

McKenzie Healthcare Limited - McKenzie HealthCare

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: McKenzie Healthcare Limited

Premises audited: McKenzie HealthCare

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

Dates of audit: Start date: 24 November 2020 End date: 24 November 2020

Proposed changes to current services (if any): Planned extension of the Pines dementia unit by a further eight beds decreasing the number of dual-purpose beds by eight. This will increase the number of dementia beds from 10 to 18. The extension includes a second lounge/ dining room, with adjoining nurses' station (the same is the existing plan). There is a separate medication room included in the extension of the unit. The existing entry/ exit door from Pines to Rata (dual purpose unit) will be relocated further up the Rata corridor and will have secure access. With the reconfiguration there will be a decrease by one bed (one double-room to a

single room) to 85 beds (18 dementia beds, 54 dual-purpose beds in the care centre and a further 13 dual-purpose beds in the apartments which were certified at the previous audit).

Total beds occupied across all premises included in the audit on the first day of the audit: 54

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.

Key to the indicators

General overview of the audit

McKenzie HealthCare currently provides rest home, hospital and dementia level care to up to 85 residents. On the day of the audit, there were 54 residents.

This partial provisional audit was undertaken to verify the extension of the dementia service. This audit was completed on site with interviews with the general manager and the clinical coordinator. The current dementia wing (Pines wing) includes ten rooms (one double room has been reconfigured to a single room) which has been extended to include a further eight rooms. The additional eight rooms were originally part of Rata wing (dual-purpose wing). Total beds in the dementia unit will increase to 18. The total number of beds will reduce to 85 with the reconfiguration of services.

The service is managed by a general manager, who is also a registered nurse. The general manager is supported by a clinical coordinator.

The service has addressed all three shortfalls from the previous partial provisional audit related to completion of the unit.

The service has addressed six of seven shortfalls from their previous surveillance audit around employment review, staff orientation, education, interRAI and care plan timeframes and reviews, and medication documentation. There continues to be a shortfall around wound documentation.

This partial provisional includes improvements required by the service related to ensuring the unit is fully secure, the completion of a bathroom refurbishment and the completion of the landscaping.

Consumer rights

[Click here to enter text](#)

Organisational management

There is a current quality plan and transition plan around the increase in bed numbers. The clinical coordinator oversees the service in the absence of the general manager.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. An annual education schedule is being implemented and includes all required topics. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support and can be adjusted for support acuity levels.

Continuum of service delivery

The service has implemented an electronic system for managing all resident records. A registered nurse assesses and develops the care plan documenting support, needs, goals and outcomes with the resident and/or family/whānau input. Care plans reviewed

demonstrated service integration and had been evaluated six-monthly. Resident files included review by the general practitioner, specialist and allied health services.

Two diversional therapists and a part-time activities assistant coordinate the activity programme for the rest home, dementia and hospital residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each resident group. Residents are encouraged to maintain links with community groups.

Registered nurses are responsible for administration of medicines and complete medication competencies and annual education. The service has implemented an electronic medication system. The general practitioner reviews medications three-monthly.

Resident food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff.

All equipment and weigh scales have been tagged and tested annually. There are handrails in hallways, communal bathrooms and ensuites. A current certificate of public use (CPU) and there is a current fire approval plan in place. A pager call bell system is in place. There is a secure garden area off the existing dementia unit.

There is a mixture of shared and single ensuites in the dementia unit. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets meet infection control requirements.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids. Communal areas are well designed and spacious and allow for a number of activities.

There is a laundry in the dual-purpose area. The majority of laundry is laundered off site. Laundry and cleaning processes are monitored for effectiveness. There are dedicated laundry and housekeeping staff.

There are emergency and disaster policies and procedures. The fire evacuation plan has been approved. An on-site generator is available.

General living areas and resident rooms are appropriately heated and ventilated.

Restraint minimisation and safe practice

Restraint practices are only used where it is clinically indicated and justified, and where other de-escalation strategies have been ineffective. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. On the day of audit, there were three residents in the dual-purpose unit using enablers. No residents were using restraint. Inservice training for HCAs on dementia and challenging behaviour was provided in July 2020.

