

# Lister Home Incorporated - Lister Home

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## 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 BSI Group New Zealand Ltd, 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:** Lister Home Incorporated

**Premises audited:** Lister Home

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

**Dates of audit:** Start date: 20 July 2021 End date: 20 July 2021

**Proposed changes to current services (if any):** Reconfiguration of six rest home level rooms in O'Neill wing to be dual purpose (rest home and hospital). This wing is currently occupied with three hospital level residents, one rest home resident and one room is vacant.

**Total beds occupied across all premises included in the audit on the first day of the audit: 60**



# Executive summary of the audit

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## 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

Lister Home provides rest home and hospital level care for up to 63 residents. On the day of audit there were 60 residents.

This partial provisional audit was conducted to assess the service's ability to provide dual purpose (either rest home or hospital level) care in six rest home level rooms located in one wing. This audit verified that the service has appropriate processes, facility and staffing to provide either rest home or hospital level care in the six rooms reviewed. Audit processes included a tour of the facility, review of documentation, medication management and food service, and interviews with management and staff.

The non-clinical facility manager is supported by an experienced clinical manager, registered nurses, and a team of long-serving experienced staff.

There were no areas identified for improvement at this audit.

Previous certification audit findings were reviewed in respect to part 3 of the health and disability service standards. The service has addressed the previous shortfall around timeframes

## **Consumer rights**

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## **Organisational management**

Lister Home is governed by a Charitable trust board who provide support and over sight to the facility manager. The clinical manager acts as facility manager in her absence. Human resource processes are managed in accordance with good employment practice, meeting legislative requirements. The induction, and education and training programmes for staff ensure that staff are competent to provide care for rest home and hospital level residents. There are sufficient staff employed to provide care for the existing residents and any new rest home or hospital admissions in the future. Staff have either completed or are working towards completion of aged care qualifications. A roster has been developed to cover the increase in care needs of potential hospital level residents. There are registered nurses on each shift.

## **Continuum of service delivery**

Medication policies and procedures align with current standards and guidelines. Staff responsible for medicine administration are trained and have current medication competencies. The food service at the Lister Home is provided on site by experienced kitchen staff. The service is equipped to manage the provision of rest home and hospital level residents. Kitchen staff have completed food safety training. Residents' individual needs are identified, documented and reviewed on a regular basis

## **Safe and appropriate environment**

There are documented processes for waste management. Chemicals are stored safely. The building has a current warrant of fitness and emergency evacuation plan. The maintenance role entails checking the safety of the facility and implementing requests

from the maintenance book. Annual testing and tagging of electrical equipment and calibration and service of medical equipment is up to date. There is sufficient equipment and resources to cater for an increase in hospital level residents. All rooms are single and personalised. The O'Neill wing has six rooms which all have full ensuites. Each room is spacious and of sufficient size to allow for equipment and staff to work freely and safely. The environment is warm and comfortable. There is adequate room for residents to move freely about their rooms and within the home using mobility aids. Communal areas are utilised for group and individual activities. The dining and lounge seating placement encourages social interaction. Other outdoor areas are safe and accessible for the residents. The staff maintain a tidy, clean environment

## **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 consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and also as part of the on-going in-service education programme.

## 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)
<b>Standards</b>	0	16	0	0	0	0	0
<b>Criteria</b>	0	36	0	0	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>Lister Home and Hospital is located in Waimate and is governed by a community trust board, comprised of representatives from all local churches and the community. The service provides care for up to 63 residents at hospital (geriatric and medical) and rest home level care. There is one bedroom designated for respite care, a palliative care suite and up to sixteen dual-purpose beds. The change of O'Neill wing from rest home to dual purpose will take the total dual-purpose beds to 22.</p> <p>On the day of the audit, there were 60 residents– 25 at rest home level (23 on ARC contract, one respite resident, and one under a Life Links MOH contract) and 35 hospital level (32 on ARC contracts, one mental health contract, one younger person on a disability (YPD) contract and one palliative care contract).</p> <p>The service has a strategic plan, a quality and risk plan, and a risk and management plan documented. Organisation goals are documented and reflect the philosophy of the service. The manager has developed a plan around the provision of rest home or hospital level care (dual purpose) in the O'Neill wing which comprises six full ensuite single rooms. These rooms are currently certified for rest home level care. The plan for changing to dual purpose rooms in the O'Neill wing has included review of the physical environment, recruitment of staff,</p>

