has the call bell system and security window stays installed.</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>FA</p>	<p>Areas used by residents are ventilated and heated appropriately. The new building has underfloor heating. All residents' personal and living areas have at least one external window of normal proportions to provide natural light and ventilation.</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 service has a clearly set out infection control programme that is reviewed annually as part of the quality programme and internal audit schedule. The infection control programme was last reviewed in February 2016 by the infection control coordinator/registered nurse. There are no changes required to the implementation of the infection control programme with the commencement of dementia care.</p> <p>The infection control committee is incorporated into the CQI team meeting. The infection control coordinator reports to the staff and management as part of the CQI meetings. The meetings cover any infection control issues and reporting of surveillance data.</p> <p>The service has processes and outbreak management procedures to reduce the</p>

		<p>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 existing buildings (and ready to be installed in the new building) for staff, residents and visitors to use.</p>
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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 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA</p> <p>Negligible</p>	<p>There is a building warrant of fitness (BWOFF) displayed for the existing rest home building. The new build has yet to gain the Certificate of Public Use/ Code of Compliance. There is a process in place in the current rest home that will be implemented in the new building for ongoing maintenance and calibration of equipment and electrical testing and tagging. The service has a planned and reactionary maintenance programme, with the building maintained in an adequate condition to meet the needs of the residents. The maintenance log notes the area of work required and is signed off when the work is completed. The hot water temperatures are monitored monthly and readings comply with legislation. The dementia unit will have security fencing to allow residents to wander freely in a secure environment (also refer to 1.4.2.6).</p>	<p>The Code of Compliance/Certificate of Public use has not yet been received. The furnishings have not been installed.</p>	<p>Ensure the required council certifications and the furnishings are in place prior to occupancy.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	<p>PA Negligible</p>	<p>The floor furnishing and interior decoration and fit out are not yet complete. The new build has wide corridors and doors to enable safe mobility, with or without mobility aids.</p>	<p>The fit out of the new build has not yet been completed.</p>	<p>Ensure the fit out of the building is completed prior to occupancy.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	<p>PA Negligible</p>	<p>The external areas to the new build are yet to be completed. The new build still requires outside concreting, seating, shade areas and landscaping to be completed. The fencing and security door that separate the secure dementia unit from the rest home has not been installed at the time of audit. Plans sighted evidence where the fencing is to be installed and doors from the rest home that will go in the courtyard will be replaced with windows to make a secure dementia unit area.</p>	<p>The external access and landscaping have not yet been completed.</p>	<p>Ensure the access to external areas is completed.</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 Negligible</p>	<p>The evacuation scheme has been registered with the fire service. Approval has not been communicated/received at the time of audit.</p>	<p>Evacuation scheme has not yet been approved.</p>	<p>Ensure there is an approved evacuation scheme prior to occupation.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.6</p> <p>The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.</p>	<p>PA Negligible</p>	<p>The security system to the connecting door from the rest home has not yet been installed. The fencing has not yet been completed.</p>	<p>Fencing and security gating has not yet been completed.</p>	<p>Ensure the fencing and security systems between the secure dementia unit and rest home are completed prior to occupation.</p>

				Prior to occupancy days
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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.