

Northbridge Lifecare 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:	Northbridge Lifecare Trust
Premises audited:	Northbridge Lifecare Trust Rest Home & Hospital
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 January 2016 End date: 28 January 2016
Proposed changes to current services (if any):	The service is wishing to commence a new service offering secure dementia care by converting five rest home beds to a dementia unit. This will reduce the total of rest home beds from 61 to 56. The total hospital level beds will remain at 35 and the total facility beds will remain at 96.
Total beds occupied across all premises included in the audit on the first day of the audit:	91



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

Northbridge Lifecare Trust Rest Home and Hospital currently offers rest home and hospital level care for up to 96 residents. This includes 10 beds that can be used for either rest home or hospital level care. On the day of audit there were 35 hospital and 56 rest home beds occupied. This audit was undertaken to establish the provider's preparedness to offer a new secure dementia care service for five residents. This is to be achieved by the service decreasing the number of rest home level care beds by five and using the existing bedrooms for dementia care. The service has undertaken a new build which provides an area for services, such as dining, lounge and activities that can cater for up to 15 residents.

The process of providing a secure dementia care area has been approved by the board of trustees, who actively oversee the governance of the service. The day to day management of services at the facility are overseen by the chief executive officer (CEO) who works closely with the Lifecare manager. The Lifecare manager's focus is on hospital and rest home and she is supported by a clinical manager who is a registered nurse. There is a village which operates on the same site and this is not included in this audit.

The one area identified for improvement in the previous audit has been fully addressed and staff files reviewed show that all human resources management processes meet the requirements of the provider's agreement with the district health board.

Consumer rights

Not applicable to this audit.

Organisational management

The organisation's values, goals and mission statement have been identified in the business plan which is reviewed annually at board level. This document identified how services are planned and coordinated to meet residents' needs. The board of trustees is supportive of the newly developed secure dementia care unit and plan to increase the number of dementia care beds offered progressively, using a staged timeframe. This first stage is for five beds and over time the service would like to increase this to 15 beds. Planning included governance oversight for this project.

The service has a management team of three in place to oversee all aspects of service delivery. The CEO oversees all aspects of service across the Northbridge facility. The Lifecare manager has a focus on the hospital and rest home services and there is a clinical manager who is a registered nurse. The day to day operation of the facility is undertaken by staff that are appropriately experienced and qualified.

A review of staff files identifies human resources management processes are conducted in accordance with good employment practice and meet the requirements of legislation. There is a proposed roster showing dedicated staff, with specific dementia care education, will work in the secure dementia care unit.

Continuum of service delivery

The existing medication management and food services do not require any major changes to meet the needs of the proposed secure dementia care unit as bed numbers will not be increased. Medication processes are recorded electronically and staff who administer medications are competent to do so. The food services are contracted. All food is prepared on site.

Safe and appropriate environment

The service has a documented emergency response processes which has been updated to include the proposed five bed dementia care unit. The five bedrooms are existing with a newly built dining, lounge, activities and nurses' station. The evacuation plan has been updated by a fire consultant and signed off by the local council as being approved. The service can demonstrate there are processes in place to ensure residents, staff and visitors are protected from harm as a result of exposure to waste or infectious substances generated during service delivery.

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

Proposed furnishings for the newly developed area meet infection control standards and are suitable for aged care. All bedrooms are single occupancy with full ensuite facilities. The dining and lounge areas are open plan and will be used to meet residents' relaxation, activity and dining needs.

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

The resident bedrooms have water heated wall mounted radiators and the rest of the unit is centrally heated with double glazing. All resident areas have opening windows to allow natural light and ventilation. There is an appropriate secure outdoor area for resident use, which is easily accessed from the unit

Restraint minimisation and safe practice

Not applicable to this audit.

