

Ropata Lodge Limited - Ropata Lodge

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:	Ropata Lodge Limited
Premises audited:	Ropata Lodge
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 October 2015 End date: 7 October 2015
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	0

Executive summary of the audit

Introduction

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

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

General overview of the audit

Ropata Lodge Ltd is currently a small retirement village that is a combination of 10 privately owned unit titled apartments that are owner occupied and 24 residential rental apartments. The village was run previously by a trust that went into liquidation and was subsequently purchased by the current owner who is the sole director. The intention is to, over time; convert the village into a facility that is able to provide rest home level services to both current and new residents as they are assessed as needing this level of care. There are a number of staff already employed at the facility who provide services primarily on a user pays basis to current residents who reside at the village. This includes a full meal service, household management, assistance with medication and some personal care. Outside contracted agencies also provide services that are either subsidised or privately paid for.

The purpose of this partial provisional audit was to assess the preparedness of the service to provide rest home level care. This audit verified there are appropriate processes and staffing levels for providing rest home level care for up to 34 residents.

The owner has had significant experience in the aged care sector previously as has the registered nurse manager who has a current practising certificate. The facility has developed appropriate systems and processes to enable them to provide quality care

for people who will use the service. A quality and risk management system is being implemented. A compliance requirement to have an approved evacuation scheme that will relate specifically to this higher level of service needs to be finalised prior to any services being able to be provided, and the need to have cover for the manager RN role.

Consumer rights

Not required for this audit.

Organisational management

The organisational management systems, governance, service management and human resources management systems are appropriate for the provision of rest home services. There is a safe staffing rostering system in place and 24 hour staffing on duty with additional on call staffing.

Continuum of service delivery

There are experienced nursing and care staff already supporting the existing apartment residents and these numbers will be increased as appropriate to meet the needs of residents who will be requiring the new service. A documented process to ensure this occurs is in place. Both medicine management systems and the food and nutrition processes are appropriate for the new service.

Safe and appropriate environment

The physical environment is safe and appropriate to the level of care that is planned. All apartments are spacious and have their own ensuite. Effective management of waste and hazardous substances is evident. Current security systems and the fire evacuation scheme are under review to ensure these will meet the resident's needs for rest home level care.

Restraint minimisation and safe practice

Not required for this audit.

Infection prevention and control

Policies and procedures have been developed and a suitably qualified infection control officer has been appointed.

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	0	2	0	0	0
Criteria	0	34	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](#).

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>	FA	<p>The sole director of Ropata Lodge Ltd has had significant experience providing services to the aged care sector at a governance level for a number of years. The business plan details the vision and scope of services that are to be provided on this site. Organisational policies and procedures that are required for the provision of rest home level care have been developed. The nurse manager is a registered nurse who has been working in the aged care sector for many years. A number of processes and systems are already in place and plans to ensure that all services are planned, coordinated and responsive to client needs are well developed. When a contract is approved, all current residents will be reassessed as required and those that will be requiring a higher level of care will be transitioned over to the new service.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely,</p>	PA Low	<p>An additional registered nurse is currently being recruited to enable cover for the manager both on call and during any temporary absences. This new appointment process will be completed prior to any new services being delivered.</p>

