

The Ultimate Care Group Limited - Rosedale Village Hospital

Introduction

This report records the results of a Partial Provisional Audit; Surveillance 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:	The Ultimate Care Group Limited
Premises audited:	Ultimate Care Rosedale
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 March 2019 End date: 6 March 2019
Proposed changes to current services (if any):	To certify apartments and associated facilities under an occupational rights agreement on the upper, main and ground floors for either rest home or hospital level of care (dual purpose).
Total beds occupied across all premises included in the audit on the first day of the audit:	47



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.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Ultimate Care Rosedale provides rest home and hospital level care for up to 56 residents. The facility is owned by the Ultimate Care Group Ltd and is managed by a village manager and a clinical services manager. Residents and families spoke positively about the care provided.

The audit was an unannounced surveillance audit and a partial provisional audit. The 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 policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, management, staff, a nurse practitioner and other allied health professionals. The audit also included review of the suitability of apartments on the upper, main and ground floors of the facility for the provision of certified services.

Areas requiring improvement relate to the partial provisional audit: staffing and the provision of nurse stations; clean utility rooms; sluice facilities; a staff toilet, local authority and NZ Fire Service requirements. There are no improvements required from the surveillance audit.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Open communication between staff, residents and families is promoted and confirmed to be effective. There is access to interpreter services if required.

The village manager is responsible for the management of complaints and a complaints register is maintained. There have been no investigations by the Health and Disability Commissioner or other external agencies since the previous certification audit.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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The Ultimate Care Group Limited is the governing body and is responsible for the service provided. A strategic business plan and quality and risk management systems are fully implemented at Ultimate Care Rosedale. Systems are in place for monitoring the service, including regular reporting by the village manager and clinical services manager to the national support office.

The facility is managed by a village manager who has a background in management. The village manager is supported by a clinical services manager who is responsible for the clinical service, an assistant village manager and the support office management.

There is an internal audit programme. Adverse events are documented on incident/accident forms. Corrective action plans are developed, implemented, monitored and signed off as being completed to address any areas that require improvement. Quality, health and safety, registered nurses, staff and residents' meetings are held on a regular basis. Actual and potential risks including health and safety risks are identified and mitigated.

Human resources processes are followed. An in-service education programme is provided.

The documented rationale for determining staffing levels and skill mixes is based on an electronic rostering tool that calculates staffing requirements based on the needs of residents. Registered nurses are always rostered on duty. The village manager, clinical services manager and senior registered nurse are rostered on call after hours.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Residents' of Ultimate Care Rosedale have their needs assessed by the multidisciplinary team on admission and within the required timeframes. Shift handovers, handover books and up to date care plans guide continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard.

The planned activity programme is overseen by a diversional therapist and two activity co-ordinators and provides residents with a variety of individual and group activities and maintains their links with the community. A facility van and a bus are available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
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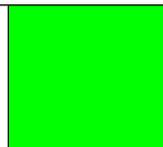
A current building warrant of fitness is displayed. A preventative and reactive maintenance programme includes equipment and electrical checks.

Residents' rooms have adequate personal space provided. Lounges, dining areas and alcoves are available. External areas for sitting and shading are provided. An appropriate call bell system and security and emergency systems are in place.

Protective equipment and clothing are provided and used by staff. Chemicals, soiled linen and equipment are safely stored. All laundry is washed on site.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

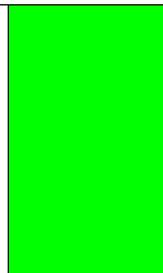


Standards applicable to this service fully attained.

The service has clear policies and procedures that meet the requirements of the restraint minimisation and safe practice standard. There were residents using a restraint and enablers at the time of audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

The infection prevention and control programme, led by an experienced and appropriately trained infection control co-ordinator, aims to prevent and manage infections. Specialist infection prevention and control advice is accessed from the facility's clinical services manager, the organisation's regional clinical advisor or the Waitemata District Health Board.

Ultimate Care Rosedale undertake aged care specific infection surveillance which is analysed, trended, benchmarked and results reported through all levels of the organisation. Follow-up action is taken as and when required.

