# Inglewood Welfare Society Incorporated - Marinoto Rest Home

## 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 Health and Disability Auditing New Zealand 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:** Inglewood Welfare Society Incorporated

**Premises audited:** Marinoto Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 23 August 2019 End date: 23 August 2019

**Proposed changes to current services (if any):** A partial provisional audit was completed to assess the preparedness of the provider to provide hospital level of care and medical services. Twenty-six beds were assessed as suitable for dual purpose rest home or hospital level of care including one large room that was assessed as suitable for a double room. The new reconfiguration of 26 dual purpose beds and six rest home beds will increase the number of available beds to 32.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 25

# 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

## General overview of the audit

Marinoto rest home is a charitable trust governed by Inglewood Welfare Society which is an incorporated society. Marinoto currently provides rest home level care for up to 28 residents.

As part of a reconfiguration the service built and opened a 12-bed new purpose-built wing (stage one) in December 2018. This audit has included verifying stage two of the build. This partial provisional audit was conducted to assess the providers preparedness to provide hospital level of care and medical services. The number of beds available with the reconfiguration will be 32 (26 dual purpose beds and six rest home beds) which will increase the number of available beds to 32.

The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing dual-purpose level care (rest home and hospital) across the 26 verified beds.

The rest home is managed by an experienced clinical manager who is supported by a business manager and long-serving staff. Trust board members and the community are actively involved in supporting the service.

This partial provisional audit identified improvements required around the planned maintenance, fire evacuation approval and 24-hour registered nurse cover.

## Consumer rights

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## Organisational management

Marinoto rest home is a not for profit organisation. There is a business plan and transition plan in place for commencing hospital level of care and the recruitment of RNs. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service orientation programme includes a site induction in employment and role specific orientation that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care relating to rest home and hospital level of care. External training is supported. The staffing roster aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care for rest home residents.

## Continuum of service delivery

Medication education and competencies are completed annually for the registered nurses and healthcare assistants responsible for administration of medicines. Medication policies reflect legislative requirements and guidelines. All medications are stored and administered from one main medication room.

All meals are prepared on site. There is dietitian review of the four-weekly menu. The cooks are trained in food safety and hygiene. Meals are transported and served from a bain marie in the two dining areas. The food control plan has been verified.

## Safe and appropriate environment

The building has a current warrant of fitness. Staff have enough equipment to carry out resident cares safely. There is a mix of ensuite resident rooms and communal toilets/showers. There are sufficient toilet/shower facilities which are spacious and closely located to the resident rooms. All rooms are spacious. There is a communal lounge and dining area in the existing rest home and the 12-bed wing. Cleaning and laundry are completed by dedicated staff seven days a week. There are adequate supplies available in the event of an emergency/civil defence event. There is a first aid trained staff member on duty at all times.

## Restraint minimisation and safe

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## Infection prevention and control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. A registered nurse has responsibility for infection control across the service. The infection control programme is reviewed annually. There are sanitisers appropriately placed thought out the facility and sufficient supplies of personal protective clothing.

