# New Certificate

## 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:** Kumeu Village Aged Care Limited

**Premises audited:** Kumeu Village

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

**Dates of audit:** Start date: 22 January 2015 End date: 22 January 2015

**Proposed changes to current services (if any):** New 83 bed facility, with a 20 bed secure memory assist unit (dementia care). Ten rooms are planned to be two bed (double) rooms, as appropriate to the needs of the resident.

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

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

* consumer rights
* organisational management
* continuum of service delivery (the provision of services)
* safe and appropriate environment
* restraint minimisation and safe practice
* infection prevention and control.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All standards applicable to this service fully attained with some standards exceeded |
|  | No short falls | Standards applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some standards applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

## General overview of the audit

A partial provisional audit was undertaken at Kumeu Village to establish the level of preparedness of the provider to provide a new health and disability service. The facility is newly built and was under the final stages of fit out and decoration. The service can provide care for up to 93 residents at rest home, hospital and specialised dementia level of care. The service will include a 20 bed ‘memory assist unit’ for residents living with dementia.

As the service has not commenced service delivery, the audit process included observation of the environment, interviews with the owners, directors and management team. The onsite audit included the review of documented processes to ensure there were appropriate systems for the employment, orientation and training of staff. There are systems in place for the provision of safe medicine management, food services and infection prevention and control.

Prior to commencement of service delivery the building is required to be certificated for public use and the provider is required to ensure that the menu is reviewed as suitable for residents living in long term care.

## Consumer rights

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| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. |  | Standards applicable to this service fully attained. |

Not applicable to this audit.

## Organisational management

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Standards applicable to this service fully attained. |

The service’s philosophy is based on the Eden Alternative. Systems were documented which defined the scope, direction and objectives of the service and the monitoring and reporting processes. The organisational governance systems for clinical care, staffing, operational and financial aspects of the service will be monitored on a monthly basis through the service’s clinical governance system.

The service has appointed a clinical manager with appropriate qualifications and experience. The manager’s role is documented as having overall responsibility for the running of the clinical service. The clinical manager reports to the owner/manager of the service.

The service has commenced recruitment and employment of staff. 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.

The provider had a documented process which identifies staffing levels will meet the requirements of the Eden Alternative philosophy to ensure all residents needs will be met. The preliminary rosters sighted identified that there will be at least one RN on duty at all times to oversee clinical care provision.

## Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. |  | Some standards applicable to this service partially attained and of low risk. |

Medicine management policies and procedures were available on site and they describe current legislative requirements and safe practice guidelines. Safe storage of medicines will occur in a purpose built medication room and medications will be administered from specific medication trolleys. The owner/manager and clinical manager (RN) will ensure staff who administer medications have appropriate education related to safe and legal medication administration.

The menu was under development at the time of audit and has yet to be reviewed as meeting nutritional guidelines for aged care by a registered dietitian.

The management team members (the owner/manager and clinical manager) interviewed understood the requirements to maintain a safe continuum of service delivery.

## Safe and appropriate environment

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| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. |  | Some standards applicable to this service partially attained and of low risk. |

The construction work was completed, with the facility in the final stages of internal fit out and decoration. The environment is appropriate for rest home, hospital and specialist dementia level of care services. All areas ensure physical privacy is maintained and had adequate space and amenities to facilitate independence. There are processes in place to protect residents, visitors, and staff from exposure to waste and infectious or hazardous substances. The laundry services will be provided by an external contractor and conducted offsite. There were processes in place to provide safe and hygienic cleaning and waste management services.

The facility has not yet gained certification for public uses and this will be required to be finalised prior to the commencement of service delivery. There were documented systems in place for essential, emergency and security services, including a comprehensive disaster and emergency management plan. The service has an emergency generator and emergency equipment and supplies.

The facility had an appropriate call system installed. There is access to external gardens and internal courtyards. The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the residents. The specialist memory support unit is separated from the rest home/hospital section.