Infection prevention and control

McKenzie HealthCare has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The clinical coordinator (RN) is the designated infection control nurse. The monthly quality meeting and RN meetings oversees infection control. Minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation and as part of the annual training programme. There have been no outbreaks since their last audit. Policies, procedures and the pandemic plan have been updated to include Covid19. Increasing the beds also is part of the update. Extra training has been provided as required, and adequate personal protective equipment was sighted.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	4	1	0	0
Criteria	0	38	0	4	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>McKenzie HealthCare currently provides rest home, hospital (geriatric and medical) and dementia level care to up to 86 residents. On the day of the audit, there were 54 residents (nine residents in the dementia unit, nine rest home, and 36 hospital including two residents on a 90-day palliative care DHB contract).</p> <p>This partial provisional audit was undertaken to verify the extension of the dementia service. The current dementia wing (Pines wing) includes ten rooms (including one double room that has been reconfigured to a single rooms) which has been extended to include a further eight rooms. The additional eight rooms were originally part of Rata wing (dual-purpose wing). Total beds in the dementia unit will increase to 18 beds.</p> <p>The total number of beds will reduce to 85 with the reconfiguration of services. The reconfiguration is an increase in eight dementia beds and a reduction of eight dual-purpose beds. Reconfiguration to the following (18 dementia beds, 54 dual-purpose beds in the care centre and 13 dual-purpose beds in the apartments).</p> <p>The 2017 – 2020 strategic/business has been reviewed and the 2020- 2023</p>

		<p>strategic plan is in draft form to be approved by the Board of trustees in December. The 2020 quality plan has been implemented. The current general manager (RN) has been in the role for 18 months. She is supported by a clinical coordinator, who is an experienced registered nurse and has been in the role for 11 months.</p> <p>The management team have completed at least eight hours of professional development, related to managing an aged care residential facility including completing dementia specific training.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the temporary absence of the manager, the clinical coordinator will perform the management role.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resource management policies in place, which includes the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of the registered nurse's practising certificate is kept.</p> <p>Five staff files were reviewed (the clinical coordinator, one registered nurse, two healthcare assistants and a diversional therapist. All files reviewed had full employment documentation in place, a signed job description. All files reviewed had completed orientations and current appraisals in place. The previous finding from the surveillance audit has been addressed.</p> <p>There is an implemented 2020 in-service education programme which the educator oversees and provides a monthly report to the board and the quality and staff meetings. The 2019 and 2020 education register sighted demonstrated that all compulsory education sessions have been completed since the last audit. A competency programme is implemented for medication competent staff. The previous finding from the surveillance audit has been addressed.</p> <p>A staff educator supports staff to complete education and obtain Careerforce qualifications. There is a total of 38 healthcare assistants, who are encouraged to complete New Zealand Qualification Authority (NZQA) education. There are</p>

		<p>four healthcare assistants with level 4 NZQA, 21 healthcare assistants with level 3, and 10 healthcare assistants with level 2. The healthcare assistants with level 4 NZQA are currently working in the dementia unit. There are 11 registered nurses, seven are competent in interRAI, a further two are completing the course, and another is due to commence training.</p> <p>All newly employed staff are employed to work in the dual-purpose unit, then progress after the completion of NZQA standards to the dementia unit. The service continues to employ staff to the dual-purpose unit. All registered nurses have an up to date first aid certificate. All HCAs working in the dementia unit have completed the required dementia standards. The service does not allow staff to work in the dementia unit until they have completed the training. The service has already filled the proposed dementia roster with existing experienced staff who have already completed the four NZQA dementia standards.</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>FA</p>	<p>An organisational staffing policy aligns with contractual requirements and includes skill mixes. The general manager and clinical coordinator work 40 hours per week and shares the 24/7 on-call duties with the senior nurses.</p> <p>There are three RNs on duty for the morning and two for the afternoon shift and one on the night shift. The facility is split into seven dual-purpose units; Manuka, Birches, Rata, Kauri, Willow, Beech, Smiths (palliative care unit) and Pines (dementia care).</p> <p>The current dual-purpose units (36 hospital and nine rest home residents) are staffed by three registered nurses from 6.30 am to 3.15 pm. The registered nurses are supported by eight HCAs; 4x 6.45am to 3pm, 4x 7am to 1.30pm.</p> <p>There are two RN rostered on afternoon shift supported by six HCAs; 3x 3pm to 11pm, 1x 3pm to 9pm, 1x 4pm to 10pm and 2x 4.30pm to 9.30pm.</p> <p>There is one RN and three HCAs on night shift.</p> <p>In Pines (nine dementia residents), there is one HCA on duty in the morning shift and afternoon shift, and night shift. The RNs from the dual-purpose units and the clinical coordinator cover the Pines dementia care unit. An HCA from Rata wing assists with extra hours in the dementia unit when required.</p> <p>The draft roster for the increase in residents in the dementia unit includes.</p>

