# Brujen Investment Trust - Kenderdine Park

## 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards). The specifics of this audit included:

**Legal entity:** Brujen Investment Trust

**Premises audited:** Kenderdine Park

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 24 March 2017 End date: 24 March 2017

**Proposed changes to current services (if any):** The service wishes to reconfigure the services provided at Kenderdine Park. Currently the facility has 35 rest home level care beds and this partial provisional audit is to measure the provider’s preparedness to offer hospital level care by converting 32 of the 35 beds into dual purpose beds so that either rest home or hospital level care residents can use the beds. Three beds will remain dedicated to rest home level care.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 22

# 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

Kenderdine Park currently offers rest home level care for up to 35 residents. At the present time, the provider has two facilities on the one certificate. However, this partial provisional audit relates solely to Kenderdine Park and the certificate will reflect this. The service is operated by Brujen Investment Trust and the manager has been in the role for over 10 years.

This partial provisional audit was undertaken to establish the provider’s preparedness to reconfigure the current certified services provided at Kenderdine Park in order to provide hospital- medical service (geriatric). Of the 35 rest home level care beds, the services wishes to convert 32 of the beds to dual purpose beds (for the use of either rest home or hospital level care residents). Three beds will remain as rest home level care only.

During this audit one double bedroom was deemed as not suitable for hospital level care residents. Therefore, the total number of beds that can be used for dual purpose was reduced to 30.

This audit identified that the number of registered nurses needs to increase to ensure 24 hour, seven day a week coverage, and that appropriate equipment is available prior to the service admitting hospital level care residents. These actions have been identified in the transition plan and proposed roster, which showed how all contractual requirements will be met by the service. There were no areas identified for improvement from the previous audit requiring follow-up.

## Consumer rights

## Not applicable to this audit.

## Organisational management

Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services is overseen by the owner/director and facility manager. Both are experienced and suitably qualified for the roles they undertake. They are supported by the clinical nurse manager who is newly appointed to the role but has worked in the health industry for nine years. Her education exceeds that required to maintain her annual practising certificate and relates to both clinical and management responsibilities.

Policies and procedures support service delivery and have been updated in 2017 to ensure they include the requirements to meet hospital level care services.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery, and includes regular individual performance review. Current staffing levels and skill mix meet the changing needs of residents.

The proposed roster sighted showed how the service intents to ensure there will be 24 hour, seven day a week coverage of registered nurses to meet contractual requirements. Employment of additional staff members has yet to occur.

## Continuum of service delivery

Medicines are safely managed and administered by staff who are competent to do so. The existing medication management systems reflected current good practice and meet legislative requirements.

The food service meets the nutritional needs of the residents with special needs catered for. All food is prepared on site. As the number of beds will not change, staff and management confirmed the existing services are adequate to cater for up to 35 residents.

## Safe and appropriate environment

The service has a documented emergency response processes which have been reviewed to ensure they reflect safe management for both rest home and hospital level residents. There are no structural or environmental changes required. The change of service status will not affect the existing fire evacuation plan.

The service can demonstrate there are processes in place to ensure residents, staff and visitors are protected from harm as a result of exposure to waste or infectious substances generated during service delivery.

The facility has a current building warrant of fitness. Plant and equipment checks have been undertaken by approved providers to meet the requirements of the standard.

Beds and equipment require updating to allow the service to meet the needs of hospital level care residents. This will occur incrementally to meet the demand for hospital level care. With the exception of three upstairs bedrooms and one downstairs double bedroom, all other areas are suitable for hospital level care. All bedrooms have hand basins. The centrally located shower and toilet areas are of a size to allow the use of shower chairs and lifting equipment. There is adequate space to meet residents’ relaxation, activity and dining needs.

The call bell system is of a standard that ensures it can be used by residents or staff if they require assistance.

The facility has electric heating with all residents’ bedrooms having a wall mounted thermostatically controlled heater. All resident areas have opening windows to allow natural light and ventilation. The outdoor area is easily accessed.

## Restraint minimisation and safe practice

Not applicable to this audit.

## Infection prevention and control

The service has an existing infection control programme which ensures monthly surveillance data of infections are recorded, reported across all levels of service and information is reported to the owner/director monthly. Data collection meets the requirements of the standard related to the type of services offered. Where trends are identified, the staff implement actions to reduce infections.