## 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 | 12 | 0 | 3 | 0 | 0 | 0 |
| **Criteria** | 0 | 32 | 0 | 3 | 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 | Marinoto Rest Home currently provides rest home level care for up to 28 residents. On the day of audit there were 25 rest home residents and one hospital level resident who has a dispensation which is reviewed three monthly. Marinoto Rest Home is owned by the Inglewood Welfare Society Incorporated (committee of trust board members). Two board members present during the audit confirmed the committee have been actively involved in the development of the two-stage building project and have actively supported the management team. Stage one, a new 12-bed wing was opened for rest home level of care in December 2018. This audit verified 25 of the rest home rooms and one double room as suitable for hospital level of care. Six existing rooms in the existing rest home are designated for rest home level of care only. The total number of beds will increase to 32 beds. The completion of stage two includes converting one lounge to a spacious bedroom with an ensuite, upgrading of three other existing rooms, double door auto entrance, converting one resident room to a clinic room and another into a storage room and rebuild of the nurse’s station in the existing rest home. Two offices and a disabled visitor toilet are located near the widened auto door of the main entrance to the facility. The DHB planning and funding department and portfolio manager have been kept informed on progress and support the service for the provision of hospital level of care. The business plan includes stage two building project and the goal to provide hospital level of care. There is a staff recruitment plan in place for registered nurses to provide 24-hour care for hospital level of care residents. There has been a change in management structure (supported by the board). The facility manager/RN who has been in the role 2.5 years is now the clinical manager overseeing all clinical services and quality management for clinical areas. The non-clinical assistant manager has become the business manager and is responsible for non-clinical services, health and safety and non-clinical quality management including surveys. The team is supported by a full-time RN who has been with the service three years and two full-time RNs were appointed in March 2019. The clinical manager has maintained at least eight hours annually of professional development activities related to managing a rest home and hospital which included attendance at a recent residential care study day (theory and practice) on PEG feeds, suprapubic catheterisation, subcutaneous fluids, and stoma care.  |
| 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 | The clinical manager advised that in the event of her temporary absence a senior RN fills the role, with support from the business manager and RNs.  |
| 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 | The recruitment and staff selection process require that relevant checks are completed to validate the individual’s qualifications, experience and suitability for the role. All staff complete an induction to the site and an orientation relevant to their roles. Registered nurses have current practising certificates. The RNs and HCAs complete competencies relevant to their role such as administration of medications and insulin and wound dressings. One RN has completed syringe driver competency. Policies and procedures developed by an aged care consultant include hospital level policies and procedures to guide staff in the safe delivery of care. There is an education planner in place that covers compulsory education requirements over a two-year period. The aged care consultant has provided education on documentation and conflict resolution. The gerontology nurse specialist has completed education on bowel care. The company representative has taken all staff through the correct use of equipment including electric beds, pressure injury prevention equipment, bedrails and wheelchairs (December 2018). The physiotherapist completes staff competency for safe manual handling and the use of the hoist. Oxygen therapy in-service has been provided by the DHB respiratory nurse specialist. Two RNs and four HCAs attended a DHB study day on delirium. Two RNs attended the residential care study day (theory and practice) on PEG feeds, suprapubic catheterisation, subcutaneous fluids, and stoma care. Education planned relevant to providing hospital/medical services, includes prevention of pressure injuries and management by the district nurses, palliative care modules by hospice nurses, syringe driver training for new RNs. Two RNs and the clinical manager have completed interRAI training.The service is supported by allied health professionals such as the district nursing service, hospice and DHB gerontology nurse specialist.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | PA Low | Staff rostering, and skill mix policy is in place. There is a staff recruitment transition plan in place for registered nurses to complete the 24-hour RN roster. Currently, existing HCAs can cover the 24-hour roster for up to 32 rest home residents. The service has three full-time RNs that are currently covering the morning and afternoon shifts and two of the night shifts (on the draft hospital level roster). There are six RN shifts not covered. Employment for HCAs will occur as hospital level residents are admitted. There is the ability to extend the short shifts to meet resident acuity. The number of healthcare assistants on each shift will increase as hospital numbers increase.There are currently three HCAs on duty (two full shift and one five-hour shift). There is a breakfast person (activity coordinator) from 7 am to 9 am to assist residents with breakfast. There are three HCAs on afternoon shift (two full shifts and one finishing at 8 pm) and two HCAs on night shift. The activity coordinator is on duty from 9 am to 3.30 pm Monday to Friday. There are dedicated cleaner/laundry staff on duty seven days a week. There is a qualified cook on duty seven days supported by morning and afternoon kitchenhand staff. The facility manager and business manager work full-time Monday to Friday. The facility manager and senior RNs share the 24 hour on call. The service holds a contract with two general practitioners of local private medical practices to provide medical services. The GPs have been kept informed on progress and will be available 24 hours for their patients at end of life. After hours GP phone advice is available and there are paramedic services for more urgent concerns. Hospice nurses and district nurses are available. |
| 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 | There are policies and procedures in place for safe medicine management that meet legislative requirements. There is a contract with the supplying pharmacy who delivers the regular and ‘as required’ medication in medico blister packs. All medications are checked on delivery by the RN and caregiver against the medication chart and all medications received are recorded. Senior healthcare assistants and RNs who administer medications have been assessed for competency on an annual basis. There is one medication room located within the new 12 bed wing (Tawa). All medications including controlled drugs are stored safely in the locked medication room. There is adequate storage and locked cupboards within the medication room. There was sufficient clinical equipment available. A suction unit and portable oxygen cylinder are available. Sensor lighting comes on when the room is entered proving good working light. A camera has been installed in the medication room.  |
| 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 | Food service policies and procedures are appropriate to the service. The food control plan has been verified and expires 25 June 2020. The seasonal four-weekly menu is currently being reviewed by a dietitian. The menu includes a pureed/soft meal menu. All baking and meals are cooked on site by qualified cooks. The service provides meals on wheels in the community. A new combi oven has been installed. The kitchen is adjacent to the main rest home dining room. The meals are served from a bain maire on warmed plates firstly to residents in the Tawa wing (12 bed wing) then to residents in the main dining room. The Tawa dining room has is a kitchenette with tea/coffee making facilities and fridge for fluids and provides an alternative dining area for residents who may require assistance/feeding. The cook (interviewed) receives a resident dietary profile and is notified if there are any dietary changes. Special diets such as diabetic desserts modified/pureed meals and fluids only, are being accommodated. Alternative choices for dislikes are provided. Lip plates are available. There is the ability to increase kitchenhand hours as required to meet increasing resident numbers and acuity. Food services staff have completed a food safety course. A daily food control plan of chiller, freezer, end-cooked meat temperatures and serving temperatures is completed. Food stored in the fridge and chillers is covered and dated. A cleaning schedule is maintained.  |