		<p>staff education, and rostering, and impacts on food service, cleaning and laundry service. The O'Neil wing currently has five residents residing in it. There are four hospital level residents and one rest home level resident. One room is empty and is being renovated. Three of the hospital level residents residing in the wing were previously rest home level residents who have recently been assessed as requiring hospital level care. The use of the wing for dual purpose has been discussed and approved by the South Canterbury DHB health of older persons portfolio manager. No further admissions are being taken until the wing has been verified as dual purpose. The service has increased staffing in this wing to accommodate the increase in care needs of the residents (link 1.2.8)</p> <p>The facility manager reports to the board monthly, against the quality and risk plans and on a variety of operational issues. The clinical manager reports on clinical matters.</p> <p>Lister Home is managed by a non-clinical facility manager who has been in the role since April 2019. She has a background in accounting and business ownership and was a business lecturer at ARA. The manager is supported by a clinical manager (RN), who has worked at the facility since April 2020, and has a background in aged care, sales and management. An enrolled nurse (EN) who has worked at Lister Home for 25 years manages the rest home area. The management team are supported by registered nurses and long-standing caregivers.</p> <p>The facility manager has completed a minimum of eight hours of professional development relating to the management of an aged care service in the past twelve months including attendance at the New Zealand Aged Care Association (NZACA) conference, attends the monthly DHB meetings and the compulsory education at the facility. The clinical manager attended the NZACA conference, and a NZACA RN study day and completes in-house training sessions.</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>	<p>FA</p>	<p>The clinical manager assumes the role of manager in the temporary absence of the facility manager. She is supported by the registered and enrolled nurses and care staff.</p>

<p><b>Standard 1.2.7: Human Resource Management</b></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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six new staff files reviewed (two registered nurses, one enrolled nurse, and three caregivers) evidenced implementation of the recruitment process, employment contracts, position descriptions and police checks. Orientation documentation was still in the process of being completed by five of the six new staff. A register of practising certificates was maintained. There are sufficient staff for the increase in hospital residents.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed.</p> <p>A competency programme is in place. Core competencies are completed annually, and a record of completion is maintained (signed competency questionnaires sighted in reviewed files included: restraint, manual handling, hand hygiene, infection control, personal protective equipment (PPE), resident rights, cultural safety and medication).</p> <p>There is an annual education and training schedule being implemented. The caregivers undertake aged care education (Careerforce). Currently there are eight caregivers who have achieved level 4 NZQA, 21 with level 3, three caregivers with level 2. Fifteen caregivers have more than five years' experience in aged care. Four new caregivers and one new registered nurse have been employed to fill the increased roles in the roster.</p> <p>Education and training for clinical staff is linked to external education provided by the district health board. Registered nurse specific training viewed included: syringe driver, wound care, catheterisation and first aid. Five of nine registered nurses (including the clinical manager) and the enrolled nurse are interRAI trained</p>
<p><b>Standard 1.2.8: Service Provider Availability</b></p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a total of 85 clinical and non-clinical staff. There is a staffing rational and policy, staffing levels meet contractual requirements.</p> <p>The management team includes: the facility manager Monday to Friday. The clinical manager works Sunday to Thursday and is on call after-hours with other registered nurses. An additional registered nurse role has been added to the</p>

		<p>roster on Tuesday, Wednesday, Friday and Saturday.</p> <p>Additional caregiving shifts have been added to the roster in the hospital and dual-purpose rooms areas – 6.5 hours in the morning, 10.5 hours in the afternoon shift and 7.5-hour shift over night. Total caregiving hours have increased from 80.25 hours daily to 99.25 hours daily.</p> <p>Staffing has been adjusted to include the increased care needs of existing residents and takes into consideration the six dual purpose room verification:</p> <p>Hospital – 35 residents.</p> <p>Morning shift has two registered nurses (plus the clinical manager) rostered on Tuesday, Wednesday, Friday and Saturday. On other days there is one registered nurse and the clinical manager,</p> <p>Morning Caregivers (nine) – 1x 6.45 am to 3.15 pm, 1x 6.45 am to 3 pm, 1 x 7.00am – 2.30pm, 2 x 7.30 am to 1 pm (one float between hospital wings), 2 x 8.30 am to 1 pm (one float between hospital wings), and one flexi shift from 9 am to 2.30 pm (depending on acuity of residents).</p> <p>Afternoon shift has one registered nurse rostered, who is supported by seven caregivers- 1x 2.45 pm to 11.15 pm, 1 x 3.00pm – 10pm, 1x 3.30 pm to 10.30 pm, 1x 4 pm to 8 pm, 2 x 5 pm to 9 pm, 1x 4 pm to 8 pm and one flexi shift from 4.30 pm to 8.30 pm.</p> <p>Night shift is covered by one registered nurse and two caregivers from 10.45 pm to 7.15 am.</p> <p>Rest Home- 25 residents including one hospital resident.</p> <p>Morning shift has the enrolled nurse Monday to Thursday from 7.30 am to 4 pm. She is supported by three caregivers- 1x 7 am to 3.30 pm, 2x 7.30 am to 1 pm.</p> <p>Afternoon shift has three caregivers- 1x 3 pm to 11.15 pm, 1x 4.30 pm to 8.30 pm and 1x 5 pm to 8 pm.</p> <p>Night shift is covered by one caregiver from 11 pm to 7.30 am.</p> <p>The registered nurse provides oversight of the rest home. The afternoon and nightshift caregivers have full medication competencies, and first aid certificates.</p>
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<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Resident's medicines are stored securely. The registered nurses administer medications to hospital level residents and medication competent caregivers administer medicines to rest home level residents. All staff who administer medicines are competent and have received medication management training. Registered nurses complete annual syringe driver training and competencies. The facility uses a blister packed medication management system for the packaging of all tablets and an electronic medication charting and administration system. The RN reconciles the delivery and documents this. There are no standing orders. There are systems and processes in place to manage an increase in hospital level residents.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site at Lister Home. There is a four-weekly seasonal menu which has been reviewed by a dietitian. Dietary needs are known with individual likes and dislikes accommodated. All food preferences are met. The Food Control Plan has been verified by the local district council and the kitchen has been audited independently with all corrective actions completed.</p> <p>Staff were observed assisting residents with their meals and drinks. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures and food temperatures prior to the food being served to the residents are recorded. All food services staff have completed food safety and hygiene and chemical safety. The service has sufficient resources to accommodate an increase in hospital level residents.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected</p>	<p>FA</p>	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons and goggles are available, and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control</p>