appropriate, and safe services to consumers.		
<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>A contracted human resources (HR) specialist manages the processes for current staffing requirements and will extend this role for the new service. An on line checking service is in place to validate all professional qualifications for staff that will be engaging in a professional capacity with residents. This includes doctors and allied health professionals. The recruitment systems are embedded into the organisation and reflect the requirements of current good employment practice. Regular appraisals will be scheduled for all new staff while current staff appraisals are all up to date. All new staff will have an orientation period appropriate to their roles. Caregivers employed by the current service are buddied with a senior caregiver for at least two days or until they are able to work competently and independently. An orientation pack has been developed to guide staff in their induction programmes and this includes all relevant components of a rest home service. All staff will be required to hold current first aid certificates. A training plan for the next twelve months is in place and this covers all the requirements. An education board is kept in the staff room and is used to keep staff up to date with any issues identified and as a training tool. Monthly staff meetings are also used to complete training modules. All care staff will be required to complete Aged Care Education (ACE) training and will also be encouraged to enrol in Careerforce studies.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The nurse manager approves all rosters which cover all services currently provided and will be adapted to meet the requirements of the new service. This will include adequate staff for both subsidised and non-subsidised residents. Rosters are planned two weeks in advance and those sighted evidenced appropriate skill levels. At present some residents have outside contracted care agencies to provide them with any personal care needs. These will be provided by Ropata Lodge once a new contract is in place for those residents, if they are assessed as needing a rest home level of care. The nurse manager has had previous experience with rostering at that level.</p> <p>An activities programme is planned and provided based on assessed needs and interests. The rosters reflect adequate staffing to meet the programme and there is a plan increase the activities staff with a diversional therapist once approval for rest home level care is awarded.</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>A medication system is already being implemented for those current residents who require assistance with their medication needs. An updated policy has been developed to reflect the requirements of the legislation, protocols and guidelines. All medications are stored securely in a locked room and are only able to be accessed by appropriately qualified staff. A controlled drugs safe is also located in the secure area and while there is currently only one resident who requires a controlled drug, the register and all administration of the drug is signed and checked by two competent signatories. A full reconciliation is to be done each month. Information kept for medication purposes includes a photograph of the resident and a medication chart that is completed following all medication administration. While residents currently have their own individual doctors, a facility doctor will be contracted to admit all new clients and ensure appropriate documentation for medication management is completed. The competencies of all staff who administer medicines are current with specimen signatures appropriately recorded. Alerts for any allergies and a system to highlight if a resident is on antibiotics or is a diabetic is used to ensure staff are kept informed. All current records reviewed are kept at a level with sufficient detail that will meet compliance for a rest home service.</p> <p>A system for the facilitation of safe self-administration is in place with consents and assessments completed and signed by the resident and their doctor.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>A dietitian completed a full audit of the kitchen processes and menus in the month before the audit using a tool developed for aged care facilities. No corrective actions were required. An A grade certification for hygiene from the local body was also attained in June 2015. The dietitians report commended the organisation on the quality of its menu and the responsiveness to individual resident's needs. A special diabetic option is available for all meals and any other special dietary requirements will be responded to on an individual basis as needed. Daily temperatures are checked in the chiller, the freezer and the fridge. All hot food is checked and the temperature recorded prior to serving. A monthly inspection is carried out on the mechanical ventilation systems. The food was observed to be appropriately stored and dated. The manager reported client feedback about the food quality has been positive.</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>Policies are in place for hazardous substances management and rubbish disposal as is relevant policy for chemical storage, the dispensing of cleaning products and personal protective equipment. A contracted outside organisation is responsible for maintaining and managing the supply of all chemicals in use at the facility. Dispensers with the relevant data sheets for each cleaning agent or chemical are observed in the sluice room and the cleaning area.</p> <p>A newly commissioned sluice room will be used in the management of contaminated equipment and linen. Buckets are used by all staff and also any outside contracted providers to transport dirty linen. Staff have already had and will have scheduled regular training in the use of all cleaning products and chemicals. Training for the cleaner is scheduled for the week following the audit.</p> <p>There are supplies of gloves and hand washing solution in all work areas. Protective clothing will also be provided for staff use when assisting with personal cares. These are currently available if required.</p> <p>Colour coded bins are located outside the facility for disposal of sharps and infectious bodily waste which are shared with the co-located medical centre.</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>FA</p>	<p>The current building warrant off fitness (BWOFF) expires on 25 March 2016. All electrical equipment has been checked and tagged. The physical environment was purpose built for a retirement village and allows safe mobility appropriate for residents who are all over 65. A common external courtyard is easily accessed and provides a safe outside area with gardens and specially raised beds for use by the residents. All ground floor residents have secure individual courtyards and a number of upstairs apartments have walled balconies.</p> <p>Access between floors is by stairs and a lift.</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</p>	<p>FA</p>	<p>All residents' rooms have their own accessible ensuite with toilet and wet floor showers. In addition there are three additional residents' toilets. These are all able to be locked and are well maintained.</p>

