

Metlifecare Limited - Edgewater

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](#).

The specifics of this audit included:

Legal entity: Metlifecare Limited

Premises audited: Edgewater

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

Dates of audit: Start date: 22 February 2022 End date: 22 February 2022

Proposed changes to current services (if any): Metlifecare Limited – Edgewater is opening a new care home with 24 beds. All rooms can be used for the provision of aged related residential care (ARRC) at rest home, hospital and medical (non-acute) levels of care.

Total beds occupied across all premises included in the audit on the first day of the audit: 0



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

Metlifecare Limited - Edgewater (Edgewater Care Home) will be providing rest home and aged related hospital level care (including non-acute medical) for up to 24 residents. A 60-bed care home previously on this site was demolished in June 2017 to enable a purpose-built care home to be built. This is to facilitate residents 'aging in place'. Edgewater Care Home has been built on a premises that already has 61 independent living units, and 11 serviced apartments. Forty-seven new apartments have been built as part of the new build project, in three tower blocks and are co-located with the new care home. The service apartments and independent living services are not included in this audit.

The building is still under the management of contractors but is expected to be 'handed over' to Metlifecare in the next week. The opening date of the care home is scheduled for the 4th of April 2022. There will be a staged opening of the service. Initially only ten beds will be opened. The remainder will be opened as required and as staff resources are available.

This partial provisional audit was conducted against the specified Health and Disability Services Standards. The audit process included the review of documents, observations, interviews with the regional clinical manager, the development manager

(operations), the Edgewater Care Home nurse manager and the village manager, and the kitchen manager. A walk through of the new building was included in the audit.

Seven areas have been identified that need to be resolved before the building is occupied. These relate to orientation, recruitment and finalising the contracts for general practitioner and podiatry services, the building certificate of public use has not yet been issued and some clinical equipment needs performance monitoring. Finishing work needs to occur to ensure the interior of the building, and outside the building minimises the risk of harm and promotes safe mobility, the fire evacuation plan has not yet been approved by the Fire and Emergency New Zealand, and provision of the remaining equipment and testing to ensure that the call bells function safely is yet to occur.

Consumer rights

Not applicable to this audit.

Organisational management

The business plan and other assorted documents included the scope, goals, and values of the organisation. There are processes in place to monitor the services provided and report key aspects to the senior managers and executives. An experienced aged care nurse has been recruited to manage the facility and will be supported by a senior registered nurse and the regional clinical manager. The nurse manager has been employed for the last eight months to become familiar with Metlifecare system and processes and prepare the care home for opening.

The recruitment of staff is based on current good practice. A comprehensive orientation for new staff is planned. An ongoing education programme has been developed that is appropriate to the services provided.

There is a documented staffing level and skill mix framework in order to meet the changing needs of residents. The staff required for the initial opening and at full occupancy have been identified. The roster includes having at least one registered nurse on duty at all times.

Continuum of service delivery

A process has been established for the identification of residents' interests, hobbies and activity preferences. Resources have been obtained and a staff member employed to facilitate the activities programme.

The new building includes a secure room for the storage of medication, medication distribution trolleys and designated refrigerator. Comprehensive medicine management policies and procedures are in place. Contracts have been signed for pharmacy services and for the use of an electronic medicine management programme.

There is a new commercial kitchen on site. The existing food control plan and food safety policy will continue to be used. The menu has been reviewed and approved by a dietitian. Processes are in place to identify individual resident dietary needs and preferences.

Safe and appropriate environment

The care home has 24 single occupancy rooms, with each room having a ceiling hoist, a full ensuite bathroom, a heat pump, and appropriate furnishings. There are twelve bedrooms in each of two units that are called 'Fantail' and 'Bluebird'. There is a central open planned lounge and dining room area.

A functioning kitchen in the dining room can be used for activities. Two 'nook' areas and a multi-purpose room are available that can be used by residents, family members and staff. The building has not yet been handed over to Metlifecare by the contractors.

There are designated areas for the safe storage of waste and chemicals/hazardous substances. A hazard/risk register and a hazardous substance register has been developed. Laundry services have been contracted to the off-site Metlifecare Laundry. Cleaning supplies are available, and a cleaning programme has been developed.

Appropriate emergency supplies are available, along with reference documents for the use in civil and other emergencies.