Infection prevention and control

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	0	0	0	0
Criteria	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)
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>Services described in the business plan identify the organisation’s purpose, values, scope, direction and goals. The project related to the proposed new dementia unit is identified in the annual business plan and progress is reported and monitored by the board of trustees. The business plan identifies how services are planned and coordinated to meet resident needs. Planning processes include a continuous quality improvement (CQI) programme which covers all aspects of service delivery areas and incorporates the provision of secure dementia care services.</p> <p>The organisation is managed by suitable qualified and experienced people who have authority, accountability and responsibility for the provision of services. All service at the facility are overseen by the chief executive officer (CEO) who is supported by the ‘Lifecare’ manager. The Lifecare manager has a focus on hospital and rest home care services. Clinical care is overseen by a clinical manager who is a registered nurse. All the members of the management team have many years’ experience within the aged care industry.</p> <p>Interviews with residents confirmed that their needs were met by the 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, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The Lifecare manager confirmed during interview that succession planning has occurred to ensure all members of the management team understand each other's role and that when any member of the management team is on leave the day to day operation of the service remains efficient and effective. The service understands the need for specific ongoing education for all staff who will work in the dementia care unit so appropriate services can be delivered. This is supported by interviews with other members of the management team, staff and residents.</p>
<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>	<p>FA</p>	<p>Staff that require professional qualifications have them validated as part of the employment process and annually as confirmed in documentation sighted in six staff files reviewed. Policies and procedures are implemented to ensure current good employment practices are met. Annual appraisals for existing staff are up to date and all newly employed staff have orientation records located in their employment files.</p> <p>Signed job descriptions and employment contracts were sighted in all six staff files reviewed. Staff ongoing education covered all areas of service provision and was clearly documented under each staff member's name. Staff that are to work in the proposed dementia care unit have either completed all or part of a recognised aged care qualifications programme, including dementia care. The annual in-service education calendar and off-site education undertaken by staff was related to the roles they undertake.</p> <p>Interviews with six residents identified that residents' needs were met by the service. No negative comments were voiced on the day of audit.</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>	<p>FA</p>	<p>The organisation had a clearly documented process to determine staffing requirements which meet district health board contractual requirements. The service has a documented roster to identify that the proposed dementia care unit will have dedicated staff to work on the floor at all times. The service can demonstrate that the newly employed staff, some of whom will be offered employment in the dementia care unit, hold specific dementia care qualifications. The service will focus on activities being offered within the unit that are meaningful to residents. The occupational therapist that oversees and plans all activities has completed a recognised dementia specific university qualification to</p>

		<p>assist in the provision of such services. Staff skill mix and/or experience is identified in the roster sighted to ensure residents' needs can be met in a timely, safe manner. All shifts are covered by a registered nurse.</p> <p>Staff confirmed during interview that they had enough time on all shifts to meet residents' needs. Dedicated staff undertake cleaning, laundry, kitchen and allied health duties.</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>Medicines are pre-packed by the pharmacy. The medicines that are not pre-packed, such as liquid medicines, are individually supplied and named for residents. The medicines and pre-packed medicine sheets are checked for accuracy by the RN when delivered. The service has documented evidence of medication reconciliation including at least three monthly general practitioner reviews. Safe medicine administration practices were observed. The service uses an electronic medication administration recording system. The medicines and medicine trolley were securely stored. There is a secure area included in the new build, which is located within the nurses' station should any medication be required to be stored for dementia care residents. The clinical manager stated that with only five residents all medications will be stored in existing medication rooms and taken into the unit as part of the usual medication rounds, using a medication trolley. Safe controlled drug storage and management was evident. For example, the controlled drugs were signed out by two staff at each administration and a weekly stock count was recorded in the controlled drug register.</p> <p>All the medicine charts sighted had prescriptions that complied with legislation and aged care best practice guidelines. Each medicine was signed by the GP and had the required level of documentation to allow safe administration of the medicines. The electronic prescriptions (Medimap) recorded the name, dose, route, strength and times for administration. The medicine charts recorded the regular, short course and 'as required' pro-re-nata (PRN) medicines for each resident. Discontinued medicines are signed off by the GP.</p> <p>Medication competencies (including electronic medication competencies) are undertaken for all staff that assist with medicine management; this included the RNs, ENs and some senior caregivers. The service's policies, procedures and self-administration guidelines are in place and implemented as appropriate.</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>The kitchen services are provided by an external contractor. The menu was reviewed each season by a dietitian as being suitable for the older person living in long term care. The kitchen manager reported that when the menu was developed they received input from the residents, staff and management to develop a suitable menu. The service had a five week rotational menu with seasonal variations.</p> <p>Residents were routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets had these needs met. The kitchen service receives a copy of the residents' nutritional profile, with the residents' preference and special diets recorded and regularly reviewed. Residents reported satisfaction with meals and fluids provided during interviews.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal complied with current legislation and guidelines and regular auditing of the service is well documented.</p> <p>As the number of residents will not change no additional kitchen services will be required. The service plans to initially deliver pre-plated meals whilst there are only five residents. There is a kitchenette area in the new build which will be used for breakfast, tea, coffee and provision of 24 hour snacks as required.</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>The service providers follow policy and procedures to ensure the safe and appropriate storage and disposal of waste or hazardous substances. This is confirmed during staff interviews. Policy complies with current legislation.</p> <p>Protective equipment sighted includes goggles, disposable aprons and gloves. Staff confirmed they have easy access to all protective equipment required.</p> <p>There are adequate linen skips to ensure the safe and hygienic disposal of linen in the proposed secure dementia care unit. Soiled linen skips will be kept in the locked sluice room when staff are not using them.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate,</p>	<p>FA</p>	<p>Documentation sighted identified that all processes were undertaken as required to maintain the building warrant of fitness. Maintenance is undertaken by both</p>