hygiene requirements.		
<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	As all the rooms that will be used to provide rest home level care are currently apartments with their own kitchenette and ensuite, these are particularly spacious. There are also 10 one bedroomed apartments and one two bedroom apartment which have a separate living/dining area. There is more than sufficient space to enable the use of both personal and facility provided assistance equipment.
<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	The facility has a number of communal areas that provide spaces for residents to meet all needs. There is a lounge and activity area in the downstairs area with a music system set up. The large dining area is spacious with a coffee machine installed for residents. A library and reading space is also located in the downstairs area. On the first floor is a large flat screen television with lounge furniture to enable movies to be shown. A small hairdressing area is also used upstairs. In addition there are a number of smaller seating areas where residents can choose to sit if they want to be outside their apartments.
<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>The laundry is currently completed by the care staff. Clean and dirty areas have been designated inside the small laundry which is kept locked at all times. An outside contracted agency is used to provide laundry detergents and service the machines. A colour coded bag system is used to separate soiled, other linen and residents' clothing. All staff are required to comply with this system and have had relevant training. Once the facility becomes certified for rest home level care the manager will review the laundry operation to ensure it is able to meet the needs of this new level of service. Internal audits are now in place to monitor effectiveness and one has already been completed with relevant recommendations implemented.</p> <p>The cleaner's cupboard is kept locked and the cleaner has a trolley with all the required equipment stored for the daily schedule. A training programme to ensure appropriate education is completed has been developed. Cleaning data sheets are in place in both the laundry and cleaning area.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security</p>	PA Low	Health and safety is a standing agenda item for all current staff meetings and will

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>continue to be included. Monthly hazard checks are completed. Fire evacuations for current residents are scheduled six monthly and are done in conjunction with the adjoining medical centre. A fire consultant is used to conduct and evaluate them. These will continue in line with a new approved plan when this is updated. Fire and emergency procedures are all well documented with quick reference folders available around the facility. Regular training will continue to occur. Evacuation chairs are installed on both upstairs levels.</p> <p>A civil defence emergency kit is stored on level one and contains emergency food and water supplies along with torches, chemical toilets, tools and a radio. Two gas burners are also available to use in an emergency. These are checked regularly.</p> <p>All units have a call bell system that is able to be accessed in all rooms including bathrooms. These are monitored by care staff pagers. The internal double door to the outside is locked at 5pm and the external one is locked at 9pm. There is a bell which connects with the duty caregiver after hours. Currently all residents and family have individual keys for access. This system is currently being reviewed for a transition process to be implemented when a change to the service occurs. This will be done in consultation with all current residents as there may be some concerns when only some of the residents are no longer living fully independently. The management are aware that this review needs to occur to ensure appropriate security arrangements are put in place before any service changes. A CCTV (closed circuit television) system operates in all common areas downstairs and an outside firm is contracted to do nightly security checks.</p> <p>Due to the location of the service near a busy main road, any residents who may be at risk of wandering are immediately identified and discussions held with the resident and their families to ensure they are able to be supported safely. This will continue to be an important consideration for the new 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>The facility is light and airy with adequate ventilation. Efficient heating maintains a comfortable temperature. All residents' apartments and communal areas have good natural light and opening windows.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the</p>	<p>FA</p>	<p>The infection control officer is the nurse manager who demonstrated sufficient knowledge and experience to implement the infection prevention and control programme. It is intended once a contract has been agreed for the new service,</p>

<p>risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>the nurse manager will attend relevant DHB training programmes to maintain currency. A number of new initiatives including the newly commissioned sluice room, the training programme and the current policies and procedures all reflect the readiness of the organisation to manage the environment to minimise risk of infection. Three isolation kits are prepared and ready for use if needed and staff training has been completed on the management of any infectious diseases/conditions.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.2.1</p> <p>During a temporary absence a suitably qualified and/or experienced person performs the manager's role.</p>	PA Low	There is currently one registered nurse on site and there is action underway to recruit a relief RN to cover temporary absences of the manager.	The manager is the only RN currently employed by Ropata and there is no back-up if and when she is temporarily absent.	<p>Employ appropriate registered nursing cover prior to rest home level care being provided.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	An approved evacuation plan (dated in 2000) is current for the retirement village service, however this will need to be upgraded to meet the requirements for a higher level of care. The owner is arranging for this to occur and for an application to be lodged with the New Zealand Fire Service.	There is no current approved evacuation plan in place to meet the legislative requirements for rest home level care.	<p>Provide evidence that an updated evacuation plan for the facility is approved as appropriate to rest home level care.</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.