Security arrangements include the use of security cameras.

Restraint minimisation and safe practice

Not applicable to this audit.

Infection prevention and control

There is a documented infection prevention and control programme which includes surveillance for infections. The programme is appropriate to the services provided on site. The senior registered nurse is responsible for facilitating the programme. Appropriate resources are available.

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	12	0	1	3	0	0
Criteria	0	29	0	5	2	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>Metlifecare was brought out by the EQT Asia Pacific Care Group in November 2020. The Metlifecare name has been retained, with changes to the board of directors and a new Chief Executive Officer appointed in June 2021. A three to five year 'Full Potential Plan' is being rolled out.</p> <p>A 60-bed care home had previously been on this site. This was demolished in June 2017 to facilitate a purpose built care home to be built on site so residents can 'age in place'. Edgewater Care Home has been built on a property that already had a retirement village comprising 61 independent living units, and 11 serviced apartments. Forty-seven new apartments are being built in three tower blocks and are co-located with the new care home. The service apartments and independent living services are not included in this audit. The care home is located on the ground floor.</p> <p>The care home has 24 bedrooms. These are single occupancy, located in two units containing 12 beds each, with a central dining, lounge and functioning kitchen area for use during activities, for relaxation, and the serving of meals. The units are called Bluebird and Fantail. All beds are suitable for the provision of rest home and hospital level care (including medical), and the initial 10 residents admitted in stage one will be admitted into the same wing. The new commercial</p>

	<p>kitchen is where all meals will be provided from.</p> <p>The village manager and nurse manager advise there is a waiting list of approximately 20 persons who are seeking admission to Edgewater. Most are for hospital level care. Admission priority will initially be given to residents living in the Edgewater village apartments and units who have been assessed as requiring aged related residential care.</p> <p>Edgewater Care Home has a current business plan (2022), which was developed by the nurse manager, village manager and regional clinical manager. This includes evidence of a 'Strengths, Weaknesses, Opportunities and Threats' (SWOT) analysis, actions and measures, budget planning and overarching goals and actions required to achieve these. The Metlifecare core values of passion, respect, integrity and teamwork will be the Edgewater Care Home values.</p> <p>The Edgewater Care Home nurse manager has been employed for over eight months and has been orientated to the nurse manager role during this period in other Metlifecare Aged Related Residential Care (ARRC) services. The nurse manager has been working to undertake preparation work to ready the care home for opening in a planned manner. This includes furnishing the facility, recruiting staff, developing a staff training programme, establishing contracts with allied health providers, and obtaining the required clinical consumables and equipment. Some of these activities remains in progress due to the impact of Covid-19 restrictions and subsequent impact on the supply chain. (Refer to criteria 1.2.7.5, 1.2.8.1, 1.4.2.1, 1.4.2.4, 1.4.2.6, 1.4.7.3 and 1.4.7.5). The nurse manager completes a formal report on a monthly basis. The nurse manager reports to the regional clinical manager for clinical issues and the Edgewater village manager for operational issues.</p> <p>The nurse manager (NM) is a registered nurse and has worked as a Needs Assessor and Service Coordinator (NASC) assessor in the Auckland community for three years and has worked as a senior registered nurse (RN) in another ARRC organisation for three years, that provided rest home, hospital and dementia level of care. The nurse manager has a Master of Nursing (graduated in 2018) and has enrolled to complete a post graduate certificate in health management at Auckland University of Technology (AUT) in 2022. The nurse manager confirmed being familiar with ARCC contract requirements and being well supported by the regional clinical manager.</p> <p>The regional clinical manager (RCM) is a registered nurse and has worked in the ARRC setting for 16 years including in management roles and has responsibilities</p>
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		<p>for five sites. This includes two ARRC facilities, two villages and another new build project. The RCM has just completed a business diploma and is providing support to the Edgewater nurse manager and new staff opening this new care home. There is an organisation chart, and reporting processes in place to the clinical director and other executive.</p> <p>The NM responsibilities and accountabilities are defined in their job description and individual employment agreement, with the NM responsible for ensuring the day-to-day care needs of the residents are being met. The nurse manager confirmed knowledge of the sector, regulatory and reporting requirements. The NM has exceeded eight hours of education related to managing an aged residential care service in the last 12 months, as required to meet ARRC contract requirements with Counties Manukau District Health Board (CMDHB).</p> <p>The service has applied for an Age-Related Residential Care (ARRC) contract with Counties Manukau District Health Board. The nurse manager has already established links with the local Hospice service. The nurse manager and senior RN have completed palliative care outcome initiative (POI) training with Hospice. The nurse manager has had an introductory meeting with the DHB Mental Health for Older Persons service representative. The nurse manager has also been in contact with the DHB gerontology nurse specialist that works locally and is starting to liaise with applicable clinical nurse specialists. The NASC service have been informed of the planned opening date, along with Aged Concern. A representative from the local Iwi has been invited to the opening day ceremony and to speak at staff orientation.</p> <p>At the time of audit, the care home is unoccupied.</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>In the absence of the nurse manager, a senior registered nurse will be responsible for services delivered with the support of the regional clinical manager and village manager as required. The senior RN has been employed for over nine months and has been working in another Metlifecare facility to orientate to Metlifecare, and the associated clinical and other processes. This senior RN has current interRAI competency and will be coming to Edgewater to complete the two-week orientation programme for all new staff and will be initially working Tuesday to Saturday mornings on the roster.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The nurse manager advised the recruitment process includes completing an online application, interview, referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. An electronic platform is used for recruitment processes and storage of associated records. A sample of staff records reviewed confirmed the organisation's policies are being implemented and records maintained. The application forms sighted were for positions under recruitment. Once staff have been employed these records are only available to human resource staff.</p> <p>All employed and contracted registered health professionals have a current annual practising certificate with records sighted.</p> <p>A comprehensive orientation programme is planned for new staff. However, has not yet been completed. This is required prior to occupancy.</p> <p>Continuing education is planned. Two annual education calendars for 2022 details the ongoing education that will be provided each month. One contains details of clinical training and one for non-clinical education. Providing ongoing education is not raised as an area requiring improvement as these topics will be covered in the two-week orientation programme, with updates and refreshers scheduled to be provided over time.</p> <p>There are two trained and competent registered nurses who can undertake interRAI assessments. This is the nurse manager and the senior nurse.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>PA Moderate</p>	<p>There is a documented staffing rational and rostering guidelines which includes reference to resident acuity, staff skill mix and training. There remains a number of positions that have yet to be recruited and are required prior to opening the initial stage one opening of the care home for the first ten residents. Recruitment will then need to be undertaken prior to opening the additional 14 beds.</p>
<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 policy was current and identified all aspects of medicine management that complies with the legislative requirements. This includes for the reporting of medicine related errors / adverse events, and the assessment process to ensure residents are safe to self-administer medicines where this is planned. An electronic medicine management system will be used. A</p>

