

Dementia Specialists Limited - Brooklands 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 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: Dementia Specialists Limited

Premises audited: Brooklands Rest home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 26 September 2016 End date: 26 September 2016

Proposed changes to current services (if any): To introduce secure dementia care services for up to 12 residents. The service has converted 11 bedrooms; one is a double room into a secure dementia care unit. This will reduce the number of rest home level care from 28 to 16.

Total beds occupied across all premises included in the audit on the first day of the audit: 16



Executive summary of the audit

Introduction

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

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

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

General overview of the audit

Dementia Specialists Limited - Brooklands Rest Home currently offers rest home level care for up to 28 residents.

This audit was undertaken to establish the provider's preparedness to offer a new secure dementia care service for 12 residents. This is to be achieved by the service decreasing the number of rest home level care beds by 12 and using the existing bedrooms for dementia care. The service has refurbished one wing and secured part of the grounds which have direct access to the secure wing. The refurbishment includes a dining and lounge area and an upgrade of all bedroom and bathroom areas.

The secure dementia care area upgrade has been project managed by the new owner/director who actively oversee the governance of the service. The day to day management of services at the facility are overseen by the facility manager, business manager and clinical manager who is a registered nurse.

There were two areas identified for improvement in the previous audit which required review. One related to medication management, and this is now fully attained. The second area related to interRAI assessments and this is actively being managed by the service so that the required timeframe identified for completion in December 2016 can be met. The service has employed a part time registered nurse to focus solely on the updating of interRAI assessments. Whilst this remains an area open for improvement, a log of current resident interRAI assessments sighted show there are only five resident files to be updated.

No new areas for improvement were noted during this partial provisional audit.

Consumer rights

Not applicable to this audit.

Organisational management

The organisation's 2016-2017 business plan identifies the scope, direction and goals of the business. The mission statement 'Normalisation of Life' is included in all admission packs. This document identified how services are planned and coordinated to meet residents' needs. The owner/director who has vast experience with project management is overseeing all aspects of the new secure dementia unit. The project has the full support of the Taranaki District Health Board portfolio manager for aged care as the area is short of secure dementia care beds.

A team of three other managers support the owner/director. They are the business manager, facility manager and clinical manager who hold a current annual practising certificate as 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 practice has been updated to meet legislative and good practice requirements.

Food services do not require any major changes to meet the needs of the proposed secure dementia care unit. All food is prepared on site and is available 24 hours a day.

Safe and appropriate environment

The service has a documented emergency response processes which has been updated to include the changes required for the operation of the secure dementia care unit. The secure dementia care area has not required any changes to the existing footprint of the building. All changes are internal and do not affect the fire evacuation plan, only the identified assembly areas.

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.

Furnishings for the newly developed dementia area meet infection control standards and are suitable for aged care. Ten bedrooms are single occupancy and one bedroom is suitable for two beds. All bedrooms have hand basins. There are two newly refurbished toilet and shower areas centrally located in the unit. The dining and lounge area is delineated by the flooring and placement of furnishings. This area will be used to meet residents' relaxation, activity and dining needs. Residents will also access the care facility for joint activities.

