# Metlifecare Limited - Metlifecare Palmerston North

## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Metlifecare Limited

**Premises audited:** Metlifecare Palmerston North

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

**Dates of audit:** Start date: 30 August 2019 End date: 30 August 2019

**Proposed changes to current services (if any):** The service has made a request to certify an additional 12 apartments to rest home care. At the time of audit there are already five ORA studio apartments with approval and occupancy of rest home level care residents. If this request is approved it will take the total number of approved certified rest home level care beds, in the serviced apartment area to 17

**Total beds occupied across all premises included in the audit on the first day of the audit:** 41

# Executive summary of the audit

## Introduction

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

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

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

## General overview of the audit

Metlifecare Palmerston North provides rest home and hospital level care for up to 43 residents. The service is operated by Metlifecare Limited and managed by a nurse manager who is a registered nurse. The nurse manager reports directly to the village manager. They are supported by a team of seven registered nurses and one enrolled nurse plus two casual registered nurses and one enrolled nurse employed on a casual basis.

This partial provisional audit was undertaken to establish the level of preparedness of the provider and the environment to increase the rest home level services by 12 beds in the occupational right agreement (ORA) studio apartments. The service already has approval to use five studio apartments for rest home level care. This would take the total to 17.

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 staff files, observations and interviews with residents, family members, managers and staff.

This audit has identified areas for improvement related to electrical safety checks and the area used to park and recharge mobile scooters. The physical environment is suitable for the increase in bed numbers. The service is currently managing four rest home level care residents who live in the ORA studio apartments.

## Consumer rights

Not applicable to this audit

## Organisational management

Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body is regular and effective. An experienced and suitably qualified person manages the facility.

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.

## Continuum of service delivery

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

## Safe and appropriate environment

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. There is adequate equipment to manage additional rest home level care residents. Biomedical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken onsite 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. Security is maintained.

## Restraint minimisation and safe practice

Not applicable to this audit.

## Infection prevention and control

The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, 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.