| 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 | The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. There is an incident reporting system that includes investigation of incidents. The disused medication room in the main rest home is now the locked chemical store and cleaners’ room. The new wing has a sluice room with a sanitiser and a locked cupboard for chemical bottles. There is a sluice tub in the laundry which is located in the main rest home. There was appropriate protective equipment and clothing available for staff. Staff have attended chemical safety training.  |
| 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 | The building has a current building warrant of fitness that expires April 2020. The facility is divided into wings: Tawa (new 12 bed wing), Kauri (four upgraded rooms), Matai (5 beds) and Rata (10 beds including one double room). Resident rooms in Tawa, Kauri and Matai (including one double room) were assessed as suitable for dual-purpose beds. In Rata wing, three resident rooms, plus the double room were assessed as suitable for dual purpose beds with the remaining six resident rooms as rest home only beds. Maintenance concerns are addressed by the clinical manager and business manager. They are supported by a Trust property committee. Requests for repairs is checked daily and actioned, however not all planned maintenance has been implemented. Electrical testing is completed at least two yearly. Essential contractors are available 24 hours. There is sufficient space for residents to safely mobilise using mobility aids and being assisted in hospital level lounge chairs on wheels. The corridors are wide with handrails. All communal areas are easily accessible. There is safe ramp access to external areas. The landscaping in the external space between the two buildings will be commenced by two community groups (Lions and Rotary) as soon as weather permits with a goal to complete the landscaping within six months. There are other safe external areas available with seating and shade. The new entrance provides safe and easy access to the facility with auto opening doors. There is an external canopy at the front entrance. The service uses a mobility van for appointments. There are additional parking spaces for visitors with three disabled parks. A new equipment list (sighted) evidenced new equipment has been purchased to deliver hospital level of care including electric beds, ultra-low electric beds, pressure injury prevention air alternating mattress, suction unit, oxygen trolley and cylinder, titling shower chair, platform weigh scales and wheelchairs. There is an ongoing purchase plan to replace all beds with electric beds. All new electric beds have posture temp pressure prevention mattresses on the beds. There is one existing full sling hoist that has had a functional test and charges overnight in the storeroom. A standing hoist is in storage but has not had a safety check. Extra timber has been installed in the walls for ceiling hoist rails to be attached in future. |
| 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 10 resident rooms in the new Tawa wing with full ensuites. One room has a toilet ensuite and one room is a standard room with a communal toilet/shower facility located close by. The resident rooms in Kauri have full ensuites. All other rooms have handbasins. There are sufficient numbers of communal toilets and showers large enough to accommodate hospital level residents in dual purpose beds in Matai and Rata wings. There are privacy curtains and privacy locks in all shower rooms. There is safe flooring, seating and handrails appropriately placed in the toilets and shower rooms.  |
| 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 | The 25 single rooms assessed as suitable for dual purpose were spacious enough to accommodate hospital level residents and safely manoeuvre mobility equipment including a hoist. Staff could work from both sides of the bed if necessary. The rooms are spacious enough to accommodate an electric bed and lounge or lazy boy chair. The bedroom doors are wide enough for the use of a hoist and for ambulance trolley access. One room was assessed as suitable for a double room for either rest home or hospital level residents. There is a second call bell near the second bed head and privacy curtain rails in place.  |
| 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 | The lounge and dining areas are easily accessible for all residents and large enough to accommodate for the increase in resident numbers and acuity of residents. There is an open plan lounge and dining area in the 12 bed Tawa wing, which is easily accessible for all residents to access. There is a family/whānau room with access to the deck area outside from the sliding doors. The dining room kitchenette has tea/coffee making facilities. There is a spacious dining room in the main area which is easily accessible for all residents. There is a lounge and conservatory for resident use. There are seating nooks throughout the facility. Activities take place in the dining rooms and lounges.  |
| 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 | There is a dedicated cleaner seven days a week. The cleaner’s trolley is stored in the locked chemical room in the existing rest home area, when not in use. The laundry has a defined clean and dirty area with entry and exit door. All personal clothing and linen are laundered on site by a home assistant, seven days a week. Care staff complete laundry duties such as ironing, as time permits on night shift. Personal protective equipment is available for cleaning and laundry duties. The chemical provider monitors the chemical supply and effectiveness of cleaning and laundry processes.  |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | The fire evacuation scheme has not been approved due to alterations in stage two, changing the fire cells in the existing building. A further application has been submitted to the fire service. All staff have completed six monthly fire drills with an evacuation time of 4.5 minutes. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are sufficient civil defence and pandemic/outbreak supplies (sighted) available in the facility for up to 32 residents. There is sufficient food for up to three days, held in the kitchen and second pantry. There is electric and gas cooking in the kitchen with a barbeque available. A power supply protection system has been installed to ensure there is uninterrupted power supply until the on-site generator is running. There is a 3,000-litre water tank installed under the new build (Tawa wing). The automated system pumps tank water into the facility which is used by the services and the tanks refill with fresh water. Bottled water is also available. There is at least one person on duty at all times with a current first aid certificate. A new modern call bell system has been installed throughout the facility. There are call bells in all resident rooms, ensuites and communal bathroom facilities. There is an emergency call system. The location of the calls is displayed on corridor lighting boards. There is call bell access to the facility afterhours which is linked to the call bell system. The call bell system is monitored 24 hours. The automatic doors are locked at 8 pm daily and all external doors are alarmed. There is external lighting around the new wing and cameras in the corridors and lounge that can be viewed in the administration office. |
| 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 | There is adequate natural light in all resident rooms and communal rooms. Bedrooms have an external window and the communal dining room and family room in Tawa wing have doors that open to allow for ventilation. There a number of resident rooms that open out onto decks, There is a gas fire in the lounge. Central heating is sensor monitored and adjusted to maintain a comfortable environment throughout the facility. There is night lighting in the corridors.  |
| 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 | A RN who has been employed four months has taken on the role of infection control coordinator and is mentored by the clinical manager. The infection control coordinator oversees infection control for the service and is responsible for the collation of infection events, analysis of events, reporting of trends and any corrective actions to the management meeting monthly and staff meetings. The infection control programme is reviewed annually in November. Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility including at the front entrance. Residents and staff are offered the influenza vaccine. There were adequate supplies of outbreak personal preventive clothing and resources. There have been no outbreaks. The infection control coordinator has access to advice and support through the DHB infection control nurse.  |