		<p>contract has been established on the 14 February 2022 with the applicable medicine management system software provider and this was sighted. The internet connection is being installed. Electronic devices for use during medicine rounds have yet to be installed. These issues are included in the area of improvement raised in criterion 1.4.2.4.</p> <p>All staff who administer medicines, or who have the responsibilities of a second checker will be required to complete the Metlifecare medicine competency assessment processes. This is scheduled to occur during the orientation programme (refer to the area for improvement raised in criterion 1.2.7.4).</p> <p>A contract is in place with pharmaceutical provider for the provision of all required medicines. The contractor will be involved with providing staff training during orientation. The requirements for medicine reconciliation on admission, and review of medicines by the GP at least three monthly is included in the care planning framework in place.</p> <p>A controlled drugs safe has been installed, and a controlled drugs register is available. The clean utility / medicine storage room is accessible by key only. There is a medicines refrigerator for the storage of applicable medicines. The nurse manager advised no other items will be kept in this refrigerator. Monitoring processes are in place in the medicines room and the refrigerator to ensure the temperature is within the required range and records retained.</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>The food services will be provided on-site by chefs, with the support of the kitchen assistants. The menu is in line with recognised nutritional guidelines for older people. The menu follows seasonal patterns, on a four weekly cycle and was reviewed by a qualified dietitian in December 2021. The menu includes soft diet, puree diet, gluten free, small servings and a light option. There will be a light meal available at lunch. The main meal will be provided at night and residents have the option of two main meals and vegetables to choose from. The kitchen manager, who has been employed by Metlifecare for three months and working at Edgewater for the last two weeks advised the summer menu will be used on opening. The kitchen manager has worked in another ARRC facility for approximately three years and prior to that owned and operated a café.</p> <p>The food control programme includes all aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. There is a kitchen facility in the village, and an</p>

