Holmbridge Holdings 1852 Limited - Wakefield Rest Home

Introduction

This report records the results of a Surveillance 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:	Holmbridge Holdings 1852 Limited
Premises audited:	Wakefield Homestead
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 October 2020 End date: 8 October 2020

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 21

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Wakefield Rest Home is certified to provide rest home level care for up to 22 residents. On the day of audit there were 19 residents and two boarders.

The service has been privately owned for two and a half years. The facility manager/owner has health management experience and is supported by a wellbeing manager/owner who is a registered nurse. The owners operate a family orientated service. Staffing is very stable. The residents and relatives commented very positively on the care and service provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

Three of three findings from the previous certification audit regarding wounds, medication documentation and hot water temperature monitoring have been addressed.

This surveillance audit identified an improvement is required around medication competencies.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.

Discussions with families identified that they are informed of changes in their family member's health status. There are regular resident meetings where residents can provide feedback on all services. Complaints policies and procedures meet requirements and residents, and families are aware of the complaints process. There have been no complaints.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.

Wakefield Rest Home has an established quality and risk programme. Progress with the quality and risk management programme is monitored through the quality/staff meetings. There is evidence of discussion around data collected on accidents, incidents, infection control, quality improvements and audits. There is a current 2020 quality plan in place. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The internal audit schedule for 2020 is being completed as per the schedule. The service has an annual training plan for in-service education. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.

The registered nurse and enrolled nurse are responsible for the assessment, development and evaluation of care plans. There is evidence of resident/relative input into care plans. The care plans are resident, and goal orientated. Files reviewed identified integration of allied health and a team approach is evident in the overall resident file. There is a three-monthly general practitioner review. Residents and family interviewed confirmed that they were happy with the care provided and the home-like environment.

Planned activities are appropriate to the residents assessed needs and abilities and residents advised satisfaction with the activities programme. Residents are involved in community events and activities. There are regular entertainers and van outings.

There is a documented medication management policy and procedure at the facility. All medications are stored safely. The service uses an electronic medication system.

Residents' food preferences and dietary requirements are identified at admission and all meals 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

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.

The building holds a current warrant of fitness. There is a reactive maintenance system and planned maintenance schedule in place. There has been refurbishment of the facility in communal areas and resident bedrooms.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.

Wakefield Rest Home has restraint minimisation and safe practice policies and procedures in place. There was one resident with a lap belt restraint and no residents using enablers. Staff receive training in restraint minimisation and challenging behaviour management.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.

The infection control team uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. There have been no outbreaks. The service has sufficient personal protective equipment and Covid-19 screening procedures in place.

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	1	0	0	0
Criteria	0	40	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The service has a complaints policy that describes the management of complaints process. There are complaint forms available and the complaints policy is displayed at the service entrance. There is a suggestion box available. Information about complaints is provided on admission. Interviews with residents and relatives confirmed an understanding of the complaints process. There have been no complaints made since the last audit. The facility manager stated that any complaints received would be managed appropriately with acknowledgement, investigations and responses recorded. Family members stated they have had no concerns to report and are very happy with the care and service provided.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	There is a policy to guide staff on the process around open disclosure. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered in the admission agreement. Residents and relatives interviewed confirmed that management and staff are approachable and available. There is documented evidence of relative notification in the progress notes of any changes to health including accidents/incidents, infection, medication reviews, GP visits and care plan reviews. Two incidents were reviewed, one skin tear in September 2020 and a fall with injury in May 2020. The family had been notified for both incidents. Families are invited to attend the resident/relative meeting. The service has policies and procedures available for access to interpreter services for residents (and their