		<p>Once resident numbers reach 11, an enrolled nurse will work Monday to Friday from 7.30am to 4pm. On the weekends there will be two HCAs from 6.45am to 3pm. Afternoon shifts will have two HCAs from 2.45pm to 11pm and two HCAs from 11pm to 7am. Once at full capacity, an extra short shift from 7am to 1.30pm and 4.30 to 9.30pm will be added.</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>PA Low</p>	<p>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. The service has implemented an electronic medicine management system. The service uses a four-weekly blister pack system for tablets and other medicines are pharmacy packaged. Two registered nurses complete the medication reconciliation process when medications are received from pharmacy. All RNs and medication competent HCAs are responsible for administration of medications. All staff who administer medications have current competencies in place. The RN from the hospital also administers the medication to residents in the dementia unit. There were no residents in the facility self-administering medications on the day of the audit.</p> <p>All entries in the controlled drug registers have been documented as required with the date, time of administration, and two medicine competent staff have signed the register. The previous surveillance shortfall around documentation in the controlled drug register has been addressed.</p> <p>Medication fridge and room temperatures are recorded and are within recommended ranges for all three medication rooms. The medication audit was last completed March 2020 with a 100% outcome.</p> <p>The service has a contract with a local pharmacy.</p> <p>Ten electronic medication charts were reviewed (two rest home, four hospital and four dementia). All medication charts had evidence of a three-month GP review, allergies were documented, and all had photograph identification. As required medications was appropriately prescribed and administered with effectiveness documented.</p> <p>There is a medication room in the extension of the dementia unit, shelving has been installed, however the door is not yet secured.</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>There is a fully equipped commercial kitchen for the facility that has been gutted and refurbished December 2019. All food is prepared and cooked on site. There is a head chef, two assistant cooks and two kitchen hands, who have all completed food safety training. A food services manual is available to ensure that all stages of food delivery to residents comply with standards, legislation and guidelines. All fridges and freezer temperatures are recorded daily on the recording sheet. Food temperatures are recorded daily. Hot food temperatures were taken at each meal service and these are recorded. The four weekly seasonal menus have been approved by a dietitian and a food safety plan expires in August 2021.</p> <p>All residents have a nutritional profile developed on admission, which identifies their dietary requirements, likes and dislikes. Advised that this profile is reviewed six-monthly as part of their care plan review. Changes to residents' dietary needs are communicated to the kitchen staff. Special diets can be catered for. Alternative meals can be accommodated if needed. Meals are transported in hotboxes to the three dining rooms. Meals are delivered to resident rooms on trays as requested by the resident. There snacks available for residents 24 hours a day.</p> <p>With the reconfiguration of services, no changes will be required to the food services currently provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Moderate</p>	<p>The registered nurse initiates a GP consultation for any changes in resident health status. HCAs document any changes in care/condition of residents in the progress notes. The resident records reviewed were individualised and personalised to meet the assessed needs of the residents. The care was flexible and focused on promoting quality of life for the residents.</p> <p>A sample of ten current wounds were reviewed (eight hospital and two dementia) including three stage 2 pressure injuries and one non facility acquired unstageable pressure injury. Incident reports were completed for the pressure injuries and a section 31 notification had been completed for the unstageable pressure injury. Wounds included a broken nail, skin tears, cancerous lesions, and a surgical wound. All wounds had assessments plans and evaluations recorded on the electronic system. All wound dressings were completed within the time frame documented in the wound management plan. The previous surveillance shortfall has been addressed, however, not all wound</p>