		<p>approved food safety plan in place. A verification audit on 10 June 2021 had no areas identified as requiring improvement.</p> <p>A new commercial kitchen is in the final stages of being completed, however has not been commissioned as the gas connection is yet to be installed. This is included in the area for improvement raised in 1.4.2.4. The new kitchen will be used for all food services (care home and village). Staff training with equipment suppliers is booked to occur, and staff training on food safety is scheduled for orientation week (refer to 1.2.7.4). The current food safety plan includes a process for monitoring food temperatures, including for high-risk items, cooking, cooling and serving temperatures are monitored appropriately and recorded as part of the plan. The village manager advised the Auckland City Council has been informed there is a new kitchen being built, and the current village kitchen will close. A new food safety programme is not required, as the existing food safety plan can be transferred to the new kitchen. A verification audit is not required to occur initially and is scheduled to occur in June 2022 as per the current routine schedule. Two staff currently employed have completed a safe food handling qualification.</p> <p>The dietary needs of residents will be assessed by the RNs on admission. This includes personal food preferences, any special diets and modified texture requirements. The template for this is included in the electronic clinical records system. Residents will be provided with the menu and order forms to make their menu choices for their main meal preferences between one and seven days prior; however, flexibility will be given if a resident changes their mind on the day. The menu order forms have been developed and a sample sighted. Resident menu requests including specific residents' dietary needs will be provided to kitchen staff. The kitchen manager advised individual resident's needs will be accommodated as occurs currently for village residents.</p> <p>Food service equipment and crockery/cutlery has been delivered and boxes of supplies sighted. These will be unpacked once the kitchen installation has been completed and the kitchen cleaned.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the</p>	<p>FA</p>	<p>A full-time activities coordinator has been employed. Metlifecare uses an electronic resident clinical record. This will be utilised at Edgewater care home. This includes template forms to ensure appropriate activity and lifestyle assessments are completed. In addition, the nurse manager has a 'know me don't change me'- my life story form. This will be used by staff to obtains relevant</p>

<p>service.</p>		<p>information on each resident including their interests, hobbies, past history, best memories, hobbies, religion, past pets and hopes and dreams.</p> <p>An activities plan has already been developed for April 2022 and covers a seven-day week. This is based on an activities programme that is provided at another Metlifecare facility. This includes newspaper reading, games, sit and dance exercises, outings, music, pampering, individual activities and Anzac Day commemorations. The nurse manager advised this will be adapted based on individual resident needs. Some equipment is available for use including library books, puzzles, indoor bowling set and games. Additional resources will be obtained as required.</p> <p>A new facility van with a hoist is on order. Delivery is now expected in June 2022. This has been delayed due to Covid-19 impact on the supply chain. In the interim the Edgewater village vehicle will be used for activities as/when required.</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>There is a documented processes for the management of waste and infectious and hazardous substances. A poster also provides quick reference for staff on waste segregation. Appropriate waste disposal containers including sharps, controlled waste, and cytotoxic waste are available on site. A contract has been signed with an appropriate waste contractor for the collection and disposal of Edgewater Care Home waste.</p> <p>An external company supplies all cleaning products, and these are stored appropriately. Staff will be provided with training on the use of the waste and hazardous substance training including safe use of chemicals during the orientation programme, as detailed in the orientation programme sighted. Refer to the area requiring improvement raised in criterion 1.2.7.4.</p> <p>Material safety data sheets (MSDS) were available. There is a chemical/hazardous substance register documented. Details included the chemicals, their trade name and location.</p> <p>Appropriate medical gas supplies are available and secured appropriately.</p> <p>There are supplies of appropriate personal protective equipment (PPE) on site. The installation of storage/dispensing units for ready access to hand hygiene supplies including gloves has not been completed in all applicable areas. This is included in the area for improvement raised in criterion 1.4.2.4.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Moderate</p>	<p>The building construction is completed but final finishing was in progress. This included needing to install handrails in Fantail wing, install hand hygiene and PPE dispensers, hot water testing, complete the installation of the internet and gas connections and the electronic devices required for medicines management. The kitchen requires commissioning. Some further work is required to make the outdoor area safe for residents use and a fire evacuation ramp and driveway needs to be developed.</p> <p>A Certificate of Public Use has yet to be issued. Some equipment requires clinical calibration/performance monitoring.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>All twenty-four residents' rooms have an ensuite that includes a toilet, shower and a hand basin. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories according to individual requirements, are available to promote residents' independence. There are two staff toilets and two staff showers and a visitor toilet near the main entrance. Edgewater Care Home has purchased shower chairs, commodes and other consumables that may be required by residents.</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>Each bedroom has been furnished with an electric bed, a lounge chair, bedside table, wall shelves, wardrobe and drawers. Some have another display/storage unit. Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. The nurse manager advised any furniture items can be removed if residents want to use their own, and residents will be encouraged to bring their special personal items and photos to make their room homely.</p> <p>There are areas for the storage of other equipment including mobility aids, wheelchairs and clinical consumables.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p>	<p>FA</p>	<p>There are separate areas including a lounge and dining room with kitchenette. The kitchenette contains a fridge freezer, wall oven and benchtop cooker. A dishwasher is being installed. There are two small furnished 'nooks' in the</p>

