

Aberleigh Rest Home Limited - Aberleigh Rest Home

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 Health and Disability Auditing New Zealand 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: Aberleigh Rest Home Limited

Premises audited: Aberleigh Rest Home

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

Dates of audit: Start date: 12 September 2016 End date: 12 September 2016

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: 52

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

Dementia Care New Zealand Ltd (DCNZ) is the parent company of Aberleigh Rest Home. The service provides care for up to 62 residents across four service levels (psychogeriatric, hospital, rest home and dementia). On the day of audit, there were 52 residents. This partial provisional audit was undertaken to assess a wing of eight rest home rooms for suitability to provide rest home dementia level care.

The service is managed by a clinical manager, with support from an operations manager. The operations manager and the clinical manager are experienced in their roles.

This partial provisional audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with management.

One of three shortfalls identified at the previous certification audit has been addressed. This is around hot water temperatures. Registered nursing documentation in progress notes and meeting contractual obligations around staffing in the psychogeriatric and hospital units continue to require addressing.

This audit has identified that the wing and the outdoor area will require securing, prior to occupancy by dementia level residents.

Organisational management

The service is managed by an experienced team and there is a current business plan. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is a well-developed education programme in place that is supported from head office. This includes training packages for all levels of nursing staff. External training is supported. There is a staffing policy and rosters in place. The current staff meet dementia staffing training requirements and are experienced in providing dementia care to other residents at Aberleigh and will continue to staff the wing with the new level of care.

Continuum of service delivery

There is evidence of coordination of service delivery. Activities are provided by a team of coordinators, who primarily work evenings and are experienced in providing suitable and engaging programmes for dementia level residents.

Medicines are stored and managed appropriately in line with legislation and guidelines. The current medication storage will meet the needs of dementia level residents. General practitioners review residents at least three monthly or more frequently if needed. There are regular visits and support provided by the community mental health team and psychogeriatrician.

Food services are provided from the main kitchen and are delivered in hot boxes to the small home kitchenettes. The wing to be changed from rest home to dementia level care has a dining room adjacent to the main kitchen and food will be served directly from the kitchen (as it currently is). Resident's individual food preferences, dislikes and dietary requirements are met. Nutritional snacks are available over a 24-hour period. There is dietitian review and audit of the menus.

Safe and appropriate environment

The building has a current building warrant of fitness. The Totara wing is proposed to be transferred from rest home level care to dementia level care. The wing has eight single rooms, six of which have large full ensuites and the other two share a large common bathroom. There is a larger open plan lounge/dining area which has outdoor access that leads to a landscaped pathed area. This continues to the other end of the wing and entry to the building can be made through the second lounge. The nurses' station for the entire facility is based off the proposed new dementia wing. There is a planned maintenance schedule. All equipment for the current rest home residents will meet the needs of dementia level residents. There is adequate equipment for the safe delivery of care. All equipment is well maintained. All chemicals are stored safely. There are emergency policies and procedures in place to guide staff should an emergency or civil defence event occur. Staff regularly receive training in emergency procedures. The evacuation plan will not require updating.

Infection prevention and control

The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (a registered nurse) is responsible for coordinating/providing education and training for staff. The quality team supports the infection control coordinator.

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	3	0	0	0
Criteria	0	36	0	3	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>Aberleigh Rest Home provides care for up to 62 residents across four service levels (hospital [medical and geriatric], rest home, psychogeriatric and dementia level care). On the day of audit, there were the 20 residents across the two 10-bed dementia units; five of six residents in the psychogeriatric unit (PG), 12 hospital residents and 14 rest home level residents in the 36-bed dual-purpose hospital/rest home wings. On the day of the audit, there were two residents (one rest home and one dementia level) on long-term support contracts and one rest home level on respite care. All other residents were on the aged related residential care or specialised hospital contracts. This audit included assessing one wing, which currently is used to provide rest home level care as suitable to provide dementia level care. This wing, (once providing dementia level care) will operate as an extension to one of the two current 10-bed dementia wings, with a door that is not locked between the two units. The organisation specializes in providing dementia level care.</p> <p>Aberleigh Rest Home is one of nine facilities operated by Dementia Care NZ Limited (DCNZ). The nine aged care facilities throughout NZ provide rest home, hospital, medical, dementia and psychogeriatric level care. There is a corporate structure in place, which includes two directors and a governance team of</p>

