

G J & J M Bellaney Limited - Wimbledon Villa

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: G J & J M Bellaney Limited

Premises audited: Wimbledon Villa

Services audited: Hospital services - Medical services; Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 10 January 2017 End date: 10 January 2017

Proposed changes to current services (if any): The service was assessed for readiness to provide rest home and hospital level care including geriatric and medical. The 38-bed facility will be reconfigured into an 18-bed dual-purpose unit (rest home and hospital) with the 20 dementia care beds retained within an existing secure unit.

Total beds occupied across all premises included in the audit on the first day of the audit: 25



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

Wimbledon Villa is privately owned and situated in Fielding. The service currently provides dementia level of care for up to 38 residents. On the day of audit there were 25 residents.

A partial provisional audit was completed to review the services readiness to provide hospital (geriatric and medical) and rest home level of care. This included viewing the 18 resident rooms proposed to be used for dual-purpose care.

The previous certification finding in service delivery related to care plans has been addressed.

The following improvements are required in preparation for new service levels including; providing a reception/administration room located near the rest home/hospital entrance, medication room and recruitment of registered nurses to fulfil the nursing requirement for hospital level of care.

Consumer rights

N/A

Organisational management

An experienced clinical nurse manager has been in the role six and a half years and is supported by an experienced business facility manager and proprietor who has owned the facility for many years. The clinical nurse manager has attended at least eight hours of professional development relevant to the role.

There is a 2016 business plan and transition plan that includes the provision of hospital and geriatric services and includes the service mission statement and philosophy of care. There are relevant organisational and clinical policies that reflect current best practice. The service is actively recruiting RNs to meet contractual requirements for hospital level care. All newly appointed staff undergo a role specific orientation programme. There is an education programme in place. The clinical nurse manager is a career force assessor.

Continuum of service delivery

The service has a main kitchen which is located adjacent to the dementia care dining room. Meals will be transported in hot boxes to a kitchenette in the rest home/hospital dining room. Resident likes and dislikes are known with alternative choices offered. There is dietitian review of the menu.

Medications will be stored safely in locked medication rooms within the dementia care unit and the rest home/hospital unit. Registered nurses and healthcare assistant's complete annual medication education and competency.

Safe and appropriate environment

Chemicals are stored safely throughout the facility. Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness. Eighteen resident rooms in the proposed rest home/hospital/medical services unit were assessed as suitable for hospital level of care. There are some rooms with ensuites and others with hand basins only. There are adequate numbers of shower and toilet facilities for the number of residents. There is wheelchair access to all areas. External areas are safe and well maintained. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation scheme and emergency supplies for at least three days.

Restraint minimisation and safe practice

N/A

Infection prevention and control

The infection control manual outlines a comprehensive range of policies, standards and guidelines and procedures. These include (but are not limited to); hand hygiene, standard precautions, surveillance, outbreak management, training and education of staff. The infection control programme is reviewed annually. The infection control coordinator oversees infection control practice including orientation and training of staff. Monthly infection control reports are provided to management and staff.

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	13	0	3	0	0	0
Criteria	0	32	0	4	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The proprietor, who was on-site for the audit, has owned the facility for 30 years. The management team are responsible for the daily operation of the service. Management consists of a business facility manager who has been in the role six years and an experienced clinical nurse manager who has been with the service five years. They are supported by an internal auditor (non-clinical role) for 14 hours per month and a contracted quality control officer for 14 hours per month.</p> <p>The 2016-2017 business plan includes the service mission statement and philosophy of care. The business plan identifies future plans that include the addition of hospital (geriatric and medical) and rest home level care.</p> <p>The purpose of this partial provisional audit was to assess the preparedness of the service to provide hospital (geriatric and medical) level care. It is intended that the current 18 bed dementia care unit will become a dual-purpose unit (hospital and rest home). The second dementia care unit of 20 beds (includes two double rooms) will remain a dementia care unit.</p> <p>Currently there are 25 residents across the two dementia units. The service has a transition plan around opening the new unit and adding hospital and rest home level care.</p>

