

Tamahere Eventide Home Trust

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: Tamahere Eventide Home Trust

Premises audited: Tamahere Eventide Home & Village

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

Dates of audit: Start date: 3 September 2015 End date: 3 September 2015

Proposed changes to current services (if any): The service is reconfiguring the service by increasing the dementia level of care from 22 to 43 beds and decreasing the rest home level of care from 58 to 33. This will create two dementia units, with the 22 bed existing dementia unit and the new 21 bed secure unit. The total capacity of the service will reduce from 80 to 76 as some rest home rooms have been reclaimed to make the new secure wing.

Total beds occupied across all premises included in the audit on the first day of the audit: 69

Executive summary of the audit

Introduction

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

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

General overview of the audit

A partial provisional audit was undertaken at Tamahere Eventide Home and Village to establish the level of preparedness of the provider to reconfigure and change the use of an existing rest home wing to provide a new secure dementia level of care wing. The service already provides rest home level and dementia level of care for up to 80 residents.

The audit process included observation of the environment, interviews with the management team and review of documented processes to ensure these are appropriate for the employment, orientation and training of staff to provide specialist dementia care.

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

Prior to commencement of dementia care the service is required to complete the changes to ensure a secure external and internal environment and gain the required council consents when the renovation is completed.

Consumer rights

Not applicable to this audit.

Organisational management

There is a clearly documented and displayed organisational mission, vision and philosophy. The direction and objectives of the service is monitored through monthly board meetings. Tamahere Eventide Home Trust forms part of the wider activities of the Social Services of the New Zealand Methodist Church.

There is a transitional plan to implement dementia level of care with minimal disruption to the current rest home level of care residents. The service is implementing staff training and education to establish a service that promotes positive wellbeing for residents living with dementia.

The organisational structure records that the service is managed by suitably qualified and experienced people. The general manager of care services is responsible for the clinical management of the service. They are supported by a clinical nurse manager.

The service has sufficient staffing numbers for the commencement of the new level of care, with current staff undergoing specific education related to dementia care. The documented human resources management system provides for the appropriate employment of staff and on-going training processes. A system has been developed for the orientation, induction and ongoing education programme.

Continuum of service delivery

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

The menu has been reviewed by a dietitian in the last year and is currently under review. There will be food and nutritional snacks available 24 hours day for the residents living in the dementia unit.

Safe and appropriate environment

There is a current building warrant of fitness displayed for the current service. The renovated areas are required to comply with current building codes and the service has not yet gained the building Code of Compliance. No changes are required to the building warrant of fitness and approved evacuation scheme. All building equipment and furnishings are maintained to meet the needs of rest home or dementia level of care residents. The renovations include recognised 'dementia friendly' design aspects.

Resident areas are of an adequate size and provide a safe and appropriate environment. All rooms are single occupancy and ensure physical privacy is maintained. There are sufficient numbers of bathrooms, showers and toilets. There are processes in place to protect residents, visitors, and staff from exposure to waste and infectious or hazardous substances. Laundry services are conducted onsite. There are processes in place to provide safe and hygienic cleaning and waste management services.

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

The facility has an appropriate call system installed. There is access to external gardens and internal courtyards. The gates and doors to maintain a secure unit have not yet been installed; these will be required prior to occupancy as a secure dementia unit.

Restraint minimisation and safe practice

Not applicable to this audit.

Infection prevention and control

There are no changes required to the infection control programme. The infection prevention and control policies, procedures and programme sighted identified how the provider intends to provide a controlled and safe environment and that external advice and support will be sought when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	14	1	0	0	0	0
Criteria	0	32	3	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The mission, vision, philosophy and goals of the organisation are clearly documented. The goals are reviewed at the monthly board meetings. The services are planned to meet the needs of the residents at rest home and dementia level of care. There is currently a 22 bed dementia unit and 58 beds in the rest home wings. There is a transition plan to change the use of some of the rest home level of care beds to secure specialist dementia care beds. The service has stopped admitting rest home level of care residents in the transition to commence the increase for dementia level of care. The service has communication with the DHB confirming they agree to have more than 20 beds in each of the dementia wings.</p> <p>The general manager care services; is a registered nurse with a current practising certificate. The manager has an extensive background in nursing and management. They have been the manager of the service for over 12 months and previously worked as clinical nurse manager at the service before taking on the general manager care service role. The general manager-care services position description outlines their accountabilities, roles and responsibilities and reports to the CEO. The role is supported by the clinical nurse manager. The general manager is currently enrolled in a management course and has leadership in management qualifications. The service is a member of an aged care association</p>