<p>from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and were all stored safely throughout the facility. Safety data sheets are available.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The facility has a current building warrant of fitness which expires on 1 August 2021. The physical environment allows easy access, movement for the residents and promotes independence for residents with mobility aids. There is a main communal dining and lounge area and smaller seating areas and lounges for more private conversation. The new maintenance person (interviewed) carries out maintenance requests and records corrective actions in the maintenance book. Monthly internal building and external building maintenance schedules are in place. Water temperature monitoring of different rooms is carried out each week (sighted) and complies with regulations. Testing and tagging of electrical equipment have been conducted. The service is meeting the relevant requirements as identified by relevant legislation, standards and codes, including medical equipment, scales, hoists calibration and checking. The grounds are tidy, well maintained and able to be accessed safely. There are outdoor ramps with handrails, outdoor seating, shaded areas and raised garden beds. The residents who smoke have a designated outdoor smoking area. The O'Neill wing being verified for dual purpose use, has six single, full ensuite rooms which are of sufficient size to accommodate rest home or hospital level residents. The wing is currently occupied with four hospital residents, one rest home and one room is vacant for renovation.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate number of toilet and showering facilities. The rest home area has three wings with 29 rooms – all with full ensuite bathrooms. One of these wings (O'Neill) has six rooms and has been verified as dual purpose. This now reduces the rest home only rooms to 23 rooms and increases the dual-purpose rooms to 22. The remaining rooms are hospital level rooms. In addition, there is a palliative care suite and a designated respite room. Rooms in the O'Neill wing have handbasin facilities and full ensuite shower and toilet facilities. There is a public toilet in the O'Neill wing and privacy locks are in place.</p>

<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All residents room including the O'Neil wing are of sufficient and appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids and equipment. Residents are encouraged to personalise their rooms.</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>	<p>FA</p>	<p>There is a main dining room and lounge for the residents. Other lounges are situated at the end of each wing. The dining room is adjacent to the kitchen area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the resident group. Residents were seen to be moving freely within the communal areas throughout the audit. Residents from O'Neill wing can continue to access the main dining room and lounge areas.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Housekeeping staff complete the cleaning, and the service has designated laundry staff. The cleaning trolleys are well equipped, and all chemical bottles are labelled. Protective wear including plastic aprons, gloves and goggles are available in the laundry. Staff observed on the day of audit were wearing correct protective clothing when carrying out their duties.</p> <p>The laundry has a clean/dirty flow. The chemical provider monitors the effectiveness of laundry processes. Internal audits have been completed for laundry and cleaning. The laundry staff member interviewed advised that the service has sufficient linen to accommodate the increase in hospital level residents and laundry and has increased the laundry hours in response to this.</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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Six monthly fire evacuation drills take place (last in March 2021). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are emergency folders with specific information held in each nurse's station and centrally located emergency supplies. Emergency food supplies are included in the kitchen stores. There are adequate supplies in the event of a civil defence emergency including four 1,000 litre water tanks and a further supply of bottled water stored in the garage. Emergency management is included in staff orientation and ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. There are call bells in the residents' rooms, ensuites, communal toilets</p>

		and lounge/dining room areas. Residents were observed to have their call bells in close proximity. The building is secure after hours.
<p><b>Standard 1.4.8: Natural Light, Ventilation, And Heating</b> Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	General living areas and all resident rooms are appropriately heated and ventilated. All rooms including the O'Neill wing rooms have external windows that open allowing plenty of natural sunlight.
<p><b>Standard 3.1: Infection control management</b> There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control coordinator is a registered nurse with a defined job description that outlines the role and responsibilities. The infection control committee has been established and reports to the quality team meeting. The infection control committee includes representatives from each area of the service and meets three monthly. The infection control programme is appropriate for the size and complexity of the service. The programme is approved and reviewed annually by the infection control coordinator. Meeting minutes are available to all staff and infection control is an agenda topic at staff meetings.</p> <p>There are adequate hand sanitisers placed throughout the facility. Contact tracing and wellness declarations are completed by all visitors to the facility. Visitors who are unwell are asked not to visit the facility. Posters reminding visitors are visible at the entrance to the facility</p>

## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.