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	22	0	3	0	0	0
Criteria	0	55	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. The information is provided to residents and families on admission and there is complaints information and forms available throughout the facility.</p> <p>The village manager and clinical services manager are responsible for the management of complaints. Documentation was reviewed for two complaints and evidenced Right 10 of the Code was met. Staff interviewed demonstrated a good understanding of the complaint process and what actions are required.</p> <p>The Clinical Services Manager (CSM) reported there have been no investigations by the Health and Disability Commissioner, the Ministry of Health, District Health Board (DHB), Accident Compensation Corporation (ACC), Coroner or Police since the previous certification audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their own or their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services can be accessed via the DHB when required. Staff knew how to do so and brochures on the</p>

<p>provide an environment conducive to effective communication.</p>		<p>service were easily accessible. Staff reported interpreter services have not been required to date, due to all present residents being able to speak English.</p>
<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>Surveillance:</p> <p>The business and strategic plans are reviewed annually and included the purpose, values, scope, direction, goals and objectives of the organisation. Organisational flowcharts showed the positions within the organisation including at facility level. Monthly reports are generated electronically and sent to the national support office. Reports included but were not limited to financial performance, occupancy, staffing, training, complaints, audits and any risks.</p> <p>The village manager (VM) has been in the position since June 2017. The VM has a background in management including banking and finance. The VM is supported by an experienced assistant village manager, and a clinical services manager (CSM) who has been in their position since October 2018. The CSM has held other clinical manager roles prior to this. The CSM is responsible for oversight of the clinical service in the facility and is supported by a senior nurse. The regional operations manager and the regional clinical/quality advisor also provide support.</p> <p>Ultimate Care Rosedale is certified to provide accommodation for up to 56 residents with 47 beds occupied on the first day of audit. The facility is certified to provide 34 hospital level beds (21 on the upper floor and 13 on the main floor), 11 rest home level beds and 11 beds for either rest home or hospital (dual purpose beds). On the first day of audit there were 38 hospital level residents, (eight in the dual-purpose wing and 30 in the hospital wings with 19 residing on the upper floor and 11 on the main floor). Eight rest home level residents were residing in the rest home area and one in the hospital area.</p> <p>Part provisional Audit:</p> <p>The apartments on the upper, main and ground levels if certified number 43. See link to 1.4.2 for more detail.</p> <p>Ultimate Care Rosedale has a contract with the DHB for aged related residential care services.</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</p>	<p>FA</p>	<p>Part Provisional Audit:</p> <p>There are appropriate systems in place to ensure the day-to-day operation of the service continues should the village manager be absent. The assistant village manager fills in for the VM when absent with support from the regional operations manager. When the CSM is absent the senior nurse takes responsibility for the clinical service with support from the regional clinical/quality advisor. Support is also provided from the national support office.</p>

<p>effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Surveillance Audit:</p> <p>The organisation has a comprehensive quality and risk management system that guides the quality programme and includes principles and quality targets.</p> <p>Quality data is being collected, collated and comprehensively analysed to identify trends. Corrective actions are developed and implemented with monitoring to make sure corrective actions have been effective. There was evidence of regular reporting and review of data including any trends. Monthly reports, including graphs, are provided by the national support office and these are provided to staff. The CSM and senior nurse demonstrated sound knowledge relating to quality and risk management. Staff confirmed they are kept fully informed and discuss quality data at their meetings including trends and what corrective actions have been put in place and the effectiveness.</p> <p>Resident and family satisfaction surveys are completed yearly. The 2018 survey showed residents and families are satisfied or very satisfied with the service provided apart from some aspects of the activities programme. A corrective action has been developed and implemented.</p> <p>Policies and procedures are fully embedded at Ultimate Care Rosedale. They are relevant to the scope and complexity of the service, reflected current accepted good practice and referenced legislative requirements and refer to the interRAI assessment process. Policies and procedures have been reviewed by the clinical advisory panel (CAP) and were current. New / reviewed policies are available for staff to read in the staff room and they are required to sign off these once read. Staff interviewed confirmed this. Staff also confirmed the policies and procedures provide appropriate guidance for service delivery.</p> <p>Actual and potential risks are identified and documented. The risk register included but was not limited to clinical, environment, staffing and financial risks. A risk matrix is used to rate the level of risk. The CSM is the health and safety representative and is responsible for the management of hazards, including putting in place appropriate controls to eliminate or minimise all hazards on site. Hazards are communicated to staff and residents as appropriate. The CSM demonstrated a sound understanding of health and safety requirements. Staff confirmed they understood and implemented documented hazard identification processes.</p>
<p>Standard 1.2.4:</p>	<p>FA</p>	<p>Surveillance Audit:</p>