		<p>managers. A national clinical manager supports the management team at Aberleigh Rest Home. A business plan is in place for all facilities, covering the period July 2015 to June 2017.</p> <p>An operations manager and a clinical manager oversee Aberleigh Rest Home on a daily basis. The operations manager reports directly to the operations management leader and the clinical manager reports directly to the national clinical manager who reports to the clinical director. The operations manager has been in the role for two years. She has qualifications in management and dementia care. The clinical manager (registered nurse) is responsible for the clinical oversight of the service. The clinical manager has been in the role for four years. An organisational quality systems manager, a national clinical manager, an organisational mental health nurse, clinical director and an education coordinator also support the operations manager and clinical manager.</p> <p>The operations manager and the clinical manager have each attended at least eight hours of education in the past 12 months in relation to their respective roles. The organisation holds an annual training day for all operations managers and twice yearly for all clinical managers.</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>	FA	<p>During a temporary absence of the operations manager, the clinical nurse manager assumes the role with support from the DCNZ management team</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>	FA	<p>There are human resources policies to support recruitment practices. Five staff files sampled (one registered nurse, three caregivers, one diversional therapist and one activities person) contained all relevant employment documentation. Current practising certificates were sighted for the registered nurses (RN) and allied health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>An education planner in place covers compulsory education requirements. Three of six RNs have completed InterRAI training. Clinical staff complete competencies relevant to their role. Thirty-six caregivers work across all levels of care at Aberleigh and will continue to staff Totara unit when it changes to dementia level care. All except eight have completed the required dementia</p>

		NZQA standards. The eight that have not completed have all commenced the training and none yet have been employed for 12 months.
<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>	PA Low	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery, including for dementia level care, which is currently provided by the service. The operations manager and the clinical manager are on-site full time and available afterhours. There is a registered nurse on duty 24/7 in the dual-service hospital/rest home unit. The previous audit identified that there is no specific RN allocated to the six-bed psychogeriatric unit as specified by the ARHSS contract, noting that occupancy at audit was 14 hospital and 5 psychogeriatric residents in total and the two wings are on the same floor and closely located. The service continues to consider ways to address this issue and the finding remains.</p> <p>The dementia units (which will include the eight bed Totara unit when it becomes dementia level care) are managed on a day-to-day basis by home managers (senior caregivers). They are supported by the RNs on each shift in the hospital and by the clinical manager. A roster which includes one caregiver from 7 am to 11 pm and a second caregiver doing a part morning shift and PM part time shift has been developed. The overnight care will be provided by a shared caregiver between Totara and the adjacent 10 bed dementia unit, which have an adjoining door that will be unlocked at all times and open overnight to allow visual access between the units. The main nursing station where other staff are based overnight is beside the Totara wing with a door directly into Totara wing. There is a caregiver that is rostered a 'floater' based in the rest home area that is available on call to provide assistance.</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>	FA	<p>The medication system currently in use will not change with the transfer of eight residents from rest home to dementia level care. The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Resident's medicines are stored securely in the medication room and nurses' station. Caregivers administer medications in the rest home and dementia care units. All staff that administer medicines are competent and have received medication management training. The facility uses a robotically packed medication management system for the packaging of all tablets. The RN on duty</p>

		reconciles the delivery of the robotic packed medication and documents this. An electronic medication documentation system has recently been implemented. There is a monthly review of antipsychotic medication use. Standing orders were in use and the practices comply with all contractual and legal requirements.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The change of eight residents from rest home to dementia level care will not require any change in capacity or capability for the kitchen, which already caters for dementia level residents. There is a kitchen service manual located in the main kitchen, which covers all aspects of food preparation, kitchen management, food safety, kitchen cleaning, and kitchen procedures. All kitchen staff have attended food safety and hygiene, chemical safety and relevant in-service training. The Totara wing dining room is adjacent to the main kitchen and meals are served directly from the kitchen.</p> <p>The cook receives a nutritional assessment for each new resident and is notified of any changes, special diets or weight loss. Pureed and normal diets are provided. Resident likes and dislikes are known and alternative foods are offered. Cultural and spiritual needs are met. There is daily monitoring of hot food temperatures, fridge and freezer temperatures, dishwasher rinse temperatures and delivery temperatures for chilled/frozen goods.</p> <p>The dry goods store has all goods sealed and labelled. Goods are rotated with the delivery of food items. The cook was observed wearing appropriate personal protective clothing.</p> <p>There is evidence that there are additional nutritious snacks available over 24-hours for the dementia and psychogeriatric unit residents.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>A team of one diversional therapist (DT) and four DTs in training provide an activities programme for part of each day, in each area. This will continue when the Totara wing changes from rest home to dementia level care. Care staff on duty are involved in individual activities with the residents, as observed on the day of audit. There are resources available for staff for activities.</p> <p>The existing dementia programme, that will be implemented in Totara wing (when it provides dementia level care) is focused on household/meaningful tasks, reminiscing and sensory activities such as manicures and pampering activities,</p>