<p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>corridor. The hairdressing salon is located inside the independent living building. There is a 'multifunction' room. The nurse manager advises the 'multifunction' room will be used by residents/family as needed as well as for staff meetings.</p> <p>All dining and lounge areas have sufficient space and enable easy access for residents and staff. Furniture is appropriate to the setting and residents' needs. There are two internal courtyard areas that residents and family can also access.</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>Laundry services will be provided by the Metlifecare commercial laundry located offsite. A contract is in place for this service. The nurse manager has obtained the linen that will be provided for residents by Edgewater Care Home including duvets, blankets, lap rugs, pillows and the bed underlay. The laundry will provide and launder all other linen.</p> <p>There are linen skips on site, and instructions for staff on the segregation processes.</p> <p>There is a documented cleaning schedule which details the tasks to be undertaken, frequency, days of the week and location. There are cleaning trolleys, and a secure room for the storage of chemicals and cleaning supplies. Staff will be provided with training on cleaning and laundry processes as a component of the orientation programme (refer to 1.2.7.4). Cleaning staff have yet to be recruited. This is included in the area for improvement raised in criterion 1.2.8.1.</p> <p>Monitoring of cleaning and laundry services will be undertaken as a component of the internal audit schedule/programme (sighted) and the resident satisfaction survey processes sighted.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Moderate</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed for 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. A flip chart is present as a quick reference. A noticeboard in residents' bedrooms includes an easy reference copy of fire evacuation procedures.</p> <p>Edgewater Care Home is in a zone that would require evacuation in the event of a 'maximum impact tsunami'. A map has been developed identifying for staff the 'at-risk zone', the evacuation route to the nearest safe zone, and the distance that</p>