<p>Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>Adverse, unplanned or untoward events are documented by the RNs into the electronic system and the hard copies are reviewed by the senior RN who is responsible for developing any corrective actions and signs and dates the form. The CSM checks the forms and ensures the corrective action has been implemented. Review of incident/accident forms and interview of the CSM confirmed this. Documentation reviewed and interviews of staff indicated appropriate management of adverse events. Adverse event data is collected and reported to the support office where it is analysed and benchmarked with the other facilities within the organisation. A report is generated and provided to the facility and the senior nurse and CSM are responsible for interpreting the data and reporting back to staff. Minutes of meeting confirmed this.</p> <p>Residents' files evidenced communication with families following adverse events involving the resident, or any change in the resident's health status. Families confirmed they are advised in a timely manner following any adverse event or change in their relative's condition.</p> <p>Staff are aware of essential notification responsibilities. The CSM stated there has been one Section 31 notified to HealthCERT for a pressure injury since the last certification audit. The CSM and assistant village manager (AVM) reported there have been no other notifications made to external agencies.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Surveillance and Part Provisional Audits:</p> <p>Policies and procedures relating to human resources management are based on relevant legislation and good employment practice. Staff files reviewed included job descriptions which outline accountabilities, responsibilities and authority, employment agreements, references, completed orientation and police vetting.</p> <p>New staff are required to complete the orientation programme prior to their commencement of care to residents, including specific components depending on the position description. New staff are 'buddied' for five days. The entire orientation process, including completion of competencies, takes up to three months to complete and staff performance is reviewed at the end of this period. Orientation for staff covers the essential components of the service provided. Staff reported the orientation process prepared them well for their role.</p> <p>The education programme is the responsibility of the CSM. Documentation evidenced in-service education is provided at least monthly and is repeated. On-line learning sessions are also undertaken, and a questionnaire completed. External educators are sourced, and staff have the opportunity to attend sessions externally and are expected to share the information with the rest of the staff. Attendance is entered into an electronic spread sheet. Current medication competencies for RNs and HCAs who are responsible for the management of medicines were evidenced. Other current competencies were evidenced including but not limited to restraint, manual handling and infection prevention and control.</p> <p>Ten RNs and two casual RNs are employed with four plus the CSM and senior nurse interRAI competent. One other RN is currently completing the course.</p>

		<p>A New Zealand Qualification Authority education programme is available for staff and they are encouraged to complete the programme. An RN is the facility's assessor.</p> <p>Staff performance appraisals were current. Annual practising certificates were current for all staff and contractors who required them to practice.</p> <p>Staff confirmed they have completed an orientation. Staff also confirmed their attendance at on-going in-service education and confirmed their performance appraisals were current.</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>PA Low</p>	<p>There is a documented rationale for determining staffing levels and skill mix to provide safe service delivery. Ultimate Care has an electronic rostering tool that is based on the handbook - Indicators for safe aged care and dementia care. The senior nurse is responsible for the rostering of clinical staff and reported staffing levels are reviewed weekly and adjusted to meet the changing needs of residents' acuity, including using the interRAI assessments. The rosters cover the residents in the Occupational Right Agreement (ORA) apartments that already provide rest home or hospital level care.</p> <p>The CSM and senior nurse work full time Monday to Friday, support the RNs on duty and are on call after hours. Each floor has a separate roster. Registered nurse cover is provided seven days a week over the 24-hour period. Upper and main floor hospital wings- there is an RN on am and PM shifts with an RN on night shift for the facility. Staff rostered on the main floor also cover the rest home and dual purpose wings. The ground floor village apartments currently not certified also have an RN on duty am and pm. All RNs are experienced with at least three to four years' experience post Competency Assessment Programme (CAP) course. The CSM and senior nurse work on the floor if there is a shift where an RN is not available at short notice.</p> <p>Thirty-four HCAs are employed to cover the three floors including the apartments not certified.</p> <p>Staff interviewed demonstrated satisfaction with the staffing levels. The RNs and HCAs reported the CSM and senior nurse share their knowledge with them and they are well supported.</p> <p>The assistant village manager is responsible for the household staff rosters. There are five cleaning and two laundry staff that are dedicated to these roles. Two diversional therapists and an activities coordinator provide planned activities. The kitchen staff consists of two cooks and kitchen hands who have all completed a food safety programme.</p> <p>Residents and families reported they were happy with the staffing levels. The 2018 satisfaction survey confirmed this. The nurse practitioner reported the facility is well staffed and the senior RNs are well organised for any visits by the nurse practitioner.</p> <p>Part Provisional Audit:</p> <p>A documented rostering process has yet to be developed for the proposed areas for certification. There has been</p>

