

Merivale Lifecare 2011 Limited - Merivale Retirement Village

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: Merivale Lifecare 2011 Limited

Premises audited: Merivale Retirement Village

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

Dates of audit: Start date: 7 September 2017 End date: 7 September 2017

Proposed changes to current services (if any): A partial provisional audit was undertaken as the service provider wants to provide rest home level care to residents in the retirement village Palazzo suites when they have been assessed as requiring this.

Total beds occupied across all premises included in the audit on the first day of the audit: 60



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

Merivale Retirement Village provides rest home and hospital level care. A set of apartments known as the Palazzo suites enables up to 13 residents to live independently and this section of the facility is audited via the Retirement Village Association. All services are operated by a company called Merivale Lifecare 2011 Limited and managed by a regional manager and a nurse manager. A previous certification of the rest home and hospital services was undertaken early in 2017, with no areas requiring corrective action identified.

A partial provisional audit was undertaken in order to determine the level of preparedness for this service to safely provide rest home services to residents living in the Palazzo suites of the retirement village. This partial provisional audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of selected policies and procedures, review of staff files, observations and interviews with management and staff and a

review of implementation of aspects of current quality and monitoring, human resources and infection control systems. Interviews with residents or relatives was not a focus in this audit.

The systems currently in place, the purpose-built environment and the few planned changes needed, such as implementing dedicated staffing, would enable residents in the Palazzo suites to safely receive rest home level care while maintaining independent living.

Consumer rights

Not applicable to this audit.

Organisational management

The Merivale Village is privately owned by a couple who also own other aged care facilities. Documented values and scope of services were evident within the strategic plan, which has annually updated objectives and action plans. A quality and risk management system is already in place and no changes are anticipated, except to ensure that data related to the Palazzo suites is more overt.

Both a regional manager and a nurse manager, who relieves in the regional manager's absence, are suitably qualified and experienced.

The human resources system currently in place will be maintained and ensures suitable staff are employed, a comprehensive orientation programme is undertaken by new staff, an annual performance appraisal system operates, and ongoing core training is available.

A dedicated staffing allocation twenty-four hours a day, seven days a week, is planned for the Palazzo suites, in the event that rest home level care is able to be provided in these. There is good access to registered nurse input from the on-site hospital and separate rest home.

Continuum of service delivery

The medicine management system is supported by relevant policies and procedures and is primarily implemented by registered nurses. All staff involved have a medication competency. The system is safe and monitored through an incident reporting system and the service provider's internal audit system.

Management of food and fluids will continue in the Palazzo suites as it currently does with menu options available to these residents. The menu has been approved by a dietitian to ensure it meets the needs of the population group. An external provider monitors the hygiene in the on-site kitchen.

Safe and appropriate environment

Both the Palazzo suites and the current rest home are well maintained. The facility overall meets the needs of residents. There is a current building warrant of fitness, fire systems are maintained, the calibration of medical equipment is undertaken annually and electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are managed according to organisational policies and procedures. Personal protective equipment is available in all areas of the facility, including the Palazzo suites. Chemicals, soiled linen and equipment are safely stored. Residents in the Palazzo suites are assisted with laundry as they request and this system will be ongoing.

Staff are trained in emergency procedures and use of emergency equipment. Civil defence kits and supplies are on site with a separate kit in the Palazzo suites. Fire evacuation procedures are practised every six months. A call bell system is in place and security systems are maintained.

Restraint minimisation and safe practice

Not applicable to this audit.

Infection prevention and control

An infection control officer who undertakes annual specialised training oversees the current infection control programme for the Merivale Retirement Village. It is planned that his programme will extend to the Palazzo suites. The infection control programme is reviewed annually, is supported by a suite of infection control policies and implemented by staff who have access to suitable training aimed at the prevention of infections. Personal protective equipment is available and there is a focus on handwashing.