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| **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 | 14 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 33 | 0 | 2 | 0 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents described annual and longer term objectives and the associated operational plans. A sample of monthly reports to the senior clinical group and quarterly reports to the clinical quality and risk manager, the director of nursing and the senior care committee who present to the board of directors showed adequate information to monitor performance is reported including complaints, quality indicators, staffing, occupancy, emerging risks and issues. The service is managed by a facility manager (registered nurse) who holds relevant qualifications and has been in the role for two months. She has had 19 years work experience in aged care management. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The facility manager reports directly to the village manager who has been in the role for one year. The facility manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through ongoing education both clinical and management. She holds a Diploma of Business Management and a current nursing annual practising certificate. On the day of audit, the facility manager was supported by the clinical quality and risk manager from the senior Metlifecare clinical team. The service holds contracts with MidCentral District Health Board for respite, hospital and rest home care. They currently operate with 43 beds, 38 dual purpose and five rest home level beds in the studio apartments. All 41 residents were receiving services under the Age-Related Residential Care contract at the time of audit. They comprise of 23 hospital level care and 18 rest home level care, four of which are in studio apartments. No residents were under the Complimentary Care contract (respite care) at the time of audit. |
| Standard 1.2.2: Service Management 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.  | FA | When the village manager is absent, the nurse manager, supported by the operations manager and clinical quality and risk manager, carries out all the required duties under delegated authority. During absences of the nurse manager, the senior registered nurse, supported by the clinical quality and risk manager and the village manager, oversee the clinical management. They are experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.  |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | FA | 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 well for their role. Staff records reviewed showed documentation of completed orientation and a performance review after a three-month period and then at least annually. Staff interviewed confirmed regular, appropriate education is offered both on-site and off-site.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 provider’s agreement with the DHB. A staff member is the internal assessor for the programme. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments (six RNs). Records reviewed demonstrated completion of the required training and completion of annual performance appraisals. Initially, no additional staff will be required to operate the additional rest home level care beds but as sighted on a projected roster, staffing will increase incrementally as the number of rest home level care residents in the studio apartments increase.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them including for the four residents located in the studio apartments. Residents and family interviewed supported this. Staffing levels meet the interRAI acuity level report findings. Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. The service has their own casual pool of registered nurses and caregivers to ensure service continuity is maintained for residents. At least one staff member on duty has a current first aid certificate and there is 24 hour/seven days a week (24//7) RN coverage in the facility. There will be no impact on current staffing levels until more than five rest home level care residents occupy the ORA studio apartments. The provider has completed a projected roster showing that when the number of rest home level residents in the studio apartments goes above five, additional caregiver hours will be introduced. Dedicated cleaning and laundry staff work seven days a week. There are 40 hours per week of diversional therapy and 24 hours per week for the social coordinator. Reception hours are Monday to Friday 8am to 4.30pm. Gardening and maintenance are undertaken Monday to Friday and staff are employed by the village with shared costs across the care facility. The kitchen staff cover all meals, seven days a week and are employed by the village. The studio apartments are linked directly to the care unit and run in a corridor parallel to the unit. There are currently four rooms being used in the studio apartments for rest home level care and staff interviews confirmed there is no issues in relation to care provision. This was confirmed by observation and family and residents on the day of audit.  |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. The same system will be used for the additional rest home level care beds. 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. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided monthly and on request. 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 accurate entries.The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range. Good prescribing practices are maintained electronically with the prescriber’s identified and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was consistently recorded on the medicine chart. Policy is implemented to ensure appropriate processes are in place for residents who self-administer medications to do so safely. There is an implemented process for comprehensive analysis of any medication errors which includes weekly audits including omissions, correct documentation to show outcomes following pain relief and times given.  |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | The food service is provided on site by a cook 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 a qualified dietitian within the last two years (June 2019). Recommendations made at that time have been implemented. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued on 11 March 2019 and verified on 23 May 2019, gaining an 18-month verification. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The food services manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.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.Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided. Interviews with the kitchen staff confirmed they are able to easily cater for additional rest home level care residents. There is no increase in the number of residents requiring meals as all current residents in the studio apartments have meals supplied as part of the ORA packages.  |
| Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | 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. This was confirmed in staff files sighted. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur. No changes are required for the change of bed use as across the service the number of residents in the village and care unit will remain the same just with a change of status for some to rest home level care.There is provision and availability of protective clothing and equipment and staff were observed using this. |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | A current building warrant of fitness (30 August 2019) is publicly displayed. No changes are required to this as the studio apartments are already included in the building warrant of fitness owing to its proximity to the care unit. (It is the same building).Appropriate systems are in place to ensure the residents’ physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment was not all current but calibration of bio medical equipment was current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. Efforts are made to ensure the environment is hazard free but one part of the corridor in the studio apartment block has restricted width as residents use this to park their electric scooters. External areas are safely maintained and are appropriate to the resident groups and setting. Staff confirmed they know the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned and residents and family are happy with the environment.  |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | There are adequate numbers of accessible bathroom and toilet facilities throughout the facility including staff and visitor amenities. This includes all studio apartments having full ensuites which are large enough to have staff and equipment in if required. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents’ independence.  |
| Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.  | FA | Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with furnishings, photos and other personal items displayed. The door width and room size is adequate for the use of equipment if required. There is room to store mobility aids, wheel chairs and mobility scooters. One of the mobility scooters parked in the corridor in the studio apartment area is not in use and the other one belongs to an independent living resident who lives in an apartment one floor above. Refer comments in criterion 1.4.2.4 Staff and residents reported the adequacy of bedrooms. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | 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 residents’ needs. Residents have access to the village amenities giving them a choice of lounge, dining and activities areas. Residents can also access village communal areas for entertainment, recreation, dining and lounge areas.  |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | Laundry is undertaken on site in a dedicated laundry. Dedicated laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner. The current services will not need to change as ORA residents who live in the studio apartments currently have their laundry undertaken by the facility as part of their care package. The change of status to rest home level care will not increase laundry requirements. If an increase were to occur, the facility manager stated they would review the laundry hours. There is a small designated cleaning team who have received appropriate training. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. Cleaning and laundry processes are monitored through the internal audit programme and via the chemical provider. |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | FA | 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 their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The Ministry of Civil Defence and Emergency Management recommendations for the region are met related to appropriates stocks of water and food. There are also adequate supplies of blankets, mobile phones, alternative cooking such as a gas BBQ if required for use in the event of a civil defence emergency. Food and water stocks can cater for over 60 people. Water storage tanks are located around the complex, and there is a generator available from another sister facility in the Metlifecare cluster. The current fire evacuation plan was approved by the New Zealand Fire Service on the 02 May 2002. There have been no changes to the facility footprint. No changes are required for the change of use from ORA to rest home level care as residents in studio apartments are included the trial evacuations owing to being in the same building as the care unit.A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 03 April and 04 April 2019. This allows the facility to include staff on different shifts. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.Emergency lighting is regularly tested.Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and residents and families reported staff respond promptly to call bells. The call bell system is the same throughout the care unit including the studio apartments.Appropriate security arrangements are in place. Doors, windows and front gates are locked at a predetermined time and regular nightly security checks are undertaken.  |
| Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | All residents’ rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows. Heating is provided by either water heated underfloor heating or wall panel heaters in residents’ rooms and in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature. |
| Standard 3.1: Infection control managementThere 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.  | FA | The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from the Metlifecare senior clinical manager group. The infection control programme and manual are reviewed annually. No changes to the infection control programme are needed for changes to the ORA studio apartments to rest home level residents. The clinical registered nurse is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the nurse manager and clinical quality and risk manager. Data outcomes are shared at all staff meetings. Quarterly reporting is undertaken to the senior clinical management group. All infection control data is benchmarked by an off-site provider. The infection control committee includes a representative from all areas of the service and is part of the monthly quality review meeting held at the facility. 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 responsibilities. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.4.2.1All buildings, plant, and equipment comply with legislation. | PA Low | There is a reactive and long-term maintenance plan which is implemented by the maintenance team. There is adequate equipment for all residents including sit on weigh scales, wheel on weigh scales, lifting hoists and biomedical equipment. However not all electrical equipment had current test and tag identification. | Some electrical equipment in the storage room had test and tag results which identified the electrical safety test was up to six months overdue. | Ensure that all electrical equipment has a current test and tag safety test.Prior to occupancy days |
| Criterion 1.4.2.4The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group. | PA Low | The physical environment has handrails, wide corridors and secure floors to assist in the promotion of safe mobility to aid residents’ independence. However, in the corridor where the studio apartments are, one section is being used to park and charge two mobile scooters. This results in a narrowing of a section of corridor and makes the handrails inaccessible. | Where mobile scooters are parked in the studio apartment corridor residents are unable to access the handrail if they require this. | Ensure the corridor area is kept clear so residents can access the handrails if required. Prior to occupancy days |

# 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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| No data to display |

End of the report.