		some discussion mainly around increasing the number of RNs, HCAs and staff providing activities.
<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>Surveillance Audit:</p> <p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly NP review is consistently recorded on the electronic medicine chart.</p> <p>There were no residents self-administering medications at the time of audit. Appropriate processes are in place to ensure this can be managed in a safe manner if required.</p> <p>Medication errors are reported to the RN and CSM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>An improvement initiative to manage polypharmacy was implemented two years ago. Every month a clinical pharmacist and the NP reviews the medications of five residents to review the need for the medication and possible drug interactions. While interviews verified a reduction in medication, a comprehensive analysis of the results has not been evaluated at the time of audit.</p> <p>Standing orders are not used.</p> <p>Part Provisional Audit:</p>

		The consideration to extend the services at Ultimate Care Rosedale and provide rest home and hospital level care on different levels of the building in the apartments will require additional facilities to store medications in each of the care areas, and the availability of additional RNs to administer those medications as per Ultimate Care Rosedale's policy (refer criterion 1.4.2.4 and 1.2.8.1).
<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>Surveillance Audit:</p> <p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was reviewed by a qualified dietitian in November 2018. Recommendations made at that time have been implemented.</p> <p>A Food Control Plan is in place and was registered with the Ministry of Primary Industries (MPI) on the 27 June 2018.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and residents' meetings minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There were sufficient staff on duty in the dining rooms at meal times to ensure appropriate assistance to residents as needed.</p> <p>Part Provisional Audit:</p> <p>The plan to reconfigure the facility and offer a change in care level of residents will have no impact on the kitchen services being provided at Ultimate Care Rosedale.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and</p>	FA	<p>Documentation, observations and interviews verified the care provided to residents of Ultimate Care Rosedale was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. A resident who had an unstageable pressure injury, had documentation in place of a section 31 notification to the Ministry of Health. Ongoing assessment including weekly photographs of the wound captured progress, in addition to documentation of specialist input from the wound care nurse specialist. Evidence of improvement was sighted. The NP interviewed, verified that medical</p>

<p>appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources is available, suited to the levels of care provided and in accordance with the residents' needs. Interviews with care staff identified the requirement for additional commodes if there is an increase in the number of hospital residents requiring care in the apartments (refer criterion 1.4.2).</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>Surveillance Audit:</p> <p>The activities programme is provided by one trained diversional therapist and two activities co-ordinators, six days a week. Each activities person provides the activities in one of the three areas, hospital, rest home and village. Residents can attend activities in whichever area has activities that meet their need.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal six months care plan review.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Examples include art groups visiting entertainers, quiz sessions, pet therapy, walking groups, gardening groups and daily news updates. The activities programme is discussed at the minuted residents' and family meetings and indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated dissatisfaction, with the level of activities provided for hospital residents. An additional activities co-ordinator was employed to address this concern. Residents' meeting minutes now indicated a high level of satisfaction, and this was verified at interviews. Residents interviewed confirmed they find the programme meets their needs.</p> <p>Part provisional audit:</p> <p>An increase in the number of rest home and hospital residents requiring care in the apartments, would require a review of the activities staff to ensure the residents activity requirements are able to be met (refer criterion 1.2.8.1).</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a</p>	<p>FA</p>	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every three or six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from that expected, the service responds by initiating changes to the plan of care. Short-term care plans were</p>