All rooms have access to ensuite toilet and hand basin facilities. There are adequate toilets, showers, and bathing facilities located through the facility that provides adequate privacy.

## Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |

Not applicable to this audit.

## Infection prevention and control

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| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. |  | Standards applicable to this service fully attained. |

The infection prevention and control policies, procedures and programme sighted identified how the provider intends to provide a controlled, safe environment. Policy identified external advice and support will be sought when required.

The clinical manager, who is a registered nurse, will be the infection control coordinator and understood the requirements of the role.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | 31 | 0 | 2 | 0 | 0 | 0 |

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| --- | --- | --- | --- | --- | --- |
| **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).

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| **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 service has an owner/manager and an owner/director. The owner/manager will be based at the service full time.  The business plan informs the decision made in policy and budgeting, based on the Eden Alternative philosophy of care. It identifies the organisation’s mission statement, vision and philosophy and shows the organisation’s planning process to meet individual residents’ needs. The clinical manager and owner reported the goals of the organisation will be reviewed monthly using the clinical governance system and balance scorecard. The management team plan to take Kumeu Village along the pathway to Eden registration.  The service is managed by a suitably qualified and experienced clinical manager who is a registered nurse (with an annual practising certificate which was sighted). The clinical manager has over four years’ experience in the management of aged care services and has previously managed aged care services operated by large multisite providers. The clinical manager had a job description that described authority, accountability, and responsibility for the provision of services (sighted). The clinical manager has commenced at Kumeu Village.  The owner/manager interviewed has full confidence in the experience and skills of the clinical manager to effectively perform the role.  The admission agreement sighted is developed by an aged care association and covers the requirements for aged care. The agreement will be modified to include premium room charges. |
| 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 | During a temporary absence a suitably qualified and/or experienced person performs the clinical manager's role. The service had employed two senior RNs to take on the role of the clinical manager during temporary absences. The management roles were included in these nurses’ job descriptions and orientation/induction processes. |
| 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 | The service has commenced the recruitment of staff, with 15 people with offers of employment. The human resources policies described good employment practices that meet the requirements of legislation, as confirmed in the staff files reviewed. Professional qualifications were validated, including evidence of registration and scope of practice for service providers. The clinical manager ensures that staff who require practising certificates have them validated annually. Practising certificates were sighted for the employed staff who require them.  Prior to commencement of service delivery there is a planned two week orientation, induction and training programme. The training plan sighted included the essential components of service delivery, palliative care, medicine management and the Eden Alternative. The staff who will be working in the ‘memory assist unit’ will receive orientation to the layout of the unit and diversional activities. All the care staff employed so far had gained their national certificates, which include the required dementia unit standards. The ongoing in-service education plan for 2015 was sighted, which contains all the contractually required topics for the delivery of aged care services.  The service had a contract with a general practitioner to provided medical coverage two to three days a week onsite, as well as after-hours services. The owner reported that the service is planning to developed further medical coverage through a local medical practice; this was not finalized at the time of audit. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | Staffing levels and skill mixes are clearly described in policy. Tentative rosters sighted identified that the provider will meet staffing requirements using the Eden Alternative guidelines to ensure all residents’ needs can be met. It showed that three care team staff will be available for every 10 residents on morning and afternoon shifts and two care team staff for every 10 residents during night shift. All shifts will have RN cover.  The roster identifies a life enhancement team to undertake activities seven days a week which will be overseen by a diversional therapist team leader. This included a personal trainer.  There will be a dedicated person employed to undertake non-clinical duties and to look after any animals that will be located on the grounds.  Dedicated administration and cleaning staff were identified on the roster. (Laundry will be outsourced). Staff employment has commenced and 11 signed staff contracts were sighted. |