		<p>documentation was completed according to best practice. Specialists were involved as required with the chronic wounds and have been discussed with the GP.</p> <p>There were adequate dressing and continence supplies sighted on the day of audit. Specialist continence advice is available as needed from the DHB. There is a suite of monitoring forms included in the electronic system including (but not limited to), weight, vital signs, behaviour, blood sugar, pain.</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 service.</p>	<p>FA</p>	<p>McKenzie HealthCare employs three activity staff (two diversional therapists and an activities assistant) who are responsible for the planning and delivery of the individual and group activities programme with assistance from healthcare assistants. The weekly planner is posted on the noticeboard, activities include (but not limited to) exercises, or a group game in the morning and craft, ball games, quiz, sing-a-longs and pet therapy in the afternoons. HCAs provide activities over the weekend including movies.</p> <p>Information such as a social history, previous hobbies and preferences is gained from relatives on or soon after admission. This information is then used to develop a diversional therapy plan, which is then reviewed six-monthly as part of the interRAI and care plan review/evaluation process. Progress notes are maintained by the diversional therapist regularly. Residents have 24-hour activity plans incorporated in their care plans. Group activities are provided in the large communal dining room, in seating areas and outdoors in the gardens when weather permits. Individual activities are provided in residents' rooms or wherever applicable. A recent initiative was to invite relatives (as able) of dementia residents to participate in a bus outing, where they went to a local farmlet.</p> <p>Special events are celebrated with all residents receiving an individual cake of their choice on their birthday and a personalised card. The event is celebrated at shared morning or afternoon tea and photos of the resident with their cake are taken and given to the resident to display in their rooms. Other events have included Christmas and mid-winter Christmas celebrations.</p> <p>The activity hours are planned to be increased once the unit reaches full capacity. Diversional therapy input on a Saturday morning is being considered.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Timeframes in relation to care planning evaluations are documented. The residents' files evidenced the residents' care plans were up-to-date and reviewed six monthly for the long term resident files reviewed (the resident on the 90 day contract has not been in the service long enough for a review, however, initial assessments and care plan had been reviewed and a long term care plan had been developed). The evaluations on the electronic system document progression towards meeting goals. The previous finding has been addressed. Social and leisure (activity) care plans developed are reviewed six-monthly. There was recorded evidence of additional input from allied health, if this was 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 were implemented policies to guide staff in waste management. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p> <p>Gloves, aprons, and visors are available in the sluice room areas. Chemicals are stored securely throughout the facility, including the dementia unit. Safety datasheets are available. Education on chemical safety has been provided in March 2020.</p> <p>The dementia unit has a secure sluice room area with an external door. The door has keypad entry and is closed at all times.</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 Low</p>	<p>The building has a current certificate for public use (CPU) which expires on 1 February 2021. The maintenance person addresses daily maintenance requests. There is a 12-monthly planned maintenance schedule in place that includes the calibration of medical equipment and functional testing of electric beds and hoists. Hot water temperatures in the new resident areas have been monitored and stable between 43-45 degrees Celsius. Contractors are available for essential services. All equipment has been tagged and tested. A hoist is available from the dual-purpose units if required. The corridors are wide throughout the unit, ramps accommodate the change in levels of flooring, handrails are in place. Painting of the corridors and transfers with pictures of scenery on locked doors is planned to take place. The unit has safe access to all communal areas for residents requiring mobility aids. There are wide corridors with handrails and sufficient space for residents to mobilise using</p>