	<p>staff and residents would need to travel to be outside of the 'at risk zone' (approximately 300 metres). The nurse manager and regional clinical manager advised there are two nearby Metlifecare facilities that would be contacted for assistance, and residents could be taken to these facilities if required in the event of an emergency. The orientation programme includes training for staff on management of emergency events including tsunami, although this has not yet occurred. This is included in the area for improvement raised in criterion 1.2.7.4.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food for up to three days, water (1600 Litres of bulk water which is to be changed six monthly and 25 litres of bottled water), blankets, batteries and a gas BBQ were sighted and meet the requirements for up to 24 residents. A civil defence emergency bin contains a range of other tools and items that may be required in an emergency including torches, radio, a first aid kit and disposal crockery/cutlery. There are blankets available. The regional clinical manager advised there is also a regional emergency supply kit which is held off site. The emergency lighting has an uninterrupted battery supply (UPS). The civil defence supplies are stored appropriately and will be checked six monthly. There are additional PPE supplies for use in an infection outbreak/emergency.</p> <p>The fire evacuation plan has not yet been approved by Fire and Emergency New Zealand. The call bells are not fully functioning as yet. These require addressing before occupancy.</p> <p>The care home is on the ground floor of the facility. Residents do not need to use lifts to evacuate the building.</p> <p>Appropriate security arrangements are planned. There is an auto opening front door that leads into an entrance area. Visitors can come into to this area and then seek admission. The reception desk is located in front of the entrance. There is a camera and intercom present to enable visitors to talk with staff. There is another inner door to the care home that will need to be opened by staff to give entrance to visitors (if applicable) once Covid-19 risk screening has been completed. There are window stays on sampled windows.</p> <p>Surveillance cameras are installed that will monitor internal communal areas, the entrance, and some external areas. One sign is present alerting to these. There are Metlifecare procedures in place about who can access stored images.</p>
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<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>Edgewater Care Home uses heat pumps for warmth and cooling, with each resident's room having its own. There is heating vents in the ceiling in communal areas. The temperature can be adjusted as required and is currently set at 21 degrees Celsius.</p> <p>Windows throughout the facility, including every bedroom provides natural light and are openable with security latches in place. Six bedrooms have an external door into an internal courtyard.</p> <p>All indoor areas were warm and well ventilated throughout the audit.</p> <p>There is a designated area outside for residents who want to smoke. There is no smoking or vaping on site for staff.</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>Edgewater Care Home has a documented infection prevention and control (IPC) annual service plan (2022) to minimise the risk of infection to residents, staff, and visitors. The programme is guided by a comprehensive and current infection control manual and includes the infection surveillance programme.</p> <p>The senior registered nurse is the designated IPC resource nurse, whose role and responsibilities are defined in their job description. The infection prevention and control manual provides guidance for staff about how long they must stay away from work if they have been unwell. There are processes in place to screen persons entering the facility for Covid-19 risk. A QR code is located at the entrance and all staff and contractors are asked to scan and were observed using appropriate personal protective equipment and be socially distanced where able.</p> <p>There is a Covid-19 pandemic plan in place, with current information on infection control measures and contact tracing requirements. Staff and residents will be offered annual influenza vaccinations and covid vaccinations as per the current national requirements. The nurse manager stated all staff are required to participate in the Metlifecare Covid-19 saliva-based screening programme on a weekly basis with a contracted laboratory. Rapid antigen tests (RATS) are also being used as required. All new staff will be required to have a negative RATS test before they are allowed into the facility for orientation.</p> <p>Infection prevention and control training is scheduled to occur during the orientation programme. Refer to the area requiring improvement raised in criterion 1.2.7.4.</p>

		<p>Appropriate resources have been purchased including hand hygiene products and personal protective equipment but have yet to be installed in all areas required. This is included in the area requiring improvement raised in criterion 1.4.2.4. Appropriate continence supplies and wound care products are available on site.</p>
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Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>New staff will be provided with a two-week orientation programme relevant to their role. This includes time for staff to complete role specific orientation requirements and competencies. The nurse manager has developed the programme commencing on 14 March 2022. All new staff are required to attend. There is a schedule of topics to be covered each day. This includes the facility, fire and emergency/disaster procedures, medicine and medicine competencies, first aid training, abuse and neglect, cultural safety, the call bell system, infection prevention and control (including use of personal protective equipment and outbreak management), waste and hazardous</p>	<p>A comprehensive two-week orientation programme has been developed for new staff and includes first aid, medicine competency, food safety, fire and emergency procedures, waste and hazardous substances, chemical safety, restraint minimisation, infection prevention and control. The orientation programme and associated competencies has yet to be completed by staff</p>	<p>Ensure all staff complete the orientation programme and competencies relevant to their role and records are retained.</p> <p>Prior to occupancy days</p>