		family) if required.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Wakefield Rest Home is privately owned and managed by the on-site facility manager and the health and wellbeing manager/RN since February 2018. The service provides care for up to 22 residents. On the day of audit there were 19 rest home residents, including one younger person under MOH funding, one younger person under a long-term chronic health condition contract (LTS-CHC). There were two boarders under a supported living agreement. This family-orientated service has a current business plan that includes the vision, values and philosophy of care "family caring for family". Residents and relatives interviewed were very happy with the care and the homely environment including the pet friendly environment. The quality plan for 2019-2020 includes goals to monitor the quality/risk system and refurbishments to the facility. The goals have been reviewed regularly and involve the staff. The facility manager has been in the position for two and a half years and was previously a social worker in health management and had owned another small rest home in the area. The health and wellbeing manager has been in the role for two and half years and is an experienced registered nurse (RN) with over 20 years of experience in the aged care industry. They are supported by an administrative assistant, information technology and maintenance person (employed) and legal advisor. They have professional affiliations with two aged care consultants. The managers have both completed at least eight hours of professional development including attendance at a DHB course over five weeks on "Time for a change". There is liaison and meetings with the DHB contract manager.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	Wakefield Rest Home has an established quality and risk programme. The monthly general staff meetings (sighted) evidenced discussion around quality and risk management and quality data including health and safety, accident/incident, hazards, infection control, restraint, equipment, training and resident-related concerns and survey results. The staff interviewed were aware of quality data results and if any corrective actions were required. Minutes for all meetings have included actions to achieve compliance where relevant. Data is collected monthly for accidents/incidents and infections and a summary is generated on the electronic system that gives a monthly comparison for trending and analysis over a 12-month period. Each electronic resident file has an individual accident/incident register and infection register for individual resident trending and analysis. The wellbeing manager/RN provides a monthly report to the staff general meeting. The policies and procedures have been developed by an aged care consultant and are reviewed and

		updated on a regular basis. The internal audit schedule for 2019 has been completed as per schedule and 2020 to date is being completed. Internal audits are completed electronically and include non-clinical, clinical and environmental audits developed by an aged care consultant. There have been no areas of non-compliance identified requiring corrective actions to be raised. The annual resident and relative satisfaction survey has been conducted in June 2020. All responses agree or strongly agree they are satisfied with the care and service being provided at Wakefield Rest Home. There is an implemented health and safety and risk management system in place including policies to guide practice. Health and safety is discussed at the general staff meeting. Staff interviewed were knowledgeable around health and safety, have received education and could describe the reporting process for hazards and accidents/incidents. There is a current hazard register in place. Falls prevention strategies are in place that includes the identification of interventions on a case-by-case basis to minimise future falls.
Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.	FA	There is an incident reporting policy that includes definitions and outlines responsibilities. Two accident/incident forms on the electronic system were reviewed (September 2020 and May 2020). All documented timely RN review and follow-up. Neurological observation was not required; however, the staff were aware of the requirements for neurological observations for unwitnessed falls. There is documented evidence the family had been notified of any incidents. Discussions with the facility manager and wellbeing manager/RN confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications including section 31 notifications. There has been one section 31 notification in June 2020 for a missing resident requiring police notification.
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	There are human resources policies to support recruitment practices. Five staff files (one enrolled nurse, two caregivers, one activities officer and one cook) were reviewed. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Performance appraisals were current. A current practising certificate was sighted for the health and wellbeing manager/RN, enrolled nurse and other health professionals involved in the service. The service has an orientation programme in place to provide new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff are