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

The residents' bedrooms have ceiling central heating units with electric heating in the lounge/dining area. The newly refurbished lounge/dining area meets all the requirements of the current building code. 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 information is reported to the owner/director monthly. 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	16	0	0	0	0	0
Criteria	0	36	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 2016-2017 business plan identify the organisation's structure, values, scope, direction and goals. The development of the new secure dementia unit is identified in the annual business plan and the project is overseen by the new owner/director. Documentation identifies how services are planned and coordinated to meet residents' needs. Planning processes include a continuous quality improvement (CQI) programme which covers all aspects of service delivery.</p> <p>The organisation is managed by suitable qualified and experienced people who have authority, accountability and responsibility for the provision of services. All services at the facility are overseen by the owner/director who is supported by the facility manager who works 25 hours per week, the business manager who works 20 hours per week and the clinical manager RN who works 25 hours per week and is on call. All the members of the management team have experience within the aged care industry. The owner/director has previous project management experience and had many years' experience with dementia care facilities.</p> <p>All members of the management team had a clear understanding of their roles.</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 owner/director confirmed during interview that succession planning occurs 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 was supported by interviews with other members of the management team and staff.</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. Policies and procedures are implemented to ensure current good employment practices are met. Annual appraisals were up to date in all staff files reviewed (five).</p> <p>Signed job descriptions and employment contracts were sighted in all staff files reviewed. Staff ongoing education covers all areas of service provision and is clearly documented under each staff member's name. Management and staff that are to work in the secure dementia care unit have completed a six week programme supported by TDHB related to dementia care. Presenters included the Alzheimer's field worker, mental health services for the older people and a session on advance care planning.</p> <p>The service ensures advertising for more staff to work in the secure dementia unit identify specialist qualifications required for the role. Existing staff who do not presently hold an approved qualification for this area are to commence papers in the field. The service has attained the services of an approved assessor to assist staff.</p> <p>The annual in-service education calendar and off-site education undertaken by staff was related to the current roles they undertake. This was confirmed during staff interviews. Staff confirmed the education they are offered allows them to meet all residents' identified needs.</p> <p>The owner/director has also introduced a programme of ongoing education related to the new model of care which is resident focused around 'Normalisation of Life'.</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 has a clearly documented process to determine staffing requirements which meet district health board contractual requirements. The staffing levels for the dementia unit will mirror the house assistants rostered in the care unit. The dementia staff will be dedicated to the unit. The service will focus on activities being offered within the unit that will be individualised and meaningful to residents. The diversional therapist that oversees and plans all activities has completed a recognised dementia specific qualification to assist in the provision of such services and stated during interview they are looking forward to the opening of the unit.</p> <p>Staff confirmed during interview that they had enough time on all shifts to meet residents' needs. Dedicated staff undertake cleaning, kitchen services and activities.</p> <p>The roster shows that there will be a minimum of two house assistants for morning and afternoon shifts with one staff member during the night. Staff carry two way radios so they can seek assistance from care unit staff if required. The RN is on call.</p> <p>The owner/director confirms they are aware that staff cannot leave the unit unattended at any time.</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. All medication systems are paper based. The medicines and medicine trolley were securely stored in the care unit. The owner/director said the same trolley would be used in the administration of medications in the secure dementia unit. Safe controlled drug storage and management was evident.</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 service has up to 21 different general practitioners who visit the facility. Following the previous audit, a meeting was held with staff and the GPs</p>