		The clinical nurse manager (interviewed) has completed over eight hours of professional development related to managing an aged care facility. Professional development includes advance care planning workshop, code of conduct, on-line infection control training and syringe driver training. The clinical nurse manager completed a postgraduate diploma in healthcare in 2016 and is also a Careerforce assessor.
<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 clinical nurse manager a senior registered nurse will undertake clinical management duties.</p> <p>The partial provisional audit confirmed the service has operational management strategies and a quality improvement programme to minimise risk of unwanted events. Policies and procedures have been developed by an external aged care consultant and reflect current best practice across the three service levels (rest home, dementia care and hospital services). The service has access to a nurse practitioner, DHB clinical nurse specialists, hospice, needs assessors, geriatrician, dietitian and other allied health professionals. Residents will retain their own general practitioner.</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>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's application, qualifications and experience. A copy of registered nurses practising certificates are kept on file. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development.</p> <p>There are three registered nurses currently employed who are all InterRAI competent. The clinical nurse manager completes an annual InterRAI competency assessment.</p> <p>All existing staff have completed an orientation programme that includes the layout of the full facility, emergency procedures, call bell system, civil defence, fire evacuation and infection control. Newly employed staff for the rest home/hospital will complete the general orientation programme and role specific orientation. The RN role specific orientation programme includes competencies related to rest home and hospital level of care and knowledge of rest home/hospital related policies and procedures.</p>

		<p>There is an annual education plan that covers all the mandatory requirements. Other education relevant to hospital level of care has included nutritional requirements, swallowing problems and dysphagia (provided by the dietitian), pain medication and the effects of medication on the elderly, falls management, manual handling and pressure injury prevention. The 2017 training calendar includes continence management including catheter care. Staff unable to attend education sessions are required to complete in-service workbooks. The staff complete competencies specific to their role. Healthcare assistants have complete palliative care training at the hospice.</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>	PA Low	<p>The clinical nurse manager works 40 hours per week Monday to Friday and available on call for any emergency issues or clinical support. The service has three part-time RNs who currently cover morning shift Monday to Sunday in the dementia care units. The RNs will be transferred to the rest home/hospital unit. Additional RNs are required to provide 24-hour cover. The clinical nurse manager/registered nurse proposes to be on duty for three hours per day Monday to Friday in a clinical role and available at other times throughout the day. The RN in the rest home/hospital unit will provide clinical oversight at other times.</p> <p>The proposed roster provides sufficient care staff for both units at maximum occupancy. On the night shift, there will be one RN and two care staff with one "floating" between the units. Part-time HCAs and casual staff are available for additional hours as resident occupancy increases in the rest home/hospital unit.</p> <p>There are dedicated cleaners. Linen and laundry is laundered off-site. Personal clothing is laundered by HCAs.</p> <p>Activities hours will be increased to provide activities across the two units.</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 service medication management system follows recognised standards and guidelines for safe medicine management. Registered nurses and senior HCAs are responsible for the administration of medications in the dementia unit. All RNs and HCAs have complete medication competency. The services use an electronic medication system. Annual medication education has been provided. Registered nurses have completed syringe driver education and completed refreshers as required. The facility has two locked medication rooms with one being in the dementia unit and the other located beside the kitchenette in the proposed rest</p>