comprehensive and timely manner.		consistently reviewed for infections, pain, weight loss and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans were evaluated each time the dressing was changed. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.
<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>Part Provisional Audit:</p> <p>Safe and appropriate waste management procedures including hazardous substances are in place and incidents are reported in a timely manner. Policies and procedures specify labelling requirements in line with legislation, including the requirement for labels to be clear, accessible to read and free from damage. Material safety data sheets are available and accessible for staff. Staff have received training to ensure safe and appropriate handling of waste and hazardous substances. The laundry person demonstrated good knowledge concerning waste and hazardous substances.</p> <p>There is a sluice in the two hospital wings. Protective clothing and equipment including gloves, full face visors and disposable aprons were observed appropriate to recognised risks.</p> <p>There are no sluice facilities in the upper and ground level areas that are proposed for certification. (Refer to 1.4.2.4).</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>Surveillance Audit:</p> <p>A current building warrant of fitness is displayed at the front entrance. There have been no structural alterations since the last audit.</p> <p>Part Provisional audit:</p> <p>A current building warrant of fitness is displayed at the front entrance. If approved, there will be a 'change of use' in the apartments and requirements relating to building alterations to support the changes. Evidence will be required from the local authority that the current building warrant of fitness does not require amending.</p> <p>A preventive and a reactive maintenance programme is implemented. Hot water temperatures are checked at resident outlets monthly and documentation evidenced different rooms each month meet the recommend temperature. Testing and tagging of equipment and calibration of biomedical equipment is current.</p> <p>The facility is spacious and has wide passage ways. There are numerous areas throughout the facility for residents</p>

		<p>to frequent. Gardens, lawns and outside furniture are available for residents to enjoy. Residents were observed to easily manage with mobility aids. The AVM advised that if the apartments on the upper and ground level are approved more hospital beds, ceiling hoists and other associated equipment will be supplied.</p> <p>The Rosedale physical foot print consists of three levels:</p> <p>The upper level consists of a certified hospital wing and 15 ORA village apartments (U1 to U16). All the village apartments are spacious with room for equipment and staff. The upper level has an alcove that the assistant manager stated is intended for a nurses' station. A clean utility room and sluice facilities are required. Once a nurses' station, sluice and utility room have been built the area would be suitable to be approved for either rest home or hospital level care.</p> <p>The main level consists of an 11-bed wing certified for rest home level care (M1 to M11), an 11-bed wing certified for dual purpose and a certified hospital wing (M28 to M38). A further 15 rooms (M12 to M27) were also assessed by the auditors. A nurses' station has been installed in this area and is in a good visual position. These rooms would also be suitable to be certified as rest home or hospital level. However, a clean utility room and sluice facilities would need to be created.</p> <p>The ground floor consists of 28 ORA apartments (G1 to G28). All the apartments are spacious with room for equipment and staff. All the apartments are spacious with room for equipment and staff and. A nurses' station has been installed on the ground level and is situated in a good position. The transporting of laundry to the main laundry on the ground floor is able to be managed safely without going through residents' communal areas. A clean utility room and sluice facilities are required. Once a sluice and a utility room have been built the area would be suitable to be approved for either rest home or hospital level.</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</p>	<p>FA</p>	<p>Part Provisional Audit:</p> <p>Bedrooms in the hospital areas have a mix of ensuites with a toilet and wash hand basin and bedrooms without an ensuite. There are adequate numbers of additional bathrooms and toilets throughout the facility. The apartment/units have full ensuites, including the apartments for proposed certification. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence.</p> <p>Resident and families interviewed reported that there are sufficient toilets throughout the facility and that they are easy to access.</p>

with personal hygiene requirements.		
<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>Part Provisional Audit:</p> <p>There is adequate personal space provided for residents and staff to move safely around the bedrooms in the hospital areas. The apartments are spacious and provide hospital or rest home level of care. Residents and families spoke positively about their or their relative's accommodation. Rooms are personalised with furnishings, photos, and other personal adornments. There is adequate room to store mobility aids such as mobility scooters, wheel chairs and walkers.</p> <p>The upper (U1 to U16), main floor (m12 to M27) and ground level apartments (G1 to G26) for proposed certification are spacious with adequate room for residents, staff and any equipment. The apartments are suitable for the provision of rest home or hospital level care. (Refer to 1.4.2).</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>Part Provisional Audit:</p> <p>Numerous areas are provided for residents to frequent for activities, dining, relaxing and for privacy. Furniture is appropriate to the setting and arranged in a manner which enables residents to mobilise freely. The main dining room and lounge are spacious, with several groupings of furniture that enhances the space. There are also numerous alcoves and other areas throughout the facility where residents can sit or entertain family, including a well-stocked library. Residents, families and staff confirmed and observation evidenced these areas are easily accessed.</p> <p>On the upper, main and ground floors there are several areas for residents to enjoy. The SVM reported residents would have the choice of either going to the dining room or having their meals in their apartment.</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</p>	FA	<p>Part Provisional Audit:</p> <p>All laundry is washed on site. The main laundry is situated on the ground floor and is spacious. Residents and families reported the laundry is managed well and resident's clothes are returned in a timely manner. Laundry staff demonstrated sound knowledge of processes. There are small areas on each floor for personal laundry, including the upper, main and ground floors. The transporting of laundry to the main laundry on the ground floor can be managed safely without going through residents' communal areas.</p> <p>The facility is cleaned to a high standard. There are dedicated cleaners on site who have received appropriate</p>