		and receives ongoing updates and education on the management of aged care services.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	The clinical nurse manager fills in for the general manager care services during temporary absences. The clinical nurse manager's job description includes the responsibilities of taking on the general manager care services role during temporary absences. The CEO and general manager care services report they have confidence in the clinical nurse manager to take on the general manager care services role.
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>As the service already operates rest home and dementia level of care beds there is already adequate education and training provided. The education plan and attendance records evidence that education is provided to meet contractual requirements. There is additional training offered on any additional or special needs to ensure staff can meet the ongoing and changing needs of residents. The staff who have not worked in the dementia care unit recently will gain further experience and refresh their knowledge by being rostered shifts in the current dementia unit before starting in the new dementia wing.</p> <p>All care, nursing and domestic staff have either completed the required dementia unit standards or these will be completed within 12 months of employment (records sighted for the dementia unit standards or national qualifications). The nursing staff maintain their clinical skill and knowledge through ongoing education and leadership programmes.</p> <p>Human resources policies describe good employment practices that meet the requirements of legislation, as confirmed in the staff files reviewed. The staff receive orientation and induction to the service and their specific roles. This includes competency assessments. Professional qualifications are validated, including evidence of registration and scope of practice for service providers. All staff that require practising certificates have them validated annually. Practising certificates were sighted for the employed staff that requires them.</p>
Standard 1.2.8: Service Provider Availability	FA	The transition rosters were sighted. Both the current and transition rosters meet the requirements of the DHB contract and safe staffing guidelines. In addition to

<p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>rostered staff, there is a general manager (RN) and clinical nurse manager (RN) who work full time Monday to Friday.</p> <p>There is diversional therapy/activity staff on duty seven days a week from 9am to 8pm. There is an academic liaison nurse, a rehabilitation therapist, cooking, domestic and maintenance staff to ensure the needs of the service and resident is met.</p> <p>The transition and general manager care services reports that when the service reaches full capacity, the service will employ one further RN, a diversional therapist and a caregiver.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are no planned changes to the medication management system. The current medication storage area will be used, with an access door in place from the new dementia unit. The medicines and medicine trolley were securely stored. The controlled drugs process and storage complies with legislation and guidelines. All the medicine charts sighted had prescriptions that complied with legislation and aged care best practice guidelines. All of the medicine charts were reviewed by the GP in the past three months.</p> <p>Medications are delivered by the pharmacy in a pre-packed medication administration system. These packs are checked for accuracy against the medication prescription and signing sheets when delivered. The GP conducts medicine reconciliation on admission to the service and when the resident has any changes made by other specialists. The service does not use standing orders.</p> <p>Medication competencies were sighted for all staff that assists with medicine management; this included the RNs and senior caregivers. The RN reported that self-administration of medications will not be appropriate for the dementia level of care residents. A resident in the rest home self-administers some of their medications; the organisational processes for assessing resident competency for self-administration are sighted for this resident.</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</p>	<p>FA</p>	<p>The last dietitian review in January 2015 records the menu as suitable for the older person living in long term care. There are no required changes to the menu to suit the needs of the increase in dementia level of care residents. The service has already purchased additional Bain Marie to transport the food from the kitchen to</p>

<p>service delivery.</p>		<p>the dining area in the newly reconfigured dementia level of care wing. The dementia unit will have a kitchenette and nutritional snacks will be available 24 hours a day.</p> <p>Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets have these needs met. The kitchen already caters for residents who require modified diets, special equipment or texture modified diets.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal comply with current legislation and guidelines. Fridge and freezer recordings are undertaken daily and meet requirements. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging. All kitchen staff have completed safe food handling certificates and ongoing education.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Staff who participates in the laundry and cleaning report that they follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation. Chemicals are securely stored in the sluice room in the new dementia wing. There is appropriate personal protective equipment (PPE) and clothing in the laundry, sluice and cleaning areas. The education related to handling of waste or hazardous substances is part of the orientation and ongoing in-service education programme.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Negligible</p>	<p>The Code of Compliance, the external security gate and internal security doors will need to be completed prior to occupancy.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate numbers of accessible toilets/showers/bathing facilities in both the rest home, current dementia unit and new dementia unit. The service is currently in the process of updating, painting and finalising the signage for the bathrooms to reflect a dementia friendly design. The toilets have engaged/vacant privacy locks. The toilet showering facilities sighted have wall and floor surfaces that are maintained to a standard to provide ease of cleaning and compliance with</p>

