

# Metlifecare Limited - Greenwich Gardens Care Home

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## 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:** Greenwich Gardens Care Home

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

**Dates of audit:** Start date: 14 June 2017 End date: 14 June 2017

**Proposed changes to current services (if any):** This partial provisional audit has been undertaken to establish the level of preparedness to provide a new service consisting of 48 dual service beds for hospital, medical care and rest home level care (excluding psychogeriatric and dementia care).

**Total beds occupied across all premises included in the audit on the first day of the audit: 0**



# Executive summary of the audit

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## 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

Metlifecare Greenwich Gardens is a newly built facility which proposes to offer rest home and hospital care for up to 48 residents.

This partial provisional audit was undertaken to establish the provider's preparedness to provide this new service. All 48 beds will operate as dual purpose to cater for either rest home or hospital level care residents.

There is a village on the same site which is not included in this audit. The village manager takes overall responsibility for the oversight of the newly built care unit. The village manager is supported by a recently employed nurse manager who is experienced in aged care and holds a current practising certificate. The nurse manager will oversee the day to day management of the care facility. Proposed rosters sighted identify that each shift will be adequately staffed including 24 hour, seven day a week registered nurse cover. Appropriate equipment is available for the management of residents and all areas are furnished to a high standard. There were no areas requiring improvement.

## **Consumer rights**

Not applicable to this audit

## **Organisational management**

Metlifecare Greenwich Gardens will work under the established Metlifecare organisational structure of governance which is well documented in policies, procedures, and business planning. The strategic and business plans will be reviewed annually and they outline the purpose, values, scope, direction and goals of the organisation. The business plan in place identified regular reporting to senior management and to board level related to the progress of the care facility. Documented quality and risk processes are in place at the facility.

Monitoring of the services is overseen by the village manager with a nurse manager (RN) undertaking management of the day to day care services. Both are experienced and suitably qualified for the roles they undertake. They are currently in the process of employing staff required to provide all care services. Policies and procedures to support service delivery are in place and up to date to reflect good practice standards.

The appointment, orientation and management of staff will be based on current good practice as per organisational requirements. The training calendar sighted identified a systematic approach to cover all areas of service delivery related to regular staff training. The proposed rosters sighted identify safe staffing levels as shown in the Indicator for Safe Age Care (Standard 8163:2005) to ensure contractual requirements will be met. The proposed roster sighted showed how the service intends to ensure there will be 24 hour, seven day week coverage of registered nurses.

## **Continuum of service delivery**

Medicines will be managed electronically and administered by staff who are competent to do so. Medication management policies and procedures reflected current good practice and meet legislative requirements.

The food service, which is in operation for existing village residents, has the capacity and plans in place to cater for the care facility. The menu has been approved by a registered dietitian within the last 12 months and meets the nutritional needs of residents in aged care.

## **Safe and appropriate environment**

The facility has been completed to meet the needs of residents and comply with building, contractual and legislative requirements. There is a current certificate for public use and approved fire evacuation plan. All equipment is newly purchased. The facility has four wings of 12 residents with each wing having lounge, dining and kitchen facilities. External areas are easily accessible and provide shade and seating.

Documented processes are in place for management of waste and hazardous substances. Personal protective equipment and clothing are available. Areas where chemicals are kept are secure. Laundry and cleaning will be undertaken by dedicated staff. All equipment for these areas is on site and will be monitored by internal audits and the off-site chemical provider.

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.

## **Restraint minimisation and safe practice**

Not applicable to this audit.

## Infection prevention and control

There is a documented organisational infection control programme which includes surveillance data processes for the recording and reporting of infections throughout all levels of the organisation, as appropriate. Benchmarking by an offsite agency will occur as per policy requirements. Data collection documented meets the requirements of the standard related to aged care services.

