

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: 5 April 2019 End date: 5 April 2019

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 April 2019.

Total beds occupied across all premises included in the audit on the first day of the audit: 61

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Executive summary of the audit

Introduction

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

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

General overview of the audit

Observatory Village Lifecare opened in August 2017. The facility is across one level and includes a total of 61 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 dual-purpose beds. The service is planning to open the new wing and admit residents on 23 April 2019. This will increase total dual-purpose bed numbers to 81 beds with a total of 93 certified 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, 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 obtaining the code of compliance, and completing fire training prior to occupancy.

Consumer rights

N/A

Organisational management

The service is managed by an experienced manager with assistance from an assistant manager and clinical manager. The assistant manager and 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 (eg, 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 are secure treatment rooms in each of the three wings.

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

Safe and appropriate environment

The facility is purpose built and spacious and includes four wings in the care centre including the addition of this new wing and one serviced apartment wing.

The new wing includes a nurses' station, and secure medication room. The wing has been built to comply with legislation. New equipment has been purchased for the new wing.

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 a shared internal courtyard/garden area, well maintained gardens and decking surround the facility.

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 which is shared by two wings including 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

N/A

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.

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 in August 2017. The service is governed by the Observatory Village Care Ltd directors who report to the Observatory Village Lifecare Trust. Five trustees, appointed from the North Otago community provide governance to the trust.</p> <p>There are 61 dual-purpose beds in the care centre, which includes three wings. The three current wings are Wanbrow wing with 21 rooms, Kakanui wing with 20 rooms and Ahuriri wing with 20 rooms. There is a separate wing of 12 serviced apartments certified to provide rest home level care.</p> <p>The purpose of this partial provisional was to verify a further purpose-built wing of 20 beds including six rooms under an occupation rights agreement (ORA). The new wing (Waitaki) includes a nurses' office, and secure medication room. The service is planning to open the new wing and admit residents on 23 April 2019. This will increase beds numbers in dual-purpose beds to 81 beds. Admissions will be staged in increments of five per month.</p> <p>An opening operating programme monitors progress of tasks in preparation for the opening of the wing.</p> <p>An experienced general manager manages the service and reports to the</p>

		<p>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 an assistant manager (non-clinical), clinical manager (RN), recently appointed team leader, financial officer, administrator and head chef.</p> <p>Observatory Village Lifecare has several quality goals which 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) and the assistant manager will fulfil the general manager role during a temporary absence with support from the financial officer. The assistant manager is non-clinical, and the clinical manager 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 nursing and allied health practicing certificates are on file.</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 (eg, RN, support staff) and includes documented competencies. The manager facilitates an orientation day, every two months, to cover competencies including a session on the aging process, and completion of the orientation package.</p> <p>There are ten registered nurses in total (including the general manager and clinical manager), five are interRAI trained. Registered nurses have access to external education via Oamaru hospital and Otago hospice, and Southern DHB.</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</p>

		<p>implemented for 2019. A competency programme is in place for all staff with different requirements per work type (eg, caregiver, RN, and cleaner etc). Core competencies are required to be completed annually as per policy. 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, with start dates in line with admissions. The service currently has sufficient current staff to accommodate the first stage of admissions.</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. Admissions will be planned in increments of five per month, 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 general manager and clinical manager (RNs) work Monday to Friday, the assistant manager (AM) (non-clinical) works three days a week. The clinical team leader works 40 hours a week Monday to Friday (supernumerary), and there is a weekend supervisor (RN).</p> <p>The new 20 bed wing includes;</p> <p>2 x RN on morning, 1 x EN and 1 x RN on afternoons, and 1 x RN at night throughout the facility</p> <p>Caregivers for the new wing;</p> <p>Morning: 1 x 0700 -1515; 2 x 0700 -1400</p> <p>Afternoon: 1 x 1500 - 2300; 1 x 1500 - 2100</p> <p>Night: 1 x 2300-0715</p> <p>Plus, housekeeping staff in the new wing</p> <p>1 x 0830 - 1400</p> <p>1 x 1600 - 2000</p> <p>1x cleaner 0830 -1400</p> <p>Activity hours will increase to 90 hours a week across the facility (increasing</p>

		incrementally).
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication 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 the Kakanui, and Wanbrow wings, one of which is the medication room. The new wing has a secure medication room. An additional (third) medication trolley and medication fridge has been purchased and an additional computer tablet for the electronic medication system.</p> <p>There are adequate 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>	FA	<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 expiring on 25 July 2019. The service plans to increase kitchen assistant hours in over mornings and afternoons to manage the increase in residents.</p> <p>There is a large communal dining area in the Ahuriri wing, which will be shared with the residents in the new wing (separated by double fire doors). The dining room has a kitchenette including a servery area consisting of a cold food servery and a bain marie, an oven for activities to use for baking, and a dishwasher. 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</p>