		adequately orientated to the service. Staff complete competencies relevant to their role such as hand hygiene, first aid and medications (link 1.3.12.3). There is an annual education planner in place that covers compulsory education requirements over a two-year period. Some training has been delayed due to Covid-19 restrictions. The health and wellbeing manager/RN introduced in-service into the staff meetings during to the lockdown period and this has continued. The health and wellbeing manager/RN is interRAI trained.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	Wakefield Rest Home has a weekly roster in place, which provides sufficient staffing cover for the provision of care and service to residents. Staffing rosters were sighted and there is an adequate number of staff on duty to meet the resident's needs and allow for one-on-one time with residents as observed during the audit. The facility manager and health and wellbeing manager/RN are on site during the day from Monday to Friday and are on-call 24/7 for any operational and clinical issues respectively. Roster shortages or sickness are covered by existing staff. There is a very stable workforce. There is an enrolled nurse on duty four mornings a week. A senior medication competent caregiver covers her days off. In addition, there is another caregiver on morning shift from 7.30 am to 3 pm (4.30 pm in the weekends) and one other caregiver on duty from either from 7 am to 12.30 pm or 8 am to 11 am. On the afternoon there is a caregiver on the full afternoon shift and one from 4 pm to 9 pm. There is one caregiver on the full night shift. Other dedicated staff include a cleaner, cook, kitchenhand, activity officer and maintenance/information technology person. Residents and relatives stated there were adequate staff on duty. Staff stated they feel supported by the facility manager and health and wellbeing manager/RN who respond quickly to afterhours calls.
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.	PA Low	The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. The RN, enrolled nurse and senior caregivers administer medications, however annual competencies have not been completed. Monthly regular medications and 'as required' medications are delivered in blister packs. Medications are reconciled on delivery by the RN/EN and checking for each pack is entered into the electronic medication system. All medications in stock are prescribed for residents. There are no standing orders. There are two self-medicating residents who have self-medication competencies completed. The medication fridge and room air temperatures are monitored daily. A weekly controlled drug stocktake is completed by the health and wellness manager/RN or the enrolled

		nurse. All entries in the controlled drug register evidence the time of administration (sighted). The previous finding around controlled register documentation has been addressed. Ten electronic medication charts were reviewed. All residents have individual medication charts with photo identification and allergy status documented. Medication charts have been reviewed three monthly. The effectiveness of 'as required' medications had been documented in the electronic system.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	All food is prepared and cooked on site at Wakefield Rest Home. There is a cook and kitchenhand on duty each day. The main meal is at midday and the evening meal is pre-prepared for care staff to reheat and serve. Staff have received food safety training. There is a four-weekly rotating menu. The service provides meals-on-wheels to the community. The summer menu is currently under review by a registered dietitian. Meals are served directly to residents in the adjacent dining room. The cook receives notification of any resident dietary changes and requirements. Dislikes and food allergies are known and accommodated, and alternative foods offered. Special diets include soft modified diets, diabetic, gluten free and vegetarian. There is a current food control plan in place. Fridge, chiller and freezer temperatures were recorded daily. End-cooked food temperatures had been taken and recorded daily. A cleaning schedule is maintained. All dry goods had expiry dates visible. Residents interviewed were very satisfied with the meals. They have the opportunity to provide feedback on the menu at the resident meetings and annual survey. The cook and kitchenhand interact frequently with residents.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	When a resident's condition changes the RN or EN initiates a GP visit. Family members are notified of any changes to the resident's health. Care plans are current, and interventions reflect the assessments conducted and the identified requirements of the residents. Residents and relatives interviewed stated their expectations were being met. An electronic wound assessment, wound management plan and evaluations were in place for one resident with two skin tears. The size of the wounds is measured, and photos taken. Dressings are changed as per the documented frequency. The previous finding around wound change of dressings has been addressed. The GP has reviewed the wound. The district nurses are readily available for wound advice if required. The service uses home-made balms and oils to improve residents skin integrity. The application of topical alternative therapies is applied with written resident consent and are charted by the GP as alternate therapies. They do not replace prescription treatments. Continence products were available and resident files included a urinary continence assessment, bowel management, and continence products identified for use. Specialist continence advice was available as needed and this could be described.