		substances, chemical safety, stages of dementia, security, resident directed care, complaints, advocacy, clinical skills, and restraint minimisation. The orientation will include the competencies that are required of staff. The topics include all those required to meet ARRC contract requirements and these standards.		
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	<p>PA</p> <p>Moderate</p>	<p>One caregiver and one registered nurse will be on duty at all times when the care home opens in order to provide care for up to ten residents. This is stage one of the process that over time will expand to the utilisation of all 24 beds. Stage one will include the admission of nine residents requiring hospital level of care and one resident requiring rest home level of care. The nurse manager has calculated the number of registered nurse and caregiver hours that will be required for stage one, and for full occupancy and recruitment is underway for these positions.</p> <p>A registered nurse will be on duty at all times. Three registered nurses have been recruited in addition to the nurse manger and senior nurse. The roster will initially include the senior nurse working clinically, and the nurse manager who will cover some clinical shifts. Over time and at full occupancy, the nurse</p>	<p>A full-time chef, a part time kitchen hand, at least one full time cleaner, a full-time caregiver, a part time receptionist and an activities person (for one day a week) need to be employed prior to stage one opening. Additional staff will need to be recruited prior to opening the remaining 14 beds.</p> <p>A contract has yet to be finalised for the provision of general practitioner and podiatry services.</p>	<p>Recruit the remaining staff positions required to ensure safe staffing and skill mix requirements are met prior to stage one opening, and the subsequent staged opening of beds.</p> <p>Finalise a contract for the provision of general practitioner and podiatry services.</p> <p>Prior to occupancy days</p>

		<p>manager advises the NM and senior nurse roles will be in addition to having a RN working on the floor each shift. In order for this to occur, two more registered nurses will need to be recruited, and recruitment is underway. A two-week roster has been developed and was sighted. Six caregivers have been recruited and this includes two caregivers that are relocating from another Metlifecare ARRC facility. Another seven caregivers will be required before all the beds can open. Recruitment is in process.</p> <p>Activities will be provided over seven days from 9.30 am to 4 pm. The main activities co-ordinator has been employed and will work six days a week. Another person is being recruited to facilitate activities programme for one day a week. The new activities coordinator has enrolled to complete an industry approved qualification in diversional therapy.</p> <p>A receptionist will be on site in the care home every day working a 'four on and four off' roster. One receptionist has been employed and one position is vacant.</p> <p>A cleaner will be on site Monday to Friday for eight hours a day. Weekend cleaning requirements are still being determined. The recruitment process for cleaners is</p>		
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		<p>underway.</p> <p>A full-time chef, a part time kitchen hand, at least one full time cleaner, a full-time caregiver, a part time receptionist and a part time activities person (one day a week) need to be employed prior to stage one opening. Additional staff will need to be recruited prior to utilisation of the remaining 14 beds.</p> <p>A kitchen manager and a maintenance person are already employed.</p> <p>The nurse manager advised care home staff are not required to provide any services in the independent living units and apartments.</p> <p>The nurse manager has a contract in place with a physiotherapist that will initially visit weekly, increasing to twice a week as occupancy increases. A contract is also in place with a dietitian, and pharmacy services. Negotiations are in the 'final stages' for the general practitioner services and podiatrist roles. Two general practitioners at the proposed practice currently provide services at another Metlifecare ARRC facility. The intention is that they will now provide services to two Metlifecare ARRC facilities. A draft contract for these positions was sighted. The nurse manager is expected to finalise these contracts in the next week to</p>		
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		10 days. Metlifecare already has a contract in place with an occupational therapist for services as and when required in the 'Northern' cluster of ARRC facilities. This will include the provision of services at Metlifecare Edgewater.		
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The building construction is completed but final finishing is required. A Certificate of Public Use has not been issued as yet.</p> <p>There are ceiling hoists installed in each bedroom. These have been verified by the installer as meeting current required standards.</p> <p>Appropriate clinical equipment has been purchased appropriate to the services that will be provided and includes oxygen concentrators, tympanic thermometers, oxygen saturation probes, air mattresses, and blood pressure monitoring machines. Clinical calibration and performance monitoring had been completed for most items sighted excluding the wheelchair scales, two standing hoists and two sitting hoists.</p>	<p>The new building does not yet have a building Certificate of Public Use issued.</p> <p>Records were not available to verify the wheelchair scales, standing hoists and sitting hoists have undergone performance monitoring and clinical validation.</p>	<p>Provide evidence a Certificate of Public Use has been issued for the building by local authorities.</p> <p>Provide evidence the outstanding clinical equipment has undergone performance monitoring and clinical calibration.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility,</p>	PA Low	<p>The care home is purpose built and includes 24 bedrooms with full ensuites. The flooring is carpet tiles and non-slip flooring in bathroom</p>	<p>Handrails have not yet been installed in Fantail unit.</p> <p>The external ramp that is part of the fire evacuation exit for</p>	<p>Ensure handrails are installed in Fantail unit, ensure the temperature of hot water is within the required temperature range in resident care</p>