<p>setting in which the service is being provided.</p>		<p>education. The cleaners reported they take great pride in the way the facility is presented. Residents and families stated the facility is always clean and well presented. The 2018 satisfaction survey confirmed this. Chemicals are stored in a locked cupboard in appropriately labelled containers. A closed system for chemicals is used in the laundry. Cleaning and laundry processes are monitored through the internal audit programme and by personnel from the external company that supplies the chemicals.</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>Part Provisional Audit:</p> <p>There is an approved fire evacuation scheme. An evacuation policy on emergency and security situations covers the service groups at the facility. A fire drill takes place six-monthly, the last one was held on the 29 September 2018. The orientation programme includes fire and security education. Staff confirmed their awareness of emergency procedures. All required fire equipment was sighted on the days of audit and all equipment had been checked within required timeframes.</p> <p>If the upper and ground floor apartments are approved for certification, evidence will be required from the NZ Fire Service that the fire evacuation scheme remains approved following the 'change in use'.</p> <p>There is always at least one staff member on duty with a current first aid certificate.</p> <p>A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, cell phones and gas BBQs. Back up lighting and power is available should there be a power outage.</p> <p>There are call bells to alert staff. Residents and families reported staff respond promptly to call bells. In the upper and ground levels, call bells are situation in the ensuites, bedrooms and main areas in the apartments proposed for certification.</p> <p>Contractors must sign in and out of the facility. They are also made aware of any hazards on site and complete an orientation to the facility. The external doors lock automatically in the evenings and a security company checks the facility twice during the night.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural</p>	<p>FA</p>	<p>Part Provisional Audit:</p> <p>Heat pumps, electric and gas heaters provide heating. Residents are provided with safe ventilation, and an environment that is maintained at a safe and comfortable temperature. All resident areas are provided with natural light. Residents and families reported the temperature is always comfortable.</p>

<p>light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Part Provisional Audit:</p> <p>The service provides a managed environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual, developed at organisational level with input from the CSM. The infection control programme and manual are reviewed annually.</p> <p>The RN with input from the CSM is the designated infection control nurse coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the CSM and tabled at the quality/risk meeting. Infection control statistics are entered in the organisation's electronic database and benchmarked within the organisation's other facilities. The organisation's national quality manager is informed of any IPC concern.</p> <p>Signage at the main entrance to the facility requests anyone who is or has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities.</p> <p>The planned proposal to offer hospital and rest home services in the apartments and on different levels of the building, will require the addition of sluicing facilities on each level, to minimise the risk of infection, and the addition of increased supplies (refer criterion 1.4.2.4).</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection</p>	<p>FA</p>	<p>Surveillance Audit:</p> <p>Surveillance is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The infection control coordinator and CSM review all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality and staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and</p>