| 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 | Policy and procedures described current practice related to medicine management. Policy included documentation related to safe resident self-administration and the actions to be taken for this to occur. The clinical manager confirmed that all medication forms will be generated by the pharmacy according to GP prescriptions. At the time of audit there were no medications on site.  The clinical manager confirmed all staff who are to administer medications will be required to hold a current medication competency. The service will go onto a recognised medication dispensing system once all staff are employed and appropriately educated. Education was sighted as being confirmed for completion in February 2015. |
| 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. | PA Low | Policies sighted identified those residents who require additional or special dietary needs will have them met by the service. All aspects of safe food handling, storage, transportation, delivery and disposal were described. Policy describes the expected process to follow for resident with weight gain or loss.  The kitchen contained appropriate equipment for food preparation and management. The owner/manager and clinical manager confirmed food will be available to residents 24 hours a day, seven days a week. No restrictions of who may enter the facility will be made owing to residents dietary needs.  The kitchen is located centrally and can be locked when not in use.  No menus were available on the day of audit. The owner/manager stated that menu options are being developed to give residents choices for each meal. |
| 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 | The instillation of equipment into the sluice rooms was not fully completed at the time of audit. There were chemical dispensing systems installed and safety data sheets for the chemicals. The provider had policies and procedures documented for the management of waste and hazardous substances. There was a documented procedure in place as part of the emergency plan that identified the response to significant waste or hazardous substance mishaps. Appropriate personal protective equipment and clothing (PPE) is included as part of the completed fit out for the new dementia unit.  The appropriate personal protective equipment and clothing is purchased and ready be installed in the sluice rooms. |
| 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 | The inspection for the Code Compliance Certificate has not been finalised at the time of audit (refer to 1.4.2.1).  The construction of the buildings for the service was completed. The service is in the final stages of decoration and installing the purchased furniture and equipment. All equipment is newly purchased. The service had a documented plan and schedule for the ongoing maintenance and calibration of the equipment.  All but four rooms have external access. These four rooms in the rest home/hospital wing do have ranch sliding doors to the dementia court yard. The manager and building manager reported that these sliding doors will remain locked and will not have access to or from the courtyard. These rooms still have a large opening window, with security stays to allow for adequate light and ventilation. The owner reports that these four rooms will be allocated to residents who do not want a room with external access.  The physical environment promoted safe mobility and resident independence. The corridors had secure handrails installed. The secure swipe key locks for the doors are to be installed to the dementia unit. The service had received these locks and these were being installed at the time of audit. There are two internal court yards. The service has portal ramps to facilitate wheelchair access to the internal court yards and external area. The courtyard landscaping and furnishing was completed at the time of the audit. The outside areas are separated from the rest home /hospital services and are a suitable environment for residents. The memory assist unit (dementia wing) has a secured courtyard, with a walkway to allow space inside the new dementia unit to allow maximum freedom of movement while promoting the safety of residents who are likely to wander. |
| 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 | The facility has 83 rooms, with all rooms having access to a shared ensuite toilet and hand basin. There are 11 shared bathroom/shower rooms that are conveniently located. There is one shower/bathroom for six rooms. The communal toilets and shower areas are centrally located in each wing. The bathrooms and toilets have appropriate locks and systems to ensure privacy of use.  All the bathroom surfaces comply with infection control cleaning requirements. The hot water is provided to each resident’s room by tempering valves, with these set to delivery hot water between 43 and 45 degrees Celsius. The service had a monitoring system developed to ensure the hot water temperatures are recorded monthly. |