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>The Palazzo suites/apartments are part of the Merivale retirement village complex, which is managed under the umbrella of Merivale Lifecare 2011 Limited. The village is privately owned by a husband and wife couple who are also the managing directors and members of the governance board. In their absence, a regional director for the company who reports directly to the managing director was interviewed.</p> <p>This partial provisional audit undertaken in response to a request for residents in the Palazzo suites to be able to 'age in place' by receiving rest home level care within their apartment primarily focused on the Palazzo suites. However, current systems around organisational management, medicine and nutrition, for example, were also reviewed in order to ascertain the level at which the service provider will effectively integrate the proposed changes.</p> <p>On site services of the Merivale Retirement Village include a 35 bed hospital (31 occupied on the day of audit) and a 48 bed rest home (45 beds occupied). There are 13 apartments in the Palazzo suites, 11 of which were occupied with 12 current residents.</p> <p>The mission, vision and values of this service provider are documented in the</p>

		<p>strategic plan and in the quality plan. These are reviewed annually when progress against the objectives and goals in these documents are reviewed.</p> <p>During the audit, the regional manager was interviewed and demonstrated he is suitably qualified and experienced for the role. The regional manager is a registered nurse (United Kingdom) with a current New Zealand practising certificate. He has completed higher learning in nursing and management and has been in management roles in the aged care and mental health fields internationally. There are no proposed changes to the governance of the organisation and the request for rest home care to be provided in the Palazzo suites was pre-emptive in order for the organisation to be able to offer rest home care if and when the need arises for residents in the Palazzo suites. Likewise, there are no proposed changes to the current quality management system, which is comprehensive and operates throughout all tiers of the organisation. The provision of rest home care within the Palazzo suites is also unlikely to have any implication on the health and safety or human resources systems. Both the regional manager and the nurse manager were conversant with expectations around residents' rights.</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>The nurse manager relieves in the absence of the regional manager and ensures the ongoing provision of timely, appropriate, and safe services to residents. She is a registered general and obstetric nurse with a current practising certificate and an advanced diploma of nursing. In addition, she has managed the facility for five years, attends ongoing training through the New Zealand Aged Care Association, undertakes on-line post graduate training courses and attends infection control training annually.</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>Reports of the checking of professional qualifications, registration and scope of practice were provided and evidence of this occurring was sighted.</p> <p>Usual human resources processes for recruitment and review of staff performance are described in policy documentation and are being implemented. There is a process for a trial period of performance monitoring, random performance audits and ongoing annual performance appraisals. The annual performance appraisal system is in the process of changing from all being done at the end of the year, to appraisals being completed on the anniversary of the</p>