		<p>baking, garden walks, chats, music and sing-alongs, board games, café style afternoon teas, bowls and happy hours. Regular entertainment is scheduled.</p> <p>RSA members visit regularly. Inter-rest home activities and animal visits are enjoyed. There are weekly interdenominational church services and Sunday Catholic services/communion. Entertainment is regularly scheduled in each unit. Ethnic and cultural preferences are met. There are van outings. The activities staff have a current first aid certificate.</p> <p>A comprehensive social history is completed on or soon after admission and information is gathered from the relative (and resident as able) and is included in the activity care plan. Activity assessments, activity plan, 24 hours multidisciplinary care-plan progress notes and attendance charts are maintained. Resident and family meetings are held.</p> <p>Caregivers provide activities outside of the activities staff hours.</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>	FA	<p>There are implemented policies in place to guide staff in waste management. Personal protective equipment is available. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety datasheets are available. Management of waste and hazardous substances will not change with the change of eight residents from rest home to dementia level care.</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>	PA Low	<p>Totara wing has an open plan dining/lounge area off the main kitchen and a separate TV lounge. Both are large enough to cater for the eight residents. There are six single rooms with full ensuites and two single rooms share a large communal bathroom. The unit will be entered through a yet to be built secure door off the main facility entrance. There is a path that creates a circuit between the two lounge areas (one at each end of the wing). This garden/path area will be made secure with a fence along the edge. Further outdoor and secure garden spaces are available through the adjoining dementia wing where Totara will become an extension. The adjoining wing has ten dementia level residents and the door between the two wings will be open during the day.</p> <p>The home has a current building warrant of fitness that expires on 1 July 2017.</p>

		The operations manager manages general maintenance. There is a scheduled maintenance plan in place. Contractors are contacted when required. The service employs a building project manager to oversee the maintenance programme. The hot water temperatures have been monitored and maintained below 45 degrees, since the previous audit. The previous shortfall has been addressed. Medical equipment has been checked and calibrated and testing and tagging of electrical equipment has been conducted. All equipment currently used for rest home residents will be utilised for dementia level residents.
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	Six of the eight rooms in Totara wing have a large full ensuite. The other two rooms share a large communal bathroom. There is also a communal toilet near the lounge/dining area. The communal toilets and showers are well signed and identifiable and include vacant/engaged and in-use signs.
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	All resident's rooms are of an appropriate size to allow dementia level care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms.
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	Totara wing has a large communal lounge and dining area and a second lounge. Both are large enough to cater for eight residents and are pleasantly furnished with appropriate furniture for dementia level residents.
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	All linen and personal clothing is laundered on site. Adequate linen supplies were sighted. The cleaning cupboard containing chemicals is locked. All chemicals have manufacturer labels. The cleaning trolley is well equipped and stored in a locked area when not in use. Cleaning staff were observed to be wearing appropriate personal protective equipment. The resident environment on the day of audit was clean and tidy. Cleaning and laundry processes will not change with the transfer of eight residents from rest home to dementia level care.

<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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. This will not require amendment as the new secure door will unlock automatically in the event of a fire as with the other locked doors in the facility. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back-up power for emergency lighting is in place.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas.</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>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open, allowing plenty of natural sunlight.</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, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. A registered nurse is the designated infection control coordinator with support from the infection control team. Meetings are monthly and minutes are available for staff. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually.</p> <p>The IC programme plan and IC programme description are available. There is a job description for the IC nurse and clearly defined guidelines and responsibilities for the infection control committee at service and organisational level.</p> <p>The facility has access to professional advice within the organisation, from GPs and from Southern Community Laboratories.</p> <p>Hand hygiene notices are in use around the facility. There is a staff health policy</p>

		and staff infection and work restriction guidelines.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (RN) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility.</p> <p>Individual infection report forms and short-term care plans are completed for all resident infections. Infections are collated in a monthly register and the infection control coordinator completes a monthly report. There are standard definitions of infections in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality, infection control and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. The infection control programme is linked with the quality management programme. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. Benchmarking occurs against other Dementia Care New Zealand facilities.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Low	<p>There is a documented staffing rational and policy in place. Rosters are published for staff. Residents and family interviewed praised the staff and the level of staffing. The PG unit does not have an allocated registered nurse rostered over a 24-hour period.</p>	<p>There is no specific RN allocated to the six-bed PG unit 24-hours a day as specified by the ARHSS contract D17.3b.</p>	<p>Ensure staffing meets the ARHSS contract D17.3b for the PG unit.</p> <p>60 days</p>
<p>Criterion 1.3.3.4</p> <p>The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.</p>	PA Low	<p>Caregivers document progress notes that are comprehensive, every shift, or more often if required. There was evidence of registered nurse review of the residents in files sampled. The five files sampled each had occasions where the caregiver had documented a health issue or an incident and had documented that the registered nurse informed. There was a corresponding incident form, short-term care plan or GP referral</p>	<p>Two of five files sampled (one dementia level and one psychogeriatric) did not have a registered nurse progress note documenting clinical input for an identified health issue or incident.</p>	<p>Ensure that all assessments and interventions provided by all staff are documented in progress notes.</p> <p>60 days</p>

		for each event sighted but events in two files did not have registered nurse follow-up documented in the progress notes. As appropriate follow-up was documented elsewhere the risk is considered low.		
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The unit is well maintained and decorated to a high standard. The eight-bed Totara unit is suitable for dementia level care but is not yet secure.	The entry and garden/path of the Totara unit is yet to be secured.	Ensure the Totara unit is secured. Prior to occupancy days

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.