

Observatory Village Charitable Trust - Observatory Village Lifecare

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:	Observatory Village Charitable Trust
Premises audited:	Observatory Village Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 2 July 2018 End date: 2 July 2018
Proposed changes to current services (if any):	Observatory Village Lifecare opened August 2017. The service is planning to open an additional purpose-built wing of 20 dual-services beds. The opening is planned for 23 July 2018.
Total beds occupied across all premises included in the audit on the first day of the audit:	41



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

Observatory Village Lifecare is a new purpose-built facility. The facility is across one level and includes a total of 41 dual-purpose (hospital and rest home) beds and 12 serviced apartments certified to provide rest home level care.

The purpose of this partial provisional was to verify a further purpose-built wing of 20 beds. The service is planning to open the new wing and admit residents on the 23 July 2018. This will increase beds numbers to 61 beds.

Key components of the quality management system link to monthly quality assurance meetings and monthly staff meetings.

The general manager has over 30 years' experience as a registered nurse, seven of those as an auditor and is an experienced manager. She is supported by a clinical manager and a financial manager who have both been employed since the service opened.

This audit identified the environment, draft staff rosters, equipment requirements, established systems and processes are appropriate for providing rest home and hospital level care.

The improvements required by the service are all related to the completion of the building, and finalisation of new staff appointments and orientation.

Consumer rights

Organisational management

The service is managed by an experienced manager with assistance from a clinical manager. The clinical manager (RN) will fulfil the manager role during a temporary absence, with support from the financial officer. The service has well developed policies and procedures that are structured to provide appropriate care for residents that require hospital/medical, and rest home level care.

There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies. An annual education schedule has been implemented. A staffing roster is in place for all areas of the facility and a prospective roster that includes the new wing.

Continuum of service delivery

The medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines. The service uses two weekly robotic packs and an electronic medication management system. There is a secure treatment room in each of the two existing wings.

The menu has been audited and approved by an external dietitian. The large spacious kitchen included freezers, stand-up fridges and walk-in pantry.

Safe and appropriate environment

The facility is purpose built and spacious and includes two wings in the care centre and one serviced apartment wing plus the new wing.

All building and plant have been built to comply with legislation. New equipment has been purchased for the new wing. The nurses station will be in one of the small lounges of the new wing. Material safety datasheets are to be available in the laundry and the sluice rooms.

All rooms and communal areas allow for safe use of mobility equipment. The wing has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the wing for storage of mobility equipment.

There is an internal courtyard/garden area between the new and existing wings and landscaping has been completed. There are mobility toilets near the lounge area. Each resident room has an ensuite. All ensuites in the new wing have been designed for hospital level care and allows for the use of mobility equipment. There is a large open plan lounge/dining area in the new wing.

Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas.

The new wing is appropriately heated and ventilated. There is underfloor heating throughout the facility and radiators in each room.

Restraint minimisation and safe practice

[Click here to enter text](#)

Infection prevention and control

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

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	2	0	0	0
Criteria	0	33	0	2	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>Observatory Village Lifecare is a purpose-built facility that opened August 2017. The service is governed by the Observatory Village Care Ltd directors who report to the Observatory Village Trust. Five trustees have been appointed from the North Otago community to provide governance to the trust.</p> <p>There are 41 dual-purpose beds in the care centre, which includes two wings. The two wings (Wanbrow wing has 21 rooms and Kakanui wing has 20 rooms) are self-contained and both have a nurses' office. There is a separate wing of 12 serviced apartments certified to provide rest home level care. The purpose of this partial provisional was to verify a further purpose-built wing of 20 beds including five rooms under an occupation rights agreement (ORA). The service is planning to open the new wing and admit residents on the 23 July 2018. This will increase beds numbers to 61 beds</p> <p>An opening operating programme monitors progress of tasks in preparation for the opening of the wing.</p> <p>Observatory Village Lifecare has set several quality goals around the opening of the facility and these also link to the organisations strategic and business plan.</p> <p>An experienced general manager is employed to manage the service and reports</p>