| 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 | The facility has 83 rooms. There is a 20 bed secure memory assist unit; all these rooms are single occupancy. The remaining 63 rooms are planned to provide either rest home or hospital level of care. The provider is planning that 10 of the rooms in the rest home/hospital section will be double occupancy (for example for married couples). There will be call bells for each bed in the shared rooms and portable privacy screening. The service would need to consider the level of care and needs of the residents in the proposed shared rooms to ensure there is adequate space for the needs of the resident (these rooms would not be big enough to accommodate the mobility equipment for two hospital level of care residents).  The memory assist unit has 20 single occupancy rooms. There is adequate space in these rooms to meet the needs of the resident. The living, outdoor areas and dining arrangements of the memory assist unit area are separate from residents in the rest home/hospital areas of the facility. All bedroom areas are large and allow for adequate personal space for residents with mobility aids. The layout and proposed staffing for the dementia unit has adequate space and facilities to meet the needs of 20 residents. There are quiet, low-stimulus areas and whanau room that provide privacy when required. |
| 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 | There are dining and lounge areas throughout the rest home/hospital sections. These are separated from the memory assist unit. The lounge and dining areas were not furnished at the time of audit however the equipment had been purchased. The lounge and dining areas are separated by a partial wall, to ensure activities in each area do not impact on each other. All these areas provide adequate space for the maximum capacity of residents. The facility has an equipped gym and exercise room. |
| 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 | The laundry service will be provided by an external contractor and be conducted off site. There was a trade access point to allow easy delivery of the laundry.  There will be dedicated cleaning staff. The sluice rooms have a closed circuit chemical dispensing system. Cleaning chemicals were safely stored and labelled. Material safety data sheets were sighted. The owner reports there will be no cleaning and laundry equipment or chemicals stored in the memory assist unit. The owner reports the materials and their use will be monitored monthly for effectiveness by the chemical supplier. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | The approved evacuation scheme is dated 21 January 2015 by the New Zealand Fire Service.  The facility was fitted with fire smoke detectors, heat sensors, alarms, sprinkler system and smoke and fire doors which close automatically to form separate fire cells when the alarm goes off. The clinical manager reported that there will be six monthly trial evacuations.  The service has an emergency generator for electrical supply that includes heating and cooking. There is security camera monitoring in the public areas. The service has access to additional gas cooking equipment that can be used in an emergency. There was sufficient water stored in a water tank and access to bore water in the event of an emergency. The generator will supply power to the filtration system to ensure the bore water can be potable.  There is a call alert system using call bell, an audit alert, light above the door and an alert that comes up on a central panel in each corridor. The service has purchased call sensor mats for residents who are unable to use the call bell. |
| 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 | There was underfloor heating throughout the facility. The temperature can be adjusted for each individual room. The facility was at a comfortable temperature on the day of audit. All resident areas have at least one opening window to allow fresh air and natural light. The service has plans for a designated area for smoking, which will be enclosed and not expose others to environmental tobacco smoke. |
| 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 documented policies, procedures and infection control programme enable the provider to identify how they will provide a safely managed environment. Reporting lines, monitoring of infections and reporting processes were clearly defined. The clinical manager confirmed there will be appropriate resources including personal protective equipment and clothing for all staff use as required. The nominated infection control coordinator is the clinical manager who has undertaken appropriate education and will seek specialist services from the DHB and contracted infection control advisors when required.  Hand sanitising gel was located at the entrance and throughout the facility.  The owner/manager will work in the facility Monday to Friday and will be provided with daily, weekly and monthly data to ensure she is fully informed about all infections that occur. |

# 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 1.3.13.1  Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group. | PA Low | No menus were sighted at the time of audit as they were under development. The owner/manager and the clinical manager voiced their knowledge and understanding related to food service requirements. The owner/manager confirmed that the service will offer a varied menu which gives residents daily choice of foods and meal times in line with the Eden Alternative philosophy. | No menus were available on site on the day of audit as they were underdevelopment. | Menu development will be completed and approved as suitable for aged care residents.  Prior to occupancy |
| Criterion 1.4.2.1  All buildings, plant, and equipment comply with legislation. | PA Low | The inspection for the Code Compliance is scheduled for the week after audit. | The Code Compliance/Certification of Public Use was not finalised at the time of audit. | Ensure the Code of Compliance/Certificate of Public Use is gained prior to occupancy.  Prior to occupancy |

# 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.