<p>accessible physical environment and facilities that are fit for their purpose.</p>		<p>internal maintenance and external contractors as required. The proposed dementia care unit has entry doors at both ends of the unit. These are secured by number locks and they unlock automatically in the event of an emergency.</p> <p>Electrical safety testing and clinical equipment calibration occurred to meet legislative requirements. The service has a purchase register which links into the maintenance schedule so that new equipment is included in the regular maintenance regime.</p> <p>Newly purchased equipment for the proposed unit consists of electrical equipment such as microwaves and television sets which are installed as per manufacturer's specifications. No new medical equipment is required for the unit as there is no increase in bed numbers. The clinical manager confirms the service had adequate numbers of clinical equipment, such as sphygmomanometers and hoists, to manage full occupancy of the facility.</p> <p>Residents will be able to access safe and accessible secure external areas for which purchase of new furnishings will occur. The purchase of new furnishings is undertaken to ensure all infection control standards can be met. This will include a sale cloth to provide adequate shade. Dining and lounge furnishings cater for up to 15 residents.</p> <p>The physical environment minimises the risk of harm and safe mobility by ensuring the flooring is non-slip and well secured and there are handrails along the corridors. Regular environmental audits will be undertaken to monitor that the environment meets all residents' needs.</p>
<p>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.</p>	<p>FA</p>	<p>The newly developed area has adequate toilets and shower areas with each of the five bedrooms having full ensuite facilities. There is a separate visitor toilet as part of the new build.</p> <p>Hot water temperatures are monitored and recorded as part of the ongoing maintenance programme which is in place.</p> <p>There are also separate staff and visitor toilets throughout the existing building.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal</p>	<p>FA</p>	<p>Five existing bedrooms have been incorporated into the new build. They are single occupancy and are of a size to allow the safe use of equipment as</p>

<p>space/bed areas appropriate to the consumer group and setting.</p>		<p>required. The Lifecare manager stated each bedroom will be personalised to meet resident's likes.</p> <p>The bedrooms contain adequate furnishings for residents to place their personal items.</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>	<p>FA</p>	<p>The newly constructed communal area has dining/lounge areas as open plan. It is a large spacious area that can be divided by sliding doors into three smaller areas or remain open plan as required. The area is designed to offer entertainment, recreation and dining for up to 15 residents. There is a kitchenette in the communal area that will be used for tea and coffee making and resident activities such as making scones. The chairs for the area were not sighted on the day of audit but the purchase order and chosen fabric were on display. Fabric meets infection control requirements and is fully washable.</p> <p>Activities can be undertaken in the new dining/lounge areas.</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>	<p>FA</p>	<p>The service has clearly documented cleaning procedures which outline the methods, frequency and materials to be used for cleaning and laundry. Cleaning of the new proposed dementia unit will be undertaken on a daily basis using the existing service. This includes the outsourcing of pillow cases and flat-sheets.</p> <p>The Lifecare manager confirms that cleaning and laundry hours will be monitored and more hours will be allocated as required. The chemicals used are stored in secure areas outside of the unit area. Cleaners have purpose build cleaning trolleys.</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>	<p>FA</p>	<p>Emergency education for staff occurs as part of orientation and at least annually thereafter. Regular six monthly fire evacuation drills are undertaken as identified in documentation sighted and confirmed during staff interviews. The service has an updated evacuation plan which incorporates the new configuration related to the proposed dementia care unit. A trial evacuation has taken place using the updated plan and no issue required follow up. The updated evacuation plan ensures compliance with council regulations and was drawn up by a fire consultant.</p>

		<p>The service has battery backup for the nurse call and lighting system. Gas cooking in the kitchen and gas fired water heating radiators in residents' bedrooms are in place.</p> <p>The call bell system is fully operational in the unit including a call bell in the outdoor garden should assistance be required. When the call bell is activated it triggers an alert on staff pagers.</p> <p>There are random night security visits from an outside security firm. Staff carry pagers and a cell phone at all times.</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>	FA	<p>All resident areas have at least one opening window which provides natural light and ventilation. The proposed new dementia unit has double glazing in the communal area which is centrally heated. Residents' bedrooms have gas fired water radiators. Residents interviewed confirm the facility is kept at a comfortable temperature throughout the year.</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>	FA	<p>The infection control programme is reviewed at least annually (May 2015) and a full report is sent to the board of trustees. The clinical manager reports that the current policies and procedures will apply to the proposed dementia care residents.</p> <p>There is an infection control coordinator job description that identifies the lines of accountability, responsibilities and reporting for infection control matters. Monthly data collection and infection control results are discussed at monthly management meetings, with the board of trustees as required, and at staff meetings as confirmed in meeting minutes.</p> <p>There are processes in place to prevent residents, visitors and staff spreading infections to others. Staff are encouraged not to come to work if they are unwell. If required, residents are asked to stay in their room if they have an infection. There is sanitising hand gel available for staff, residents and visitors to use.</p> <p>In 2015 the service had three separate Noro-virus outbreaks which were reported appropriately and managed as per the infection control programme protocols.</p>

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.

No data to display

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.