		<p>is maintained.</p> <p>The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes.</p> <p>Special equipment such as lipped plates and built-up spoons are available as needs required. Cutlery and crockery have been purchased to accommodate the new residents.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are 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 rooms. Personal protective equipment is arranged to be in place by the contracted supplier. There is a secure sluice in the adjacent Ahuriri wing, which has a sanitiser. Sharps containers are kept in the treatment room. All chemicals in the kitchen, laundry and sluice areas are closed circuit.</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>	PA Low	<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; six of the 20 rooms are also ORAs. Double fire doors separate the large shared open-plan lounge and dining room in the Ahuriri wing and the Waitaki (new) wing. The nurses' station is centrally located, and has two keypad entries with the medicine room adjacent, there is a large area of bench space and cupboards for storage of resident files.</p> <p>There are handrails in ensuites, 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 wet area shower/toilet.</p> <p>The wing has been completed and is currently being furnished. The service is</p>

		<p>awaiting the provision of Code of Compliance.</p> <p>The service has purchased new equipment for the new wing including (but not limited to) a standing hoist, more 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 were checked as part of the annual maintenance and verification checks. All medical equipment has been calibrated. Hot water temperatures have been checked in the new wing and read at 45 degrees.</p> <p>The doors off the communal lounge open into an enclosed landscaped courtyard. All landscaping around the facility has been completed and was well maintained. 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 Ahuriri wing has a mobility toilet near the large communal lounge area, which will be shared with the new wing. The new wing includes a public toilet situated near the nurses' office. Each resident room has a spacious ensuite with wet area 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. All resident rooms will have a 4-way electric hospital bed, lazy boy recliner, a visitors' chair, wardrobe, bedside cabinet with lockable drawer, television, and a reading light. Care studios (ORA) will be furnished with built in furniture fridge, microwave, TV and a king single bed, these rooms have a sliding door with patio deck.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment,</p>	FA	<p>There is a spacious open plan lounge/dining area in the adjacent Ahuriri wing,</p>

<p>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>		<p>which is large enough to accommodate the new residents. 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>	<p>FA</p>	<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 laundry services and environmental cleaning which is completed as part of the internal audit schedule. The secure cleaners' cupboards are designated areas and store chemicals. There will be four cleaners (one for each wing), four cleaning trolleys with lockable compartments for chemicals which are stored in the two spacious sluice rooms in 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>	<p>PA Low</p>	<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 registered nurses employed have up-to-date first aid certificates. Smoke alarms, sprinkler system and new exit signs are in place throughout the building. The fire evacuation plan for the new wing has been approved by the fire service, a fire evacuation drill is planned for the week of 8 April 2019. 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, (ie, bedrooms, ensuite toilet/showers, communal toilets, dining rooms).</p> <p>There is an automated sliding door entrance to the foyer, which is locked afterhours. Anyone is free to leave at any time from the inside during afterhours,</p>

		by pushing the exit button.
<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>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. All resident rooms have heat sensors which set the temperature in accordance with outside temperatures.</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 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) coordinator and clearly defined guidelines. The general manager is the designated infection control nurse. The IC coordinator provides support and advice to the registered nurses and care 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 reviewed in January 2019. The IC committee includes all staff and is part of the quality committee meeting and the registered nurse meetings. Meeting minutes are available for staff.</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 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	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 new wing has been fully completed and is currently being furnished. The service is awaiting Code of Compliance. Hot water monitoring is implemented for the new and existing wings.	The code of compliance is yet to be obtained for the new wing.	<p>Ensure the code of compliance is completed.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	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 week of 8 April 2019.	<p>Ensure a fire drill and fire safety training is completed for staff prior to opening.</p> <p>Prior to occupancy days</p>

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.