		Monitoring occurs for weight, observations (blood pressure and pulse), blood glucose, bowel record, food and fluids, behaviours and restraint monitoring. There is a daily scheduled intervention list for each resident on the electronic resident file. Progress notes reflect daily interventions. The wellbeing manager/RN and enrolled nurse stated staff promptly report any resident changes or concerns.
Standard 1.3.7: Planned Activities 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.	FA	The activity officer has been in the role four years and works 17 hours per week across Monday to Friday. The hours are flexible to accommodate activities and events outside of her normal working hours. The activity officer is progressing through the diversional therapy (DT) course and attends the regional DT meetings. There is a morning programme Monday to Friday and an afternoon programme three afternoons a week. Caregivers are involved in activities during the day and in the weekends. There are available resources including puzzles, DVDs and books. A weekly programme is displayed. There are several volunteers and staff volunteers who assist with activities and outings. Activities include (but not limited to), exercises, bingo, bowls, walks, crafts, quizzes and happy hours. There are musical entertainers weekly. Church services are held fortnightly rotating between three local churches. The “knitters” make premature baby knitting which is donated to a hospital. There are outings into the community such as events at the Anglican church and community lunches. There are weekly van outings to places of interest, scenic drives and shopping. The activity officer has a current first aid certificate. There is one-on-one time spent with the younger people and a volunteer takes residents out to cafés and for walks. The residents choose group activities they would like to attend and are supported to attend community activities of their choice. One resident has been supported to attend horse riding. Each resident has an individual activity assessment, and an activity plan is included in the electronic long-term care plan which is evaluated every six months. Residents have the opportunity to feedback on the programme at the two monthly resident meetings or at any time. Residents interviewed were very happy with the activities offered.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Long-term care plans were reviewed and evaluated every six months or earlier as required in the electronic files reviewed. The long-term care plans had been updated with changes to care. The residents and family members reported they were involved in all aspects of care and reviews/evaluations of the care plans. There is documented evidence in progress notes of family involvement in care plan evaluations. Care staff are asked for input into the care plan evaluation.

Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	There is a current building warrant of fitness that expires 19 April 2021. A maintenance person addresses day to day repairs and completes planned maintenance. Testing and tagging of electrical equipment has been completed. Hot water temperatures in resident areas are monitored monthly and are below 45 degrees Celsius. The previous finding around hot water temperatures has been addressed. There has been ongoing refurbishment and upgrades in the homestead including new carpet in the main entrance, corridors and bedrooms. The walls and bedroom doors have been painted white giving a lighter fresher look and the service doors have been painted brighter colours. There is a bright wallpaper feature wall in the entrance. There is a plan in place to replace the lighting in bedrooms and replace the vanities in bedrooms. Communal areas are spacious and comfortable for the residents. There are external gardens and seating available with shade for residents.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Infection surveillance is an integral part of the infection control programme and is described in the infection control policies. Monthly infection data is collected for all infections based on signs and symptoms of infection. Infection statistics show monthly comparisons which are analysed for any trends and discussed at the staff meeting. Each electronic resident file has an infection register for individual trending of infections. If there is an emergent issue, it is acted upon in a timely manner. There have been no outbreaks. The infection rate is very low. There is Covid-19 screening for all visitors and staff. There has been additional education, zoom meetings with the DHB and on-site visits to assess for pandemic preparedness. There is sufficient personal protective equipment available.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Wakefield homestead has restraint minimisation and safe practice policies and procedures in place. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. There were no residents using an enabler and one resident with a lap belt restraint. All restraint documentation and monitoring were in place. Staff receive training in restraint minimisation and challenging behaviour management. Staff complete restraint and challenging behaviour questionnaires.

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)
Criterion 1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.	PA Low	The RN, enrolled nurse and senior caregivers administer medications. A review of medication competencies identified that not all medication competencies had been completed annually.	There are 12 staff who administer medications. Eight of 12 medication competencies had not been completed annually including one wellbeing manager/RN, one enrolled nurse and six caregivers. The risk was assessed as low risk as renewal of medication competencies were commenced on the day of audit. There had been no medication errors.	Ensure medication competencies are completed annually. 60 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.

No data to display

End of the report.