# 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 1.2.8.1There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery. | PA Low | There are three RNs employed. There has been an expression of interest from an RN for casual work. The service is actively recruiting for RNs to cover the 24-hour requirement.  | The draft roster has six shifts per week not yet covered by an RN. | Ensure there is an RN on duty 24 hours. Prior to occupancy days |
| Criterion 1.4.2.1All buildings, plant, and equipment comply with legislation. | PA Low | The planned maintenance plan includes electrical tests and purchasing of equipment. The hot water temperature checks were completed with the completion of stage one (12 beds), however hot water temperatures have not routinely been monitored monthly across the whole facility. The sling hoist has had a functional check, but the standing hoist requires a safety check before being used.  | (i) Hot water temperatures have not been monitored monthly for the facility, and (ii) the standing hoist has been in storage and has not had an annual functional check.  | (i) Ensure there are regular hot water temperature checks to resident areas across the facility; and (ii) ensure the standing hoist is safe to use. Prior to occupancy days |
| Criterion 1.4.7.3Where required by legislation there is an approved evacuation plan. | PA Low | The amended fire evacuation plan was not approved by the fire service due to technicalities around fire cells. The service has re-submitted the fire evacuation plan and awaiting approval within the next three weeks.  | The fire evacuation plan has not yet been approved by the fire service.  | Ensure the fire evacuation scheme is approved by the fire service. 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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End of the report.