		<p>to the Observatory Village Care Ltd board of directors (three directors). The general manager (RN) has previous aged care management, consulting and auditing experience. The general manager is supported by a clinical manager, financial officer, administrator and head chef.</p> <p>Observatory Village Lifecare has several quality goals around the opening of the facility and these also link to the organisations 2017-2022 strategic plan and the 2018-2019 business plan. The general manager reports monthly to the board of directors on a variety of matters. The Trust meets bi-monthly and receives the general manager's report.</p> <p>The general manager has maintained at least eight hours annually of professional development activities related to managing a hospital and rest home.</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 clinical manager (RN) will fulfil the general manager role during a temporary absence with support from the financial officer. She has several years nursing experience in aged care.</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 is a comprehensive human resources policy folder including (but not limited to) recruitment, selection, orientation and staff training and development. A register of registered nurse (RN) and enrolled nurse (EN) practising certificates is maintained.</p> <p>There is a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies. The service is in the process of employing additional staff for the new wing, and they will commence employment prior to the opening of the new wing. A register of practising certificates is maintained. There are seven RNs in total and four are interRAI trained. Registered nurses have access to external education via Oamaru hospital and Otago hospice.</p> <p>The general manager is a Careerforce assessor with a wide scope to assess national certificate courses including Health and Wellbeing level three for caregivers. There is an annual education and training schedule that is being implemented for 2018. A competency programme is in place for all staff with</p>

		<p>different requirements per work type (e.g., caregiver, RN, and cleaner etc). Core competencies are required to be completed annually as per policy.</p> <p>The new wing will be staffed by a combination of existing and new staff. The service is in the process of employing additional staff for the new wing, however currently has sufficient current staff to cover on opening. They have also employed three more caregivers, and two kitchen hands. A new role has been introduced, 'housekeeping for the care centre', four housekeepers for the am and pm short shifts have been employed. All new staff are completing an orientation on 12th July.</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>There is a staffing level and skills mix policy which aligns with contractual requirements and includes skill mixes. A draft roster for the service includes the new and existing wings and provides sufficient and appropriate coverage for the effective delivery of care and support. The proposed roster aligns with full occupancy within the first few weeks of opening of the new wing as there is a waiting list for the rooms. The service has an admission plan to ensure the safe and supported admission for all new residents.</p> <p>The GM and CM (both RNs) work Monday – Friday.</p> <p>The new 20-bed dual purpose wing will include,</p> <p>1 x RN on each shift – am, pm and night</p> <p>Caregivers for the new wing will include</p> <p>Morning: 1 x 0700-1515; 1 x 0700-1400; 1 x 0700-1300</p> <p>Afternoon: 1 x 1500-2315; 1 x 1600-2100</p> <p>Night: 1 x 2300- 0715am</p> <p>Plus, housekeeping staff in the new wing</p> <p>1 x 0830 – 1400</p> <p>1 x 1600-2000.</p> <p>Activity hours will increase to 60 to 75 hours a week across the facility (increasing incrementally).</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>The medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines.</p> <p>The service uses two weekly robotic packs. There is a contract with a local pharmacy. There is a secure treatment room in both existing wings, one of which is the medication room. The service will store the medication trolley for the new wing in the existing medication room. An additional (third) medication trolley has been purchased and an additional computer tablet for the electronic medication system.</p> <p>There are sufficient medication competent RNs/caregivers to manage the new wing. The RNs and senior caregivers that administer medications complete annual medication competencies. Annual in-service education on medication is provided.</p> <p>Medications (robotic rolls) are checked on delivery against the medication chart and any discrepancies fed back to the pharmacy. Standing orders are not used. The medication fridge is monitored weekly.</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 service has a large kitchen that has been designed to cater for over 80 residents. The menu has been approved and reviewed by a registered dietitian. Kitchen staff are employed that have completed food safety certificates. A food control plan has been registered with the local council. Additional kitchenhands have been employed.</p> <p>There is a large communal dining area in the new wing. The dining area has a kitchenette including a servery area consisting of a cold food servery, and a bain marie. Food will be transported in a hot box from the main kitchen to the kitchenette. Fridge and freezer temperatures are monitored and recorded daily. End-cooked temperatures are taken twice daily. All containers of food stored in the pantry are labelled and dated. All perishable goods are date-labelled. A cleaning schedule is maintained.</p> <p>The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. Special equipment such as lipped plates and built-up spoons are available as needs required. Equipment has been purchased for the new dining room/kitchenette.</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>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan.</p> <p>Material safety datasheets are to be available in the laundry and the sluice. Personal protective equipment is arranged to be in place by the contracted supplier. There is a secure sluice in the new wing, which also has a sanitiser. Sharps containers are kept in the treatment room.</p> <p>Gloves, aprons and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</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 new wing is purpose-built and is spacious. The wing has been built to comply with legislation. The building is across one level.</p> <p>The new wing has 20 beds; five of the 20 rooms are also ORAs. There is a large shared open planned lounge and dining room. A smaller lounge is currently designated as the nurses' station. The small lounge has been adapted to provide secure storage for resident information. This will be converted back to a lounge following the next stage of building.</p> <p>There are handrails in ensembles, communal bathrooms and hallways. All rooms and communal areas allow for safe use of mobility equipment. The wing is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the new wing for storage of mobility equipment.</p> <p>All rooms have been designed for hospital level care and each room has a spacious ensuite shower/toilet.</p> <p>The wing is near completion including being furnished. The certificate for public use is not yet complete.</p> <p>The service has purchased some new equipment for the new wing including (but not limited to) PI mattresses, hi-lo beds, all furniture and furnishing for communal lounges and resident rooms, and lazy boy recliners on wheels for rooms. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery is checked as part of the annual maintenance and verification checks. All medical equipment has been calibrated.</p>