		<p>to decide on better management of additional short term medication such as antibiotics. The recently introduced system was confirmed in the medication charts reviewed and during interviews with senior staff including the clinical manager. This area for improvement identified in the previous audit is now fully attained.</p> <p>Medication competencies are undertaken for all staff that assist with medicine management. The service's policies, procedures and self-administration guidelines are in place and implemented as appropriate. The update to medication management has been revised in the medication policy. At the time of audit no residents were self-medicating.</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 has the equipment to be able to provide services to the secure dementia unit. As it is in the same building, two bain-maries will be used to keep food warm. It will be dished by staff in the unit with no portion controls unless requested by a dietitian. Food will be available to residents in the unit 24 hours a day and the cook stated this occurs now for the rest home care residents. The cook confirmed they can cater for all dietary requirements. Fresh fruit will be available at all times as the unit is to be operated like a normal household. Residents will be able to snack whenever they wish. The existing menu has been approved by a registered dietitian and the owner/director will get it reviewed to ensure it is suitable for residents with dementia. Regular food audits are conducted to ensure the food offered is what residents like.</p> <p>Current residents are routinely weighed at least monthly, and more frequently when indicated. This practice will continue in the secure dementia unit. The kitchen service receives a copy of the resident's nutritional profile, with the resident's preference and special diets recorded and regularly reviewed.</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 kitchen can cater for up to 28 residents without any issues as confirmed by kitchen staff.</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>	<p>FA</p>	<p>The planning for activities in the secure dementia unit is undertaken by the divisional therapist. Upon entry, assessment processes are to include 'My Life Story' and the information gained from this will be used to assist in providing meaningful activities which are individualised for residents. The draft copy of the activities plan sighted included ironing, gardening, and monthly themes. The activities plan will be a living document and updated when each resident's likes and dislikes are ascertained.</p> <p>The owner/director stated that activities will be part of the daily tasks undertaken by house assistants.</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 chemicals sighted were securely stored. Service providers follow policy to ensure safe and appropriate disposal of waste, including hazardous substance, that complies with all legislative and authority requirements. There are yellow sharps containers for the safe disposal of needles.</p> <p>During interview staff confirmed they can access personal protective clothing and equipment (PPE) such as disposal gloves and eye and face protection and aprons. The wearing of PPE was observed during audit.</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 facility has a current building warrant of fitness which expires in August 2017. No changes to the footprint have been made so the existing warrant of fitness applies. Annual electrical safety checks are undertaken by an approved electrician (last undertaken in December 2015). Medical equipment was checked in April 2016. Hoists and hydraulic beds were checked in July 2016 and no new beds were required for the unit. All new electrical equipment, such as bed lights, will be checked according to manufacturer's specifications.</p> <p>The perimeter of the unit has secure fencing in place. There is a non-slip ramp to the grounds at a very easy gradient with secure hand rails. There are two doors which residents can use to access the outdoor area. The gardens contain edible plants and there are natural shaded areas created by existing trees. Outdoor furnishings will include the use of umbrellas for shade when required.</p> <p>The flooring in the shared areas is new and is a mix of non-slip flooring and carpet. There is storage for items so corridors can remain clutter free.</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>	FA	<p>There are adequate numbers of accessible toilet and shower facilities for the secure dementia unit. These have been upgraded to a good standard. Designate visitor toilets are located in the care facility which is in the same building.</p>
<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	<p>There are 11 bedrooms in the secure dementia unit. Ten are single occupancy and one is large enough and has the facilities such as call bells for two beds. At the time of audit the dividing curtains has been taken down so the ceilings could be painted. The owner/director is aware that if this bedroom is to be used by two people the curtain must be reinstalled. The owner/director stated that preference for this double room would be given to couples. If residents are required to share the bedroom, then consent will be gained by their nominated power of attorney. All bedrooms allow enough space to use mobility equipment with or without assistance.</p> <p>Each bedroom door has a different picture on it to assist residents to identify their bedroom. All bedrooms are furnished with a bed, drawers and a wardrobe for the safe storage of resident's belongings. Residents will be encouraged to personalise their bedroom area as confirmed during management interviews.</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>	FA	<p>There is a combined lounge dining area at one end of the unit. The lounge and dining areas are divided by the placement of furnishings and flooring.</p> <p>The tables seat 16 people and there are newly purchased chairs that meet infection control requirements. The crockery to be used is new but of an older design which is suitable for residents with dementia.</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>	FA	<p>There are dedicated cleaning staff three hours a day, seven days a week. The area to be cleaned has not increased and this has been proven to be enough hours to undertake cleaning. All chemicals are securely stored and correctly labelled. Laundry is undertaken on site and there is enough equipment to allow</p>

		<p>this as there will not be an increase in bed numbers.</p> <p>There is a process in place to check that laundry processes are monitored for effectiveness. The laundry area is not located within the secure unit but in the care unit part of the facility.</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>	FA	<p>Service providers receive appropriate information and training to respond to emergency and security situations. This includes fire evacuation which is undertaken at least six monthly. It last occurred on 15 September 2016. Emergency education is part of staff orientation and a compulsory annual update is required. Attendance is monitored by the facility manager to ensure staff comply with this. Staff confirmed during interview they understand and are involved in emergency drills.</p> <p>All firefighting equipment is checked by a contracted company. The fire evacuation scheme was approved by the fire service in July 2014 and the refurbishment of the dementia care unit has not changed the footprint of the building. The only thing that has changed is the assembly area for residents to go to should a full evacuation be necessary. This information has been given to staff and residents and policy is being updated to show this requirement.</p> <p>The external gate to the secure unit courtyard has a key code and the secure doors into the unit unlock should the fire alarms go off. Night staff ensure all external windows are locked. Windows have had restrictor stays placed on them.</p> <p>The external doors to the outdoor area will be alarmed at night to indicate if they are opened. They cannot be locked from the inside. The outdoor area is well lit. The service ensures there is enough emergency food and water on hand at all times.</p> <p>All resident areas, including bedrooms have operable call bells should staff be required.</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 for natural light and ventilation. The resident bedrooms have ceiling heating which is thermostatically controlled. There is a built in electric fire in the lounge dining area.</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 infection control programme is reviewed at least annually and a report is given to senior management. 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 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. Signs for doors were sighted. Staff are encouraged not to come to work if they are unwell.</p> <p>The infection control coordinator (clinical manager) has a good understanding of the management and reporting to be undertaken should an outbreak occur and has attended recent infection control education.</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.

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.