		<p>mobility aids. There is an open plan lounge/ dining area with the nurse's station situated looking onto the lounge area. The lounge area has a lockable kitchen area for tea/ coffee.</p> <p>The landscaping, paths and the handrail at the Bircher unit identifies as not completed at the previous partial provisional audit in March 2020 have been completed.</p> <p>The service employs grounds and garden staff that maintain the external areas. Residents have access to outdoor gardens and courtyards safely. Seating and shade are available. The dementia unit has an accessible and secure outdoor garden that has a circular walking track.</p> <p>The extension to the dementia unit is a mirror image of what is already in place, this will offer two lounge/ dining areas in the unit. The second nurses' station has been placed looking onto the new lounge area. Both lounges have access to the secure garden areas, there is a ramp from the new dining/ lounge area with a handrail and glass balustrade in place. There is still paths to lay and landscaping to be completed to the new garden area.</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>PA Low</p>	<p>There is a mixture of shared and single ensuite facilities (three single and seven shared) in the dementia unit. There are privacy curtains in place, and indicators to indicate if the toilet is in use are in place to maintain privacy. Toilets are located close to communal areas. The new extension of eight rooms includes two rooms with a single ensuite, the other six rooms have shared ensuite facilities.</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' rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and bathrooms. There was one double room in the dementia unit (reconfigured to single occupancy). Residents are encouraged to personalise their bedrooms as sighted during a tour of the unit. Resident rooms located on the inside of the building have access to the secure garden area, the doors are alarmed to alert staff to residents going outdoors.</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>The existing dementia unit has an open plan lounge/ dining area where activities take place. The extension to the dementia unit is a mirror image of what is already in place, this will offer two lounge/ dining areas in the unit. The second nurses' station has been placed looking onto the new lounge area. There is a lockable kitchen area to provide morning and afternoon tea, and drinks for residents. The lounge has access to the secure garden area. The area provides space for residents requiring mobility aids to move around freely.</p> <p>The existing secure garden area has a looped walking area with raised garden boxes, seating and shade. The outdoor area is easily accessible for residents requiring mobility aids.</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>The facility has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits were completed as per the internal audit programme. Linen and towels are laundered off site by a contracted company. Laundry is collected three times a week, more often if required. There is an external area for laundry waiting to be collected. Clean laundry returning to the facility comes in through a separate entry to a 'clean' area. Laundry is sorted and distributed throughout the linen cupboards throughout the facility. Personal items are laundered on site. The laundry has an entry and exit door with defined clean/dirty areas. The service has a secure area for the storage of cleaning and laundry chemicals for the laundry. There is dedicated laundry and housekeeping staff who have completed NZQA cleaning and laundry qualifications.</p> <p>There are secure housekeeping cupboards in the dual purpose and dementia units. Cleaning trolleys are kept in line of sight at all times.</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 Low</p>	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. Smoke alarms, sprinkler system and exit signs are in place. The service has alternative cooking facilities (BBQ) available in the event of a power failure. There are two back-up generators and diesel fuel supplies to run this, the heating is diesel fuelled and can continue in a power outage. There are adequate supplies of food and sufficient stored water in tanks. There are civil defence kits, which are easily accessible in the facility. Emergency management, first aid and CPR are included in the mandatory in-</p>

		<p>service programme. There is a first aid trained staff member on every shift. Activities staff are first aid trained.</p> <p>A pager call bell system is in place. Call bells are evident in resident's rooms, lounge areas, and toilets/bathrooms throughout the facility including the extended areas in the dementia unit.</p> <p>McKenzie HealthCare has updated their fire evacuation plan following the previous March 2020 partial provisional audit. A notification of approval of the evacuation scheme was obtained on 25 May 2020. Fire evacuation drills occur six-monthly, with the last drill occurring October 2020.</p> <p>The fire door between Smith and Pines units is in use and has fob entrance activation. The current door between Rata and Pines units was moved to include the previous extension of services, and fob entrance has been activated. The previous finding has been addressed.</p> <p>The new entrance to include the extension of eight beds between Rata and Pines unit has yet to be moved and activated.</p> <p>Where the fireboard is situated is now part of the extended dementia unit. This door has yet to be secured from the inside to allow for external access to the fire board by emergency services.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All living areas and resident rooms are appropriately heated and ventilated. There are radiators in residents' rooms and corridors in the heat pumps in communal areas. All rooms in the existing dementia unit and the extended area have external windows or sliding doors to patios with plenty of natural sunlight.</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>McKenzie HealthCare has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The clinical coordinator (RN) is the designated infection control nurse. The two-monthly quality meeting and monthly RN meetings oversees infection control. Minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation and as part of the annual training programme. There have been no outbreaks since their last audit. Visitors are advised not to visit if they are</p>