		<p>employee's appointment. New staff orientation processes are comprehensive and orientation checklists associated with the seven-part staff orientation handbook are being signed off. Staff files are being maintained and electronic records that were reviewed showed each process is recorded.</p> <p>An annual internal staff training programme is being implemented. Where sessions have needed to be cancelled, efforts are made to catch up on the missed information. Caregivers are encouraged and supported to complete their National Certificate in Health, Disability and Aged Care. Health professionals are encouraged to attend externally provided training courses and on-line training opportunities to meet their professional development requirements.</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>A policy and procedure on service provider levels and skill mixes describes issues that influence staff hours, as perceived by management. The policy also includes considerations to be made including layout, resident acuity, increased needs of a resident(s), any accident/incident and contractual requirements. There is a set of staff ratio objectives that show registered nurse cover is available. A call out policy for additional advice and support from a registered nurse when required was also sighted.</p> <p>Four weeks of completed rosters were sighted and there was evidence that annual leave and staff sickness, for example, are covered by bringing in a replacement(s).</p> <p>The manager described the plans for staffing the Palazzo suites and this was confirmed in an email from one of the managing directors. When one or more residents in the Palazzo suites have been assessed as requiring rest home care, a staff person is to be rostered on each shift for the purpose of ensuring they receive the care they require. The staff person will be stationed in the Palazzo suites, rather than in the current rest home building. A caregiver will work a full late shift (3pm – 11pm), a night shift (10.45pm – 7.15am, as well as the existing day shift there of 7am – 3.30pm.</p> <p>A registered nurse is available in the on-site hospital (geriatric) for 24 hours a day on seven days a week. In addition, a registered nurse works day shifts in the rest home for six days a week and an enrolled nurse works the seventh. The charge nurse in the rest home is also a registered nurse and is available Monday to Friday during the daytime.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A full suite of policy and procedure documents for medicine management were reviewed. Medicines of all types are being stored safely in locked cupboards in the nurses' station in the rest home. In the event a resident from the Palazzo suites requires rest home level care their medicines will be stored in the locked cupboard in the nurses' station in the Palazzo suite and will be administered by the caregiver on duty.</p> <p>Records of medicines with additional recording requirements were accurate. There is evidence of pharmacy involvement in maintaining safe medicine management systems that comply with legislative requirements and other relevant guidelines and protocols. These reviews will continue to be upheld.</p> <p>All staff administering medicines have an up to date medicine administration competency. The nurse manager informed that any staff person working in the Palazzo suites would have a medicine administration competency as is currently occurring. The option for residents to self-administer their own medicines will be available on a case to case basis; however, their safety to do this will be reviewed on a three monthly basis, as currently occurs.</p> <p>Medicine prescribing and administration records are being maintained as required. Internal audit systems ensure safe practice and ongoing compliance with legislation, protocols, and guidelines and records of these were viewed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>A winter menu has been approved by a dietitian, July 2017. Retirement village residents in the Palazzo suites already have access to hot meals provided through the main kitchen and may choose between two choices for the main evening meal, as well as three choices for the lunch. Any need for modified food textures, or specific dietary needs, are already accommodated or Palazzo suite residents, as they are in both the hospital and the rest home. Meals are taken to the Palazzo suites in a hot box, and temperatures are checked. These processes are not expected to change in the event rest home care is provided to people living in the Palazzo suites.</p> <p>Morning and afternoon tea is brought from the kitchen to the Palazzo suites and an onsite café is available to Palazzo suite residents. A communal kitchen is also available to Palazzo suite residents.</p>

		<p>The kitchen has procedures in place to safely manage all aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal. Records show that ongoing internal audits are ensuring hygienic processes for safe food handling are being maintained. There were no complaints in relation to food in the latest resident and family survey results.</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>Policies and procedures in relation to waste management for all on-site services, including the Palazzo suites were sighted. General waste is collected into skips and is managed by an external contractor. Green waste is collected separately, as are continence products, which are stored separately and collected by a separate contractor. Staff alert a private contractor when the sharps container is full and it is removed from the facility.</p> <p>Protective equipment of aprons, masks and gloves are available in the Palazzo suites and the caregiver allocated to this area was seen to be using such items during the 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>	FA	<p>The Palazzo suites are about seven years old. A building warrant of fitness is on display in the main building and covers the building of the Palazzo suites. It is due for review 22 September 2017 and the maintenance person noted preparations that are underway for its renewal.</p> <p>Records of relevant checks including of fire alarms and equipment, security lighting, calibration of medical equipment and electrical checks for example were sighted. These tasks are the responsibility of the maintenance person. Hot water temperature checks are being maintained within the rest home and hospital areas and although there are not current records of these for the Palazzo suites, these are being added to the monthly record keeping forms.</p> <p>The physical environment is safe for older age residents. Hallways are spacious and light, grab rails are in bathrooms, and equipment, such as microwaves, may be taken down to a safe height for individual residents, with an example given. Non-slip tiles are in bathroom areas and showers with adjustable heights have been installed throughout.</p> <p>Paved external dining and seating areas are safe, although there are some uneven pavers on a back pathway that goes under trees across to the Palazzo</p>

