

The Napier District Masonic Trust - Taradale Masonic Residential Home & Hospital

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 Q-Audit 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 Napier District Masonic Trust
Premises audited:	Taradale Masonic Residential Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 June 2019 End date: 28 June 2019
Proposed changes to current services (if any):	New kitchen and dining room
Total beds occupied across all premises included in the audit on the first day of the audit:	68

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

The Napier District Masonic Trust provides rest home and hospital level care for up to 74 residents. There were 68 residents on the day of the audit. The service is operated by a general manager and managed by a director of clinical services, quality coordinator, clinical coordinators, facilities manager and administration manager. Residents and families spoke positively about the care provided.

This partial provisional audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of residents' and staff records, observations and interviews with residents, management, staff and a general practitioner.

There was one identified area requiring improvement related to ensuring that outcomes of as when necessary (PRN) medicines are documented for effectiveness.

Consumer rights

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Organisational management

The Napier District Masonic Trust is the governing body which is composed of 11 members. Business strategic management plan include the scope, direction, goals, values and mission statement of the organisation. A change management plan in relation to kitchen/dining relocation is in place. Monitoring of the services provided is regular and effective. An experienced and suitably qualified person manages the service. The director of clinical services is supported by the quality coordinator and clinical coordinators who are registered nurses.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents. Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Continuum of service delivery

Medicines are safely managed and administered by staff with current medication competencies. All medications are reviewed by the general practitioner (GP) every three months or when required.

Residents' food preferences and dietary requirements are identified at admission and accommodated. All meals are prepared on-site, and the kitchen is well equipped for the size of the service. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met.

Safe and appropriate environment

The facility meets the needs of the residents and is clean and well maintained. There is a current building warranty of fitness. Electrical equipment is tested as required. Communal areas and individual rooms are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating. There is a provision and availability of additional resources and equipment such as staff, storage, kitchen consumables in readiness for the approval of the reconfigured kitchen and dining room.

Waste and hazardous substances are professionally managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken offsite and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells and security is maintained.

Restraint minimisation and safe practice

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Infection prevention and control

Infection control management systems are in place to minimise the risk of infection to residents, visitors and service providers. The infection control coordinator is responsible for the surveillance programme, coordinating education, and training of staff. Documentation evidences that relevant infection control education is provided as part of staff orientation and as part of the on-going educational programme. Infection data is collated monthly, analysed and reported during staff meetings. Surveillance for infection is carried out as specified in the infection control programme. The type of infection surveillance undertaken is appropriate to the size and type of the service. Results of the surveillance are acted upon, evaluated and reported 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	15	0	0	1	0	0
Criteria	0	37	0	0	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The Napier District Masonic Trust is the governing body which is composed of 11 members. Business strategic management plan include the scope, direction, goals, values and mission statement of the organisation. The board meet monthly and 2018-2019 strategic management plan was sighted. The general manager reported that the service was reconfiguring the new kitchen and dining room to accommodate more residents.</p> <p>The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents describe annual and long-term objectives and the associated operational plans. The finance, administration and facilities manager, director of clinical services and quality coordinator report to the general manager (GM). Monthly reports to the board showed adequate information to monitor performance is reported including potential risks, contracts, human resource and staffing, growth and development, maintenance, quality management and financial performance.</p> <p>The GM is supported by the management team which consists of the director of clinical services, quality coordinator and clinical coordinators, respectively. The management team meets monthly. All members of the management team are suitably qualified and maintain professional qualifications in management, finance</p>

		<p>and clinical skills. The service is managed by staff who have vast experience and knowledge in the health sector. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The GM interviewed reported that the service was able to provide staff, both clinical and non-clinical to manage the transition process to the reconfigured kitchen and dining room if approved. A resident survey about the sitting arrangement in the new kitchen and dining room was conducted and completed. Results of the survey were communicated and will be acted upon.</p> <p>The service holds contracts with (DHB, MOH) for YPD, respite and day care services and complex medical conditions and there were no residents under these contracts. There were 68 residents receiving services on the days of the audit. At the time of the audit there were 38 rest home residents and 30 assessed as requiring hospital level care.</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>When the director of clinical services is absent the quality coordinator carries out all the required duties under delegated authority supported by the clinical coordinators who are registered nurses. The later take responsibility for any clinical issues that may arise. In interview conducted the quality coordinator reported that all necessary planning was put in place to ensure a smooth transition will take place. Napier District Masonic Trust Board was in full support of the reconfiguration of the kitchen and dining room. Staff reported the current arrangements work well.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs) where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained. Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them adequately for their role.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the providers agreement with the DHB. Staff performance is monitored, and annual</p>