		home/hospital unit. There is a controlled drugs safe and medication fridge in the larger medication room in the dementia unit which is readily accessible to the RN on duty. An oxygen cylinder and suction unit is included in the equipment list. The service has plans to extend the medication room in the hospital unit.
<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 qualified chef (City and Guilds) works a four day on and three off sharing the seven-day roster with a qualified cook. A tea kitchenhand or chef/cook works the 4.30pm -6.30pm tea shift. There is a four-week rotating seasonal menu for 2016 that has been reviewed by the dietitian. The chef receives a dietary profile for each resident and notified of any changes including weight loss or swallowing difficulties. Modified, soft and pureed meals are accommodated. Protein drinks, smoothies and thickened fluids are provided as required. Resident likes/dislikes and preferences are accommodated with alternative meal options. The main meal is at midday with a lighter evening meal and sandwiches for supper. A hot box is available to transport plated meals to the rest home/hospital dining room. There is a kitchenette in the dining room with tea making facilities, fridge and microwave.</p> <p>The fridge, freezer and dishwasher in the main kitchen have daily temperatures recorded and end cooked food temperatures recorded daily.</p> <p>Staff working in the kitchen have completed food safety and chemical safety training.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Long-term care plans reviewed in five of five resident files described the required supports/interventions to meet the resident needs/goals. Long-term care plans had been updated with changes to health. A wound care and short-term care plan register has been implemented. There were short-term care plans in place for short-term needs. Short-term care plans had been regularly reviewed and resolved or if an ongoing problem was transferred to the long-term care plan. The previous finding around care plans has been addressed.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are</p>	FA	<p>There are implemented policies in place to guide staff in waste management. Gloves, aprons and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to</p>

<p>protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>be worn. Chemicals sighted were labelled correctly and were stored safely throughout the facility. Safety datasheets are available. There is a sluice room in the rest home/hospital unit. Chemical disinfection is used if required. Single use items are purchased. Staff have completed chemical safety training May 2016.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The building has a current warrant of fitness which expires 8 July 2017. The building is single story with keypad doors separating the 20-bed dementia unit and the 18-bed rest home/hospital unit. The rest home/hospital unit has a separate entrance with ramp access. A linen room beside the door entrance will be converted to a reception/administration area. Planned and reactive maintenance systems are in place. Water temperature monitoring of resident areas complies with regulations. The grounds are tidy, well maintained and able to be accessed safely. The rest home/hospital unit has safe access to an internal courtyard with seating, shade and gardens.</p> <p>There is an equipment list for furnishing for all resident rooms and hospital related items including electric hospital beds, pressure injury prevention mattresses, lifting and standing hoists, tilting shower chair, chair scales and hospital lounge chairs on wheels. The preferred supplier is able to deliver equipment within 48 hours. The service has a plan to stage purchase and/or hire equipment.</p> <p>The environment is smoke-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>	<p>FA</p>	<p>There are eight rest home/hospital beds with hand basin, toilet and shower ensembles. All other rooms have hand basins. There are two communal toilet and shower rooms spacious enough for the use of a tilting shower chair, hoist and staff to assist with cares. Privacy curtains and privacy locks are in place. All toilet/shower areas are constructed with materials for ease of cleaning and meet infection control standards.</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>	<p>FA</p>	<p>The 18 single rooms have sufficient space for the transfer of residents using mobility aids or for the use of a hoist. One of the smaller rooms was set up with an electric bed and lazy boy chair. Staff demonstrated how HCAs could work from both sides of the electric bed and transfer a resident to the toilet/shower on commode chair. There are built-in wardrobes and drawers. Residents are</p>

		<p>encouraged to personalise rooms. There is space for a lounge chair or lazy boy chair.</p> <p>The bedroom doors are wide enough for hoists, wheelchairs, lazy boy chairs on wheels and commodes as demonstrated on the day of audit.</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>Communal areas within the rest home/hospital unit include an open plan dining area and lounge that can accommodate hospital residents comfortably in lazy boy chairs on wheels. There is a smaller TV lounge partially partitioned from the dining/lounge area that can be used for rest home residents as desired. The renovation of a linen room into a reception/administration area provides a private area for family meetings with staff or GPs (link 1.4.2.1).</p> <p>The communal areas are accessible for residents using mobility aids or with staff assistance.</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>The service has in place policies and procedures for effective management of cleaning and linen practices. The laundry service is completed by an external contractor. Personal clothing is laundered by HCAs in a well-equipped laundry area. Linen skips are used for the transfer of laundry between the units to the laundry. The cleaning trolleys are stored in a locked area when not in use. There are dedicated cleaning staff. Internal audits monitor the effectiveness of laundry and cleaning processes.</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>	PA Low	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 16 April 2013. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice (of all of the facility) documentation was sighted. The facility has emergency lighting, two generators, two water tanks (total 3,600 litres), and a gas BBQ for alternative heating and cooking which can be used in the event of an emergency. Emergency food supplies sufficient for three days are kept in the kitchen. Fire training and security situations are part of orientation of new staff. A minimum of one person trained in first aid is rostered on each shift.</p> <p>There are internal and external security cameras. There is currently secure access</p>