		<p>unwell.</p> <p>The service has updated the policies and procedures and the pandemic plan to include Covid-19. Extra education was provided on Coronavirus in January, the donning and doffing of personal protective equipment (PPE), handwashing and infection control practices were also provided in March and April 2020 with 100% of staff attending sessions. Logs of temperature checks were maintained, and separate changing areas were provided for staff. Resource folders were maintained, and staff were kept informed of all changes. There were no findings from the DHB Covid19 audit. Adequate supplies of PPE are easily available for staff in the facility. A stock of PPE is held centrally by the Timaru Hospital to prevent stocks going out of date as agreed by all age care providers in the region. Contact tracing is required in line with current guidelines for all visitors and contractors to the facility.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Restraint practices are only used where it is clinically indicated and justified, and where other de-escalation strategies have been ineffective. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. On the day of audit, there were three residents in the dual-purpose unit using enablers. These files for the residents using enablers reflects a restraint/enabler assessment and voluntary consent by the resident. No residents were using restraint.</p> <p>Restraint competencies are completed annually by the registered nurses. Inservice training for HCAs on dementia and challenging behaviour was provided in July 2020.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	There is a designated medication storage room which will accommodate the medication trolley (currently housed in the secured nurses' station); however, the room is not yet secure.	The new medication room in the extended dementia unit is not yet secure	<p>Ensure the medication room is secure prior to residents residing in the unit.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Moderate	Electronic wound assessments, plans and evaluations were completed for wounds. Photos were taken at regular intervals to evidence progression or deterioration of the wound. A list of current dressings due to be dressed each day is printed by the registered nurses. Care plan interventions instruct HCAs if there are special instructions to keep the	One hospital resident and one dementia resident had two wounds charted on the same chart.	<p>Ensure all wounds have an individual wound assessment, plan and evaluation completed.</p> <p>60 days</p>

		dressing dry, however, not all wounds had individual assessments, plan and evaluations completed.		
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	The extension to the dementia unit includes a second lounge which has access to a second separate garden/outdoor area and balcony. There is a ramp with a handrail and glass balustrade in place that leads to the garden area. This is to be closed off to residents while landscaping is complete in this area. In the meantime, they have good access to the current secure outdoor garden and outdoor balcony area.	Landscaping is in the process of being completed in one garden area including removal of a fence, concreting of paths and gardening.	<p>Ensure the area for landscaping is blocked off from residents prior to commencement of landscaping.</p> <p>180 days</p>
<p>Criterion 1.4.3.1</p> <p>There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.</p>	PA Low	All resident rooms have either shared or single ensuite facilities. Privacy is maintained using privacy curtains and indicator signs, however the ensuite facilities are not yet completed in room 15.	Refurbishment continues and the Room 15 ensuite is yet to be completed.	<p>Ensure room 15 ensuite is completed.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.6</p> <p>The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.</p>	PA Low	The external areas are secure in the dementia unit. The facility doors are locked from dusk till dawn. The dementia unit is currently secured using fob entry, however the doors to the extended area of the dementia unit have not yet been moved to the new location.	(i). The current entry/ exit from Pines to Rata still be moved to new location to incorporate the extension of eight beds, and locked entry is to be activated.	<p>(i). Ensure the door between Rata and Pines is moved to the new location and is secured by fob activated entry.</p> <p>(ii). Ensure the door to</p>

		<p>The extended corridor of the dementia unit will include the cupboard where the fireboard is installed. The door will be secured from the corridor allowing access from the outside to emergency services.</p>	<p>(ii). The door where the fire board is situated is yet to be secured. (iii). Keypad entry to the new nurse's station is yet to be installed</p>	<p>the fireboard is secured. (iii). Ensure the nurses station is secure. Prior to occupancy days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.