		performance appraisals were sighted in all files reviewed. There are enough trained and competent RNs who maintain their annual competency requirements to undertake interRAI assessments. The service had reconfigured the kitchen and dining room facility. Staff training was provided by an external contractor for all kitchen staff.
<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>	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide safe delivery, 24 hours a day, seven days a week. The service adjusts staffing levels to meet the changing needs of residents. An after-hours on call roster is in place, with staff reporting that good access to advice is available when required. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of a four -week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. All wings have a staff member on duty with a current first aid certificate and there is RN cover during the day. The service has adequate staff to cover any increased needs and projected roster was sighted.
<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>	PA Moderate	The medicine management policy is current and identifies all aspects of medicine management in line with current legislation and protocols. There is a safe electronic medication system in place. Medication competent staff were observed administering medication correctly in the rest home and hospital wing, respectively. All staff who administer medicines were assessed as competent and evidence was sighted. There was one resident who was self-administering medications at the time of the audit. Appropriate processes are in place to ensure this is managed in a safe manner. Outcomes of as when necessary (PRN) medicines were not being documented.
<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	The food service is provided on site by qualified cooks and kitchen team and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by the registered dietitian within the last two years. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and

		<p>guidelines.</p> <p>A nutritional profile is developed on admission and reviewed every six months or when there is any significant change. Diets are modified as required and the cook confirmed awareness of dietary needs of the residents. Meals are served warm in sizeable portions required by residents and any alternatives are offered as required. The residents' weights are monitored monthly and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents when required. Residents interviewed acknowledged satisfaction with the food service.</p> <p>The kitchen staff reported that they were well prepared for the transition process to the new kitchen and dining room. Staff received adequate training in basic food safety, chemical safety and how to use electrical equipment in the new reconfigured kitchen. Additional staff will be provided if required. Resident survey about sitting arrangement was conducted and results will be acted upon. The change management plan is in place and this is supported by the project team which comprises of the project sponsor, general manager (GM), project manager, facilities manager (FM), kitchen manager and the clinical personnel.</p> <p>The old kitchen was registered under the food control plan. Kitchen staff completed training in food safety/hygiene. The kitchen and pantry were sighted and observed to be clean, tidy and stocked. Labels and dates are on all decanted food containers. Records of food temperature monitoring, fridges and freezers temperatures are maintained. Regular cleaning is conducted.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The assessed information is used to initiate care plans and short- term needs care plans for acute needs. Goals are relevant, and interventions are detailed to address the desired goals/outcomes identified during the assessment process. The residents and family/whanau interviewed confirmed care delivery and support is consistent with their expectations and plan of care. The diversional therapist and activities coordinator reported that they now get a list of interRAI assessments due to keep track of their review dates. The previous corrective action requiring activities care plans to be reviewed in conjunction with the interRAI assessments was addressed.</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>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. There were adequate stores sighted in the cleaner's cupboard and throughout the facility to ensure the service providers are well equipped for the transition process to the reconfigured kitchen and dining room.</p> <p>There is provision and availability of protective clothing and equipment. Staff were observed using protective clothing and equipment appropriately.</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>FA</p>	<p>A current building warrant of fitness is publicly displayed and included the reconfiguration of the new kitchen. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. Efforts are made to ensure the environment is hazard free, that residents are safe, and independence is promoted. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. There is a health and safety committee who meet regularly and report back at the quality meeting.</p> <p>The reconfigured kitchen and dining room is accessible, appropriate, and has adequate space for residents. Provision of additional equipment was guaranteed and budgeted for and this was verified in the change management plan in place. All equipment was tested by the supplier as part of the installation process and was ready for use. Residents can walk around freely throughout the facility and grounds. External areas are safely maintained and are appropriate to the resident groups and setting. Residents confirmed they know the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned and that they are happy with the environment.</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</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathrooms and toilet facilities throughout the facility. This includes private ensembles and shared bathrooms. Records of hot water temperatures are maintained to ensure that the water remains at a safe and consistent temperature. Visitor toilets are available throughout the</p>