		infection control guidelines.
<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	The newly converted dementia wing will have at total of 21 rooms (20 permanent and one designated respite room). All rooms are single occupancy and are of a suitable size for the needs of the resident. The rooms sighted have adequate space to allow the resident and staff to move safely around in the rooms. Some of the previous rest home rooms have been reclaimed to make some of the living areas in the new dementia wing. Residents who use mobility aids are able to safely manoeuvre with the assistance of their aid within their room.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	There are lounge and dining areas throughout the facility in both the rest home and secure dementia units. The lounge and dining areas are separated and activities in these areas do not impact on each other. The new specialist dementia service facilities will be separated from the rest home and other dementia unit section, with a number of lounge and dining areas in each section of the service.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	There will be no changes required to the laundry and cleaning services. The laundry is conducted off site by an external contractor. The sluice area in the new dementia unit is secure and has appropriate waste disposal, storage of cleaning equipment and chemical and adequate PPE for staff. The external chemical supplier conducts a monthly surveillance of the cleaning and laundry processes.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There is at least one staff member on duty at all times who has the required current first aid qualification. In the rosters sighted there were multiple staff on each shift with first aid qualifications.</p> <p>The service has adequate emergency supplies in the event of an emergency or infection outbreak. The service has an emergency shed that has stores of food, drinking water and supplies for emergency use. There is a civil defence kit with additional food, first aid and emergency supplies. In the case of mains failure the service has generator emergency lighting and gas cylinders to supply cooking needs.</p>

		<p>All residents' rooms, bathrooms and lounge areas have a call bell system installed. The call bell system has an audible alert and a light is activated outside the room and panels in the corridor.</p> <p>There is an approved evacuation scheme. There have been no changes to the layout of the service that have required changes to the approved evacuation scheme. The service conducts six monthly evacuation training, with the last drill conducted May 2015. The service then conducts a fire and safety questionnaire for staff to complete. In the event of a fire the doors to the dementia unit will automatically unlock.</p> <p>The service identifies and implements appropriate security arrangements relevant to the residents in the rest home and the new secure dementia unit. The afternoon staff are required to close and lock the external windows and doors before it gets dark and a security gate in the front driveway has automated access. The service has external security lighting. There are internal security cameras in the corridors and entrances of the service.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>Areas used by residents and staff are ventilated and heated appropriately. The service has a combination of wall panelled heating and heat pumps to provide heating in resident areas. All resident personal and living areas have at least one external window of normal proportions to provide natural light and ventilation.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The service has a clearly set out infection control programme that is reviewed annually as part of the quality programme and internal audit schedule. The infection control programme is currently under review by the infection control coordinator/clinical nurse manager. There are no changes required to the implementation of the infection control programme with the commencement of dementia care.</p> <p>There is a defined process for gaining advice and support as required. The general manager care services reports to the staff and manager on all aspects of the infection control programme and surveillance data at monthly staff and management meetings.</p> <p>The service has processes and outbreak management procedures to reduce the spreading of infections. The general manager care services reports that these</p>

		<p>processes were implemented with a recent outbreak. The service has notices at the door to ask visitors not to enter if they are unwell. There is sanitising hand gel and hand washing facilities throughout the service for staff, residents and visitors to use.</p>
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Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Negligible	There is a building warrant of fitness (BWOFF) displayed for the building. With the renovations of the previous rest home wing, the building work is required to comply with current building codes. The Code of Compliance has not yet been gained. Equipment is maintained to ensure safety. Electrical testing and tagging and medical equipment calibration was conducted within the last year. The service has a planned and reactionary maintenance programme, with the building maintained in an adequate condition to meet the needs of the residents. The maintenance log notes the area of work required and is signed off when the work is completed.	The Code of Compliance has not yet been issued.	Provide evidence that the Code of Compliance is issued prior use. Prior to occupancy days
Criterion 1.4.2.4 The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of	PA Negligible	The physical layout of the renovated dementia unit is based of dementia friendly design to encourage safe mobility for residents living with dementia. The security doors in the new dementia wing have yet to be installed as parts of the wing still have rest home level of care residents. The transition	The security doors for the new dementia unit have not been installed.	Provide evidence that the security doors are installed.

the consumer/group.		plan includes ensuring rest home level of care residents are not placed in the secure part of the facility.		Prior to occupancy days
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	<p>PA</p> <p>Negligible</p>	<p>The external areas are separated from the rest home and other dementia unit. There is pathing and raised garden beds that is reflective of dementia friendly design principles. The fencing to the external areas is installed. The fence still requires the security gate to be installed.</p>	<p>The security gate in the fenced external area has not been installed.</p>	<p>Provide evidence that the security gate is installed.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.