		suites from the main rest home building. A separate safer asphalt path is an option that residents are encouraged to use. Award winning garden areas provide pleasant areas for residents to enjoy.
<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	Residents' apartments in the Palazzo suites have their own en-suited bathroom that is accessible from their bedroom and from the kitchen/lounge area. There are grab rails in situ, a personal vanity is in place and a curtain surrounds the tiled shower. The configuration of these are suitable for people with disabilities. A communal toilet is based near the kitchen and lounge areas.
<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	All of the Palazzo suites/apartments are spacious and the separate bedroom is a large double room. There is sufficient room for the use of mobility aids and equipment should they be required for residents receiving rest home care.
<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	Communal areas of the Palazzo suites include a communal kitchen and dining area that opens onto a patio, a games room where a pool table is available and two men were playing bowls on the day of audit and a quiet communal library/lounge area. Residents otherwise have their own kitchen and lounge separate from their bedroom. The external dining/seating area is sheltered and has sunshades and umbrellas. A communal café is also in this area and has a gas fire inside.
<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>Residents in the Palazzo suites have their own washing machine and dryer in their unit. The retirement village caregiver is responsible for assisting those who request help with their laundry.</p> <p>The retirement village caregiver also cleans the communal areas of the Palazzo suites on a daily basis and undertakes the cleaning of allocated rooms according to the schedule.</p> <p>Cleaning and laundry internal audits are being undertaken according to the schedule. Cleaning audits are completed by an external contractor that leaves copies of audit outcomes with the nurse manager.</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>Civil defence and emergency management policies and procedures were provided for review. Emergency management training is a component of new staff orientation and attendance at this is required on the checklist before a person completes their orientation process. It is also a component of annual scheduled internal training sessions. Staff were aware of where equipment is and what to do in the event of an emergency. Trial evacuation records were sighted with the last one being 6 April 2017. A discrepancy in evacuation times was discussed and accounted for.</p> <p>An approved fire evacuation plan was sighted (dated 1 October 2009).</p> <p>As per policy documents, the maintenance person informed they have priority one access to a generator when required. Emergency water is stored in tanks in the garden, food in the upstairs area of the Palazzo suites, and civil defence kits are in the main rest home building, the hospital and a smaller one was also sighted in the Palazzo suites.</p> <p>A call system to summon assistance is installed in the bedroom, the lounge and the bathroom of each apartment. These connect to lighted digital overhead displays and to a pager system, which distinguishes Palazzo suite rooms. The system was tested for both emergency and normal calls.</p> <p>Allocated evening shift staff are responsible for doing an a check that doors are locked, egresses are clear and windows are closed each night in the rest home, hospital and Palazzo suite areas. There are allocated times for when front doors are to be locked depending on the time of year. Staff are taught to contact police, then the manager, if they see, hear or experience anything suspicious.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All Palazzo suites/apartments have at least one window in the bedroom that is able to be opened as well as a door that opens to an outside patio.</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</p>	<p>FA</p>	<p>The infection control officer is the nurse manager and is responsible for implementation of the infection control programme. Each year the infection control officer attends external training to maintain currency of information. Infection</p>

<p>visitors. This shall be appropriate to the size and scope of the service.</p>		<p>control policies and procedures describe how the programme will be implemented and how it will be reported. Infection control data is collated monthly and infection control is an item in the monthly staff meetings and at the monthly quality and risk meetings. The latest annual infection control review was completed May 2017 and there was evidence that staff training on infection prevention and control is scheduled twice yearly. An infection prevention and control committee includes the nurse manager/infection control officer, two clinical charge nurse and heads of department for laundry, housekeeping, the kitchen (chef) and maintenance. Meeting minutes sighted for June and August 2017 demonstrated that this committee meets every two months. Contact details for an external adviser were available.</p> <p>Efforts to prevent the spread of infection were described as including staff education, notices displayed in the event of an outbreak, the promotion of handwashing and the use of personal protective equipment, the availability of hand sanitiser and encouraging staff and visitors to stay at home if they are unwell.</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.