<p>privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>facility. Communal toilets and showers have a system that indicates if they are vacant or occupied. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence. The reconfigured kitchen and dining room has adequate toilets and hand washing facilities. Staff are prepared to meet any increasing needs of the residents.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Personal privacy is maintained. Rooms are personalised with furnishings, photos and other personal items displayed. There is room to store mobility aids and wheelchairs. Staff and residents confirmed the adequacy of bedrooms. Adequate space is provided to allow residents to park their mobility aids such as walkers, wheelchairs and power chairs and can move freely.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. The dining and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy if required. Furniture is appropriate to the setting and resident needs. The furniture is arranged in a manner which enables residents to mobilise freely. There is one small lounge near the continuing care rooms especially designated for family members if a resident is receiving palliative care. It is self-contained with a kitchenette and a lounge area. The call system is evident in this room and a telephone is set up and is accessible. Privacy can be maintained. The reconfigured kitchen and dining room is accessible and appropriate to meet the residents' relaxation and dining needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services 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 documented procedures in place for cleaning and laundry services to guide staff. All laundry is undertaken onsite in a dedicated laundry. The laundry sighted is staffed seven days a week. The laundry is purpose built and spacious and has all new commercial appliances that are monitored by the contracted provider. All temperatures are monitored regularly and adjusted by the contracted provider if necessary. Resident's personal items are laundered on site or by family if requested. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner. The laundry is currently washed by laundry</p>

		<p>staff who demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen.</p> <p>There are designated cleaning personnel who have received appropriate training. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. Material data safety sheets are readily available. The laundry, sluice rooms and the cleaner's cupboards have swipe card access only. Both cleaning and laundry processes are monitored through the internal audit programme and corrective actions are acted upon.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in the preparation for disasters. These describe procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was updated to include the new kitchen and dining room. This was approved by the New Zealand Fire Service. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 25 May 2019 and 33 staff attended. The orientation programme includes fire and evacuation. Staff confirmed their awareness of the emergency procedures.</p> <p>The reconfigured kitchen and dining room has adequate fire exit doors and visible signage meet the fire safety requirements. Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas were sighted and meet the requirements for the 68 residents at the service. Water storage tanks are in the complex and there is a diesel generator on site. Gas mains provide the main source of heating with a supply of electric heaters available as an alternative heating. Emergency lighting is regularly tested. Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and residents reported staff respond promptly to call bells.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All residents' rooms and communal areas have opening external windows. Most have doors that open onto outside garden areas. The facility is all on ground level. Heating is provided either by underfloor or by radiators in each room and bathroom and throughout the communal areas (the heating is supplied by gas boilers heating water which then ends up in the facility either in the radiators or underfloor heating pipes in the newer areas). Some communal areas have additional heat pumps.</p>

		<p>Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p> <p>No changes would be required in respect of the planned reconfiguration of the kitchen and dining room.</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>The service implements an infection prevention and control programme to minimise the risk of infection to residents, staff and visitors. The clinical coordinator is the designated infection control coordinator (ICC), whose role and responsibilities are defined in a job description. ICC has access to external specialist advice from a GP and DHB infection control specialists when required.</p> <p>The infection control programme is reviewed annually and is incorporated in the monthly staff, quality and management meetings and a review of the education programme is conducted. Staff are made aware of new infections through daily handovers on each shift and progress notes. The infection control programme is appropriate for the size and complexity of the service.</p> <p>There are processes in place to isolate infectious residents when required. Hand sanitisers and gels are available for residents, staff and visitors to use. There have been no outbreaks documented since the last audit and infection control guidelines are adhered to. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</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 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Moderate</p>	<p>Residents receive medicines in a safe and timely manner. The service uses a pre-packed medication system and medicines are supplied by the contracted pharmacy. All medication packs are checked by the nursing team on delivery against the medication electronic system in use. Medicines held in stock are checked every month and any expired medicines are returned to the pharmacy promptly. GP conducts three monthly reviews of medication charts.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and all medications are stored appropriately. Medication is safely stored in locked cupboards and drug trolley. There were no expired medications on</p>	<p>Medication charts reviewed did not have documented evidence of the effectiveness of PRN medication administered.</p>	<p>Provide evidence that the effectiveness of PRN medication administered is documented after use.</p> <p>90 days</p>

		site. Documenting PRN medicines outcomes could be improved.		
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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.