		<p>to both dementia care units.</p> <p>There are call bells in the residents' rooms, lounge/dining room and communal toilet/shower rooms. The existing call bell system in place alerts staff to all call bells in both units and these are identified on corridor lighting panels throughout the facility. Staff have walkie-talkies for communication between the units. The current call bell system includes a visual display as well as an auditory signal. With the inclusion of hospital care the (more regular call bell use) auditory signal may be unnecessarily intrusive for residents in the dementia unit (if heard across the whole facility). Consideration could be given to relying on the visual system and vibrating pagers, at least for call bell use as opposed to emergency use. This would minimise random environmental noise.</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 bedrooms and communal areas allow plenty of natural light into the rooms. General living areas and all resident rooms in the facility are appropriately heated and ventilated.</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 appropriate for the size and complexity of the service. There is an infection control responsibility policy that includes responsibilities for the infection control coordinator who is the clinical nurse manager. The infection control coordinator has maintained skills and knowledge in infection control practice and involved in the orientation of newly appointed staff. The infection control programme is reviewed annually and linked to the quality management system. Infection control data (events, trends and analysis) is discussed at the facility meeting.</p> <p>Visitors are asked not to visit if they are unwell. Influenza vaccines are offered to residents and staff. There have been no outbreaks since the previous certification audit.</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>The proposed roster has an RN on duty 24 hours based in the rest/home and hospital unit. Healthcare assistant hours will increase according to occupancy. The service is in the process of recruiting to meet contractual staffing requirements for hospital level of care.</p>	<p>The service requires an additional 1.2 full-time RNs to fulfil the 24-hour RN requirement for hospital level of care. There is an RN interview pending. The service intends to advertise for staff. The service employs nursing students who have completed their competency assessment programme and awaiting results and could be potential employees as RNs.</p>	<p>Ensure there are enough RNs employed to provide an RN on duty 24 hours a day. Ensure there are adequate numbers of HCAs employed to accommodate the increase in resident occupancy in the rest home and hospital unit.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration,</p>	PA Low	<p>There is a controlled drugs safe and medication fridge in the larger medication room in the dementia unit. The RN having to go across to the other medication room in the dementia unit to access certain medication would not be ideal. An</p>	<p>The smaller medication room in the proposed rest home/hospital unit does not have sufficient space to accommodate the controlled drug safe or medication fridge. There is no designated area within the medication room for the mixing and</p>	<p>Ensure the hospital medication room is large enough to accommodate a controlled safe, medication fridge and a bench area for preparation of medications. Ensure there is emergency</p>

review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.		oxygen cylinder and suction unit is included in the equipment list.	preparation of hospital medications.	equipment readily available including oxygen and suction. Prior to occupancy days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The rest/home/hospital unit has a separate entrance. There is no point of contact for visitors entering the unit. There is a nurse's desk/station located within the dining/lounge area.	The service plans to renovate an existing linen room into a reception/administration area for nursing staff and the safe storage of resident files. The room is located beside the entry door to the rest home/hospital entrance. The door will have a glass window. There will be a call button for visitors to access to seek assistance.	Ensure there is a point of contact or access to staff assistance for visitors to the rest home/hospital unit. Ensure there is a designated area for the safe storage of resident files. Prior to occupancy days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	Currently the facility is divided into two secure units with gate security and keypad doors between the two units.	The rest home/hospital unit will have a separate entrance with free access for visitors during the day.	Ensure there is free access for visitors through the rest home/hospital entrance during the day. 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.