## 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 | 13 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 33 | 0 | 2 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The proposed change of service delivery to include hospital level care is documented. The documents described annual objectives and the associated operational plans. Meeting minutes and annual quality reports sampled identify that adequate information is shared at all levels of the organisation. The owner/director is available by phone and she attends the facility three times a week. Reporting includes health and safety, hazards, equipment, staffing, audits, restraint and infection control.  The owner/director has owned and operated aged care facilities for over 30 years and has owned Kenderdine Park since 1995. The day to day service is managed by a facility manager who has been in the role for over 10 years and the clinical nurse manager who has been working at the facility as a registered nurse for three years. Prior to gaining registered nurse status she worked in aged care for six years, initially doing a domestic role and then as a senior caregiver. The facility manager and the clinical nurse manager hold relevant qualifications. Responsibilities and accountabilities are defined in a job description and individual employment agreement. Both managers and the owner/director confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency through attendance at regular age care sector seminars, District Health Board meetings and newsletters, management seminars and on and off site clinical education sessions.  The service holds contracts with Counties Manukau District Health Board (CMDHB) for Age Related Residential Care (ARRC), Young Persons with a Disability, Short Term Respite Care and Primary Options for Acute Care. The service is seeking a contract to offer hospital level care. All twenty-two residents were receiving services under the ARRC contract at the time of audit. |
| Standard 1.2.2: Service Management  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. | FA | When the facility manager is absent, the owner/director and the clinical nurse manager carries out all the required duties under delegated authority. During absences of key clinical staff, the clinical management is overseen by the RN who works at a sister facility owned and operated by the same director. They are experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.  The owner/director stated that once more RNs are employed to meet hospital level requirements, absences of the clinical nurse manager will be covered by a member of the team with oversight from the senior RN from the sister facility until they are fully conversant with the requirements of the role. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation’s policies are being consistently implemented and records are maintained.  Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed show documentation of completed orientation and annual performance reviews.  Continuing education is planned on an annual basis, including mandatory training requirements. Care staff attend regular off site education offered by specific providers, such as the hospice and the DHB, and regular in-service training occurs. The clinical nurse manager maintains their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.  The owner/director stated they have RN portfolios and are ready to commence interviews to gain new staff once approval has been gained to take hospital level care residents. The service is aware that the number of registered nurses will need to increase by five to ensure 24 hours, seven days a week coverage as shown on the proposed roster sighted. Ideally the RNs they are seeking to employ will have had previous age care experience and at least one should also hold or is prepared to undertake interRAI training. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | PA Low | There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. They also feel that the inclusion of hospital level care would allow their relatives to remain in a place where they are happy and settled.  Observations and review of a roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. All clinical staff hold a current first aid certificate.  A copy of the proposed staffing levels identify that contractual requirements will be met including a RN on each shift. (Refer comments in standard 1.2.7 re RN recruitment).  The owner/manager understands that no hospital level care residents can be accepted until the staffing requirements can be met. This includes identifying the dedicated activity hours to show what is offered on a daily basis. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.  A safe system for medicine management (paper based) was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.  Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided six monthly.  The service did not have any controlled drugs on site at the time of audit but there is adequate secure storage in accordance with requirements and the controlled drug register shows that checking is undertaken by two staff for accuracy as required. The controlled drug register provided evidence of weekly and six monthly stock checks and accurate entries when in use.  The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.  Good prescribing practices noted include the prescriber’s signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three monthly GP review is consistently recorded on the medicine chart. Standing orders are used, are current and comply with guidelines.  There were three residents who self-administer part of their medications (two who administer their inhalers and one who administers their daily sub-cutaneous injections) at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner. One resident interviewed who self-administers part of their medications could verbalise safe practice and knowledge of what the medication is for.  There is an implemented process for comprehensive analysis of any medication errors.  No changes are needed to the current medication management system to accommodate hospital level residents. The owner/manager stated that the service is looking into going onto an electronic medication system in the near future. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | The food service is provided on site by a team of kitchen staff and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian.  All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperature are monitored and recorded daily. Staff who work in the kitchen have undertaken a safe food handling education.  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.  Residents were seen to be given sufficient time to eat their meal in an unhurried fashion. Staff are on hand during meal times to offer assistance as required.  As the number of beds will not be increasing the kitchen is able to cater for all 35 beds being full occupancy. The cook on the day of audit stated that they are able to cater for all types of diets to meet residents’ needs. They verbalised their knowledge and understanding of food type variations for hospital level care residents. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur. There is a chemical spill kit available.  There is provision and availability of protective clothing and equipment and staff were observed using this. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | A current building warrant of fitness (expiry date 30 November 2017) is publicly displayed.  Appropriate systems are in place to ensure the residents’ physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio-medical equipment is current confirmed in documentation reviewed, interviews with the facility manager and observation of the environment. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted.  External areas are safely maintained and are appropriate to the resident groups and setting.  Residents confirmed that they were happy with the environment.  At the time of audit, the facility had one lifting hoist and one sit on set of weigh scales on trial. The owner/director stated these would be purchased prior to hospital level care residents being admitted. The service intends to purchase hospital hydraulic beds. |
| 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 | There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence.  On the day of audit lifting equipment and shower chairs were able to be manoeuvred to show how hospital care residents can be safely moved around to undertake personal hygiene activities with staff assistance which allow privacy to be maintained. |
| 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 | Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All but one bedroom provides single accommodation. There is one bedroom which is a shared double room. (At the time of audit this is a single occupancy). This room is deemed as not being suitable for hospital level care residents who may require additional equipment such as a lifting hoist. The placement of beds and privacy curtains would not allow two staff the ability to ensure resident privacy of care as the space is too small. There are three bedrooms on the top floor which the service intends to keep as rest home care only. Therefore, the total number of beds that can be used for dual purpose is 30.  On the day of audit, the use of hoist was demonstrated in a single bedroom to show that it is manageable and that door widths allow the safe use of equipment.  There is a dedicated room to store mobility aids and wheel chairs. Staff and residents reported the adequacy of bedrooms. |
| 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 | Communal areas are available for residents to engage in activities. The dining and lounge areas enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents’ needs. |
| 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 | Laundry is undertaken on site in a dedicated laundry which is equipped to cater for up to 35 residents. Staff and management confirmed they understand that laundry requirements will increase with hospital level care and state that this will be closely monitored to ensure adequate resources (equipment and staffing) are allocated to meet the demand. Dedicated laundry and cleaning staff demonstrated a sound knowledge of the documented processes. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.  Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.  Cleaning and laundry processes are monitored through the internal audit programme, annual surveys of residents and family and observation. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 15 December 1998. No changes have been made to the footprint of the facility since this time. The change of bed status does not require any alterations to the existing building. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 18 February 2017. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.  Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets and gas BBQ’s were sighted and meet the requirements for the 35 residents. Large outdoor water storage tanks are located around the complex. Emergency lighting is regularly tested.  Call bells alert staff to residents requiring assistance. Residents and families reported staff respond promptly to call bells.  Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and check by staff on duty. Emergency exit doors are alarmed to alert staff if they are opened at any time. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | All residents’ rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows. Heating is provided by electric heaters with thermostat control in residents’ rooms. There are heat pumps in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature. |
| Standard 3.1: Infection control management  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. | FA | The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a suite of current infection control policies and procedures to ensure they meet legislative and contractual requirements. The infection control programme and policies are reviewed annually and a full quality review report is completed by the infection control coordinator.  The clinical nurse manager is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the owner/director and at staff meetings.  Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The infection control policies provide guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.  The infection control programme in place is appropriate to aged care rest home and hospital services. |