## 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)
<b>Standards</b>	0	15	0	0	0	0	0
<b>Criteria</b>	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>Metlifecare strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents describe annual and longer term objectives and the associated operational plans. The business plan for Greenwich Gardens reflects organisational requirements, and regular reporting against set goals were documented. The village manager has been reporting on the progress of actions taken to date for the care facility.</p> <p>Greenwich Gardens services are overseen by the village manager. The newly employed nurse manager (RN) will manage the day to day activities of the care facility. Both managers hold relevant qualifications for their roles. The nurse manager has worked in aged care since 2008 and held senior management roles since 2013. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The nurse manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through appropriate ongoing clinical and management education.</p> <p>The proposed services to be offered are hospital and rest home level of care under an aged residential related care contract. (There are no residents at the time of audit).</p>

<p><b>Standard 1.2.2: Service Management</b></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>The service proposes that in the absence of the nurse manager the most senior nurse from the floor, with assistance from the quality and risk manager from Metlifecare head office, will cover all required duties under delegated authority. At organisational level planned annual leave of nurse managers has organised coverage by the quality and risk manager.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Metlifecare human resources management policies and processes are based on good employment practice and relevant legislation. All organisational recruitment processes are being followed for the employment of staff at Greenwich Gardens. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. Four staff records reviewed confirmed the organisation's policies are being consistently implemented. This includes the nurse manager and three registered nurses, one who commenced in May 2017 and two who have signed contracts but are yet to commence duty.</p> <p>Documentation sighted showed that registered nurses to commence duty will have a two week orientation and caregivers have a one week orientation. New staff orientation is to commence on the 10 July 2017. This includes fire and emergency processes. All staff will hold a current first aid certificate. Staff orientation is to include all necessary components of service delivery. The one staff member already employed, reported that the orientation process prepared them well for their role and orientation records were complete.</p> <p>A documented continuing education plan is in place which included all mandatory training requirements.</p> <p>Records sighted identified that there are two RNs who hold interRAI competencies.</p>
<p><b>Standard 1.2.8: Service Provider Availability</b></p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week. The staffing levels are based on Indicators for Safe Age Care as set out in standard 8163:2005. The three transitional rosters sighted show how staffing levels will be staged in increments to ensure residents' needs can be met as the facility increases in occupancy. Management confirmed staff will be replaced for any unplanned</p>

		absence. The proposed roster shows that there will be 24 hour/seven days a week RN coverage for the care unit.
<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 medication management policy sighted is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>The proposed medicine management system (using an electronic system) will operate using two purpose built trolleys which are securely stored. All staff who administer medications will hold the appropriate competencies.</p> <p>Medications will be supplied to the facility in a pre-packaged format from a contracted pharmacy. Pharmacy input is included in staff orientation.</p> <p>There is a secure controlled drug storage safe in place in the medication room. A controlled drug register was sighted.</p> <p>Management report that the temperature of the medication/vaccine fridge will be recorded daily.</p> <p>Policy and procedures reflected the required prescribing practices and the required three monthly GP review. Policy covers all requirements for resident who wish to self-administer medications and every bedroom has a lockable drawer to cater for this.</p> <p>There is a documented process for comprehensive analysis of any medication errors.</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 existing food service, which caters for the village, will also undertake all meals for the care facility. The chef interviewed stated they have the capacity to cater for all 48 residents when the care home is fully occupied. The four week rotating menu was approved by a registered dietitian on 4 March 2017, it gives residents the choice of meals and is in line with recognised nutritional guidelines for older people. Food will be delivered to the care facility in a purpose built food delivery trolley which has both hot and cold food storage areas. These are already on site.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Auckland</p>

		<p>City Council on 17 September 2016. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The food services manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>Policy states that a nutritional assessment will be undertaken for each resident on admission to the facility and a dietary profile developed. A daily menu will be completed by each resident so that personal food preferences, special diets and modified texture requirements will be made known to kitchen staff and accommodated in the daily meal plan. Kitchen staff confirmed all dietary needs can be catered for.</p> <p>Each of the four wings in the care facility have a kitchen area with a bench top hob, full oven and fridge. This is in line with Metlifecare's resident focused care and can be used by residents (under supervision) and/or relatives if they wish. The wing kitchens also have hot water taps which are protected with a locking mechanism and a padded hood to help prevent accidents.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></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>Policy identifies how the service will comply with waste management processes to meet standard requirements. Staff will be expected to 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. Material safety data sheets were available where chemicals are stored. There is provision and availability of protective clothing and equipment for staff use.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current certificate for public use was issued on 8 June 2017.</p> <p>The completed care facility has appropriate systems in place to ensure the residents' physical environment and facilities are fit for their purpose. All equipment, including electrical appliances are new purchases. These include five lifting hoists and two sit on weigh scales. Management have a process in place to ensure the testing and tagging of electrical equipment and calibration of biomedical equipment remains current.</p> <p>The care facility has a lift from the village reception area and its own reception and</p>