<p>aids independence and is appropriate to the needs of the consumer/group.</p>		<p>areas. There are two, twelve bed units (Fantail and Bluebird). Televisions are being installed including on the walls in resident bedrooms during audit. There is a central lounge and dining area and kitchenette. There is a dirty utility room, a clean utility room, and a new commercial kitchen. Handrails are present in the corridors in Bluebird unit, but yet to be installed in Fantail unit. There are a range of lights installed in residents' rooms and this includes reading lights and a night light. The main room lights can be dimmed if required.</p> <p>There is a fire exit ramp that is yet to be built from the fire exit door at the end of Bluebird wing. This and the nearby driveway have yet to be completed.</p> <p>Testing of hot water to ensure it is within the required temperature range in resident care areas has not yet occurred.</p> <p>Hand hygiene supplies (soap, alcohol gel, paper towels and gloves) have yet to be installed in most area, although staff were on site and sighted installing some of these supplies.</p> <p>Installation of the gas connection to the kitchen, internet services and the electronic devices required to use of the electronic medicine management system have not been</p>	<p>Bellbird wing has yet to be installed, and the driveway adjacent to this has not been finished.</p> <p>The temperature of hot water has not been tested and verified to be within the required range in resident care areas.</p> <p>Hand hygiene supplies and some personal protective equipment (PPE) supplies have not been installed in all applicable areas.</p> <p>Installation gas connection to the kitchen and installation of the internet and electronic devices for medicine administration have not been completed.</p>	<p>areas, and install hand hygiene and PPE dispensers/supplies where required. Complete the installation of internet and gas supplies to applicable areas and the electronic devices for use during medicine administration. Install the ramp at the fire exit in Bellbird and complete installation of the driveway.</p> <p>Prior to occupancy days</p>
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		<p>completed.</p> <p>A facility hazard register has been documented. This includes mitigation strategies.</p>		
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	<p>PA</p> <p>Moderate</p>	<p>The building has concrete paths and some deck areas around the facility. However, the grills to cover drain channels areas around the building including at the front entrance have not yet been installed. Landscapers were present during the audit working on landscaping the premises and continuing planting. Additional shades cloths that will extend from the building are on order. In the interim shading will be provided with large umbrellas. There are six rooms that have doors that open to the inside courtyard.</p>	<p>The drainage channels around the building have yet to have appropriate covering installed for safety.</p>	<p>Ensure the drainage channels around the building have an appropriate grill covering in place.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	<p>PA</p> <p>Low</p>	<p>Fire and Emergency New Zealand has been on site undertaking a review of the facility and fire evacuation plan. However, the fire evacuation plan has not yet been approved. An evacuation ramp has yet to be built at the emergency exit at the end of Bluebird wing. This is included in the area for improvement raised in criterion 1.4.2.4. The new staff orientation programme includes fire and security training, although this has yet to be completed. Refer to the area for improvement in</p>	<p>The fire evacuation plan has yet to be approved by the Fire and Emergency New Zealand.</p>	<p>Provide evidence the Edgewater Care Home fire evacuation plan has been approved by Fire and Emergency New Zealand, and staff have been trained on this prior to occupancy.</p> <p>Prior to occupancy days</p>

		<p>critterion 1.2.7.4.</p> <p>The building has sprinklers throughout. Fire exit signs have been installed. Fire extinguishers are available in key locations within the building.</p>		
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	PA Low	<p>There are call bells present in resident bedrooms and near the toilets. These alert by lighting up outside the room and will alert through to staff phones and to central panels. The nurse manager advised in the unlikely event residents are in the shower area without staff being present, the resident will be given a call bell pendant to wear. These have yet to be ordered and linked to the call bell system and this is required. The testing of the call bells to ensure they are all functioning appropriately has not yet been completed. The phones for staff use have not been delivered and internet connection installation is not completed. (This links with the area requiring improvement raised in 1.4.2.4).</p>	<p>Personal pendants that residents can wear if required to call for assistance are not available on site.</p> <p>The staff telephones that link with the call bell system have not yet been delivered. Testing has not occurred to ensure all call bells are functioning and will alert staff as required.</p>	<p>Purchase the personal pendants for use by residents who are not near a call bell. Ensure all call bells are functioning appropriately and alerting staff including via their telephone as required.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.