# 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)** |
| Criterion 1.2.8.1  There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery. | PA Low | Policy shows how staffing levels will be determined according to resident needs. The current roster allows resident needs to be met. This was confirmed by staff, residents and family/whanau during interview. For hospital level care contractual requirements to be met, RN coverage needs to be available 24 hours, seven days a week. The required cover shown on the proposed roster for hospital level care identifies how this is to occur. | Currently RN cover is Monday to Friday with on call availability. This does not meet the contractual requirements for hospital level care. Activity hours are not shown clearly on the roster to show how each day is covered. | Ensure that adequate numbers of registered staff are available to cover all shifts and that the dedicated activity hours are clearly identified on the roster.  Prior to occupancy days |
| Criterion 1.4.2.1  All buildings, plant, and equipment comply with legislation. | PA Low | All required checks are undertaken for equipment and medical devises. This includes electrical safety testing. The current equipment is not adequate for hospital level care residents as the hoist and weigh scales on site on the day of audit are on loan only. The service has one hospital level hydraulic bed. | The facility does not have a hoist, sit on weigh scales or hydraulic beds required to undertake accurate assessments and safe manual handling and daily cares for hospital level residents. | Ensure all equipment is in place to safely cater for hospital level care resident needs.  Prior to occupancy days |

# 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, these 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.