		<p>entry area. Wide corridors and bedroom entry doors allow ease of movement for beds and equipment.</p> <p>External areas are easily accessible. There is an internal court yard which is furnished and provides shaded areas for sitting.</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>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes all bedrooms having full ensuites and separate public toilets and staff toilets which are clearly labelled. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence.</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>	FA	<p>All bedroom areas are of a size which will allow residents and staff to move around within their bedrooms safely. All bedrooms are single occupancy accommodation. Management confirmed that bedrooms can be personalised with furnishings, photos and other personal items. Bedroom door entry allows lifting equipment and beds to be easily moved.</p> <p>Five bedrooms have been fitted with ceiling lifting hoists.</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>	FA	<p>Communal areas are available for residents to engage in activities. There are four 12 bedded wings and each wing has its own lounge/dining area with a kitchen located at one end. The areas are furnished to enable easy access for residents and staff. All areas are fully furnished to a high standard which is appropriate to the setting.</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>	FA	<p>There is a fully equipped laundry with a good dirty to clean flow. Management state that all laundry and cleaning will be undertaken on site by dedicated laundry and cleaning staff. (This is reflected in the roster sighted). Education will be provided to staff to ensure they have a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen.</p> <p>Cleaning schedules were sighted. Chemicals were stored in secure areas with correctly labelled containers provided by an approved provider who will also</p>

		<p>undertake staff education.</p> <p>Cleaning and laundry processes will be monitored through the internal audit programme and by the chemical provider.</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>	FA	<p>Emergency policies and procedures is part of the new staff orientation package. This is scheduled on the 18 and 19 July 2017 along with fire evacuation procedures. Fire evacuations are planned six monthly. Documented disaster and civil defence plans will guide 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 18 May 2017.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets and mobile phones were sighted and meet the requirements for the 48 residents. Emergency lighting lasts for up to two hours if required. There is a fully stocked first aid box in all four wing kitchen areas.</p> <p>The call bell system in place is on an automatic system which rings after four minutes if the first call is not responded too. This then escalates if not responded too after a further four minutes and alerts senior management pagers. All clinical staff will carry pagers to show where the bell has been activated and there is also a ceiling light above the door of the room and an audible sound. The system also allows the first response health care worker to remain with the resident and call for more staff assistance if required. All call bell response times can be monitored.</p> <p>There are invisible infrared lights each side of the beds should they be required to monitor a resident's movement to help keep them safe. This system can be turned on if it is deemed that the resident is a high risk of falls and attempt to get out of bed by themselves; it sets of the call bell system to alert staff.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time.</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</p>	FA	<p>All residents' rooms and communal areas are heated via central heating. The bedrooms have a thermostat on the wall so residents can choose a comfortable temperature to their liking. There are fresh air ventilation units throughout the facility and opening doors and windows. All rooms have natural light with opening</p>

at a safe and comfortable temperature.		windows.
<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>There is a documented infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from specialist infection control providers. The infection control programme and manual will be reviewed annually as part of Metlifecare organisational reviews.</p> <p>Policy states that the designated infection control coordinator, whose role and responsibilities are defined in a job description, will be a registered nurse. Infection control matters, including surveillance results, are to be reported monthly to the nurse manager and tabled at the quality/risk committee meeting, senior management meeting and presented to the board at organisational level.</p> <p>There is signage available which requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell.</p>

## Specific results for criterion where corrective actions are required

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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
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## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.