control programme.		<p>comparisons against previous years. Data is benchmarked internally within the group's other aged care providers.</p> <p>Interview with the infection control coordinator verified that no additional resources will be required to manage the surveillance of infections if the care level provided in the apartments was increased.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Surveillance Audit:</p> <p>The restraint policy includes a restraint and enabler definition, assessment and evaluation and complies with the requirements of the standard. The restraint coordinator is the CSM. There were four residents using a restraint and two using an enabler. Sensor mats, padded safety mats and low-low beds are used to minimise the use of restraint. Staff interviewed demonstrated knowledge of the difference between a restraint and an enabler and the process should a resident request an enabler. Staff have received on-going education relating to restraint and enablers.</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>Staffing levels are determined by using the Ultimate Care electronic rostering tool based on the Indicators for safe aged care and dementia care. InterRAI assessments are also used to recognise any risks and the acuity levels. The senior nurse and CSM review the rosters weekly and adjust staffing levels as required. The skill mix is determined by the experience of both the RNs and the HCAs. Senior HCAs are rostered on with less experienced HCAs. There is a mix of HCAs who have attained Level 1, 2, 3 and 4 qualifications.</p> <p>The village manager and clinical services manager advised that discussions have been held relating to staffing the proposed areas for certification should they be approved. The areas are the ground floor - rooms G1 to G 28 and the upper floor – rooms U 1 to U 16. They advised this would include an RN rostered on each shift in each of the areas. Health care assistants would continue to be employed as residents’ dependency levels increased and they are assessed as requiring rest home or hospital level care. The</p>	<p>Although discussions have been held relating to staffing the proposed areas for certification, a documented process and model of care have not yet been developed as to how these areas are to be staffed safely.</p>	<p>Provide evidence of a documented process for staffing the ground and upper floors and a proposed model of care that describes the care needed and how this will be implemented overall.</p> <p>Prior to occupancy days</p>

		<p>assistant village manager advised the staff who provide activities would also be increased.</p> <p>At present there is no documented rostering process or modal of care in place to evidence what staffing levels will be required in the proposed areas for certification.</p>		
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The current building warrant of fitness expires on the 24 September 2019. The requirements identified relating to providing clean utility and sluice facilities and the 'change in use' in the apartments on the upper and ground floors means the provider will need to ensure the local authority has been made aware of the changes in terms of amending the building warrant of fitness.</p>	<p>If approved, the local authority will need to be contacted due to the 'change of use' and the requirement for associated facilities on the upper and ground floors.</p>	<p>Provide evidence prior to using the apartments for rest home or hospital level care and any structural alterations requiring building consent, that a new building warrant of fitness has been issued or evidence from the local authority that there is no change required.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	PA Low	<p>All the apartments sighted are spacious with room for equipment and staff. Apartments U1 to U16, M12 to M27 and G1 to G28 are suitable for either rest home or hospital level care.</p> <p>A nurses' station is to be created from an existing alcove on the upper floor. At present bedroom U5 has been equipped as a temporary nurses' station; however, this room is not visible to residents or visitors. A nurses' station has been installed on the ground level and is situated in a good position.</p> <p>Clean utility rooms are required on both floors where there is running water and secure areas for the storage of medicines, supplies, residents' files and big enough for a team of care staff to use.</p> <p>More hospital beds, hoists and other equipment including</p>	<p>(i) A nurses' station has not yet been created from the existing alcove on the upper level. The temporary nurses' station is an apartment part way down a passage way and is not in a suitable location.</p> <p>(ii)The upper and ground level areas do not have a clean utility room.</p>	<p>(i)The upper level requires a nurses' station that is situated where there is good visibility for residents and visitors; (ii) Both levels require a clean utility room for safe storage of medicines, resident files and supplies and sluice room facilities; (iii) A staff toilet is required on the ground level; (iv) An increase in the amount of equipment including hospital beds, hoists and commodes be supplied.</p> <p>Prior to occupancy days</p>

		<p>commodes will be required.</p> <p>Both floors require sluice facilities to manage any waste.</p> <p>The ground floor also requires a staff toilet as staff on duty would need to exit the floor to access a toilet. There is a toilet in the workshop/maintenance room which could be reconfigured for care staff to use.</p>	<p>(iii) There are no sluice facilities on either the upper or ground level areas.</p> <p>(iv) There is no staff toilet on the ground floor. Care staff would have to leave the ground level area to locate a staff toilet.</p> <p>(v) The number of hospital beds, hoists and commodes will be required.</p>	
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	<p>PA Low</p>	<p>There is an approved fire evacuation plan dated 24 September 2014. If the upper and ground floor apartments are approved for certification and the provider decides to proceed, this change may mean the NZ Fire Service requirements are no longer met. Evidence will be required from the NZ Fire Service that the fire evacuation scheme remains approved following the 'change in use'.</p>	<p>The NZ Fire Service requirements may no longer be met following the 'change in use' for the apartments on the upper and ground floors.</p>	<p>Provide evidence that the fire evacuation scheme remains approved prior to the apartments 'change in use', that are proposed for certification.</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.