		<p>The doors off the communal lounge open into an enclosed landscaped courtyard. All landscaping around the facility has been completed.</p> <p>There are environmental audits and building compliance audits, which are completed as part of the internal audit. There is a contracted maintenance person.</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>The new wing has a mobility toilet near the large communal lounge area. Each resident room has a spacious ensuite with shower and toilet. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment.</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>Resident's rooms are spacious and designed for hospital level or rest home level. Each room allows for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets/bathrooms in all areas. The open plan lounge area is spacious. Residents requiring transportation between rooms or services can be moved from their room either by trolley, bed, lazy boy or wheelchair.</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 spacious open plan lounge/dining area in the new wing. A smaller lounge has been currently designated as a nurses' station. A purpose-built nurses station is part of the fourth wing which has yet to be completed. There is a large village communal lounge/café/dining area connected to the main care centre.</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 laundry policies and procedures. Cleaning procedures are available for cleaning staff. All laundry staff have completed a Careerforce certificate in cleaning level three. The laundry is situated in the service area. There are two doors (enter and exit) and the laundry is designed with a dirty and clean flow. The laundry can accommodate the increased resident laundry.</p> <p>There is a small laundry in the serviced apartment area for residents. There are areas for storage of clean and dirty laundry. There is an internal audit around</p>

		laundry services and environmental cleaning to be completed twice as part of the internal audit schedule. The cleaners' cupboards are designated areas and lockable for storage of chemicals and are stored securely.
<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>Appropriate training, information, and equipment for responding to emergencies is provided at induction and is included as part of the annual training programme. Staff training in fire safety and a fire drill is completed for new staff. There are comprehensive civil defence and emergency procedures in place. There are civil defence kits and large water tanks available.</p> <p>Key staff hold a first aid certificate and there is a designated qualified first aider on each shift. All RNs employed have up-to-date first aid certificates. Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan for the new wing has been approved by the fire service, a fire evacuation drill has yet to be completed in the new wing. The facility has emergency lighting and torches. A gas BBQ and additional cylinders are available for alternative cooking.</p> <p>The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas, (i.e., bedrooms, ensuite toilet/showers, communal toilets, dining rooms).</p> <p>There is an automated sliding door entrance to the lobby, which is locked afterhours. Anyone is free to leave at any time from the inside during afterhours, by pushing the exit button.</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	The new wing is appropriately heated and ventilated. There is underfloor heating throughout the facility and radiators in resident rooms. There is plenty of natural light in the new rooms and all have windows.
<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</p>	FA	The IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a suite of infection control policies and procedures. There is a job description for the (infection prevention & control (IP&C) nurse and clearly defined guidelines. The general manager is the designated infection control nurse. The IC coordinator

of the service.		provides support and advice to the registered nurses and care staff. The quality meeting representatives also include infection control as part of the standard agenda. Meeting minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme was first implemented in August 2017. The programme is to be reviewed annually with a template available to assist with this review. The IC committee includes all staff and is part of the quality committee meeting and the registered nurse meetings.
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The new wing is purpose built and spacious. All building and plant have been built to comply with legislation. The building is across one level. The building is still in the process of being fully completed and furnished. The certificate for public use is not yet complete. Hot water monitoring is implemented for the new and existing wings.	The certificate for public use (CPU) is yet to be completed for the new wing.	Ensure the certificate of public use (CPU) of code of compliance is completed. 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	Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and as part of the annual training programme. Staff training in fire safety and a fire drill is to be completed for all staff commencing at Observatory as part of induction and orientation.	Specific fire drill training for the new wing has yet to be completed for all staff. This is scheduled for the induction training day.	Ensure a fire drill and fire safety is completed for new staff prior to opening. Prior to occupancy

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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.