

Beattie Community Trust Incorporated - Beattie 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Beattie Community Trust Incorporated
Premises audited:	Beattie Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 July 2021 End date: 12 July 2021
Proposed changes to current services (if any):	Addition of a new service. Residential dementia for up to 22 residents.
Total beds occupied across all premises included in the audit on the first day of the audit:	36

Executive summary of the audit

Introduction

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

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

General overview of the audit

Beattie Community Trust Incorporated–Beattie Home, currently provide residential rest home care to a maximum of 36 residents. The service also provide a community day activities programme and a community dementia day programme since 2011. The organisation achieved a four year certification the Health and Disability Services Standards in 2017 and is member of Community Trusts in Care Aotearoa (CTCA) and New Zealand Care Association (NZACA). The previous surveillance audit of Beattie home in December 2019 found no areas of non-conformance and acknowledged three ratings of continuous improvement in governance, human resources and activities.

This partial provisional audit occurred to verify the service provider's preparedness to incorporate residential dementia care into its service delivery. A new purpose built unit (Papakainga Homestead) allows for a maximum of 20 residential beds plus 2 respite beds. Papakainga is physically connected to the current Beattie Home. Inspection revealed that the external and internal areas are completed and ready for occupancy as soon as approval is obtained from the Ministry of Health.

The audit was conducted against a subset of the Health and Disability Services Standards and the service's contract with the district health board (DHB). It included visual inspection of the interior and exterior of the new building, review of applicable policies and procedures, review of staff files, observations and interviews with the board chairperson, family members, current residents, management and staff.

This audit confirmed all requirements are met. At least 13 residents who have been assessed as requiring this level of care are waiting to enter the service.

Consumer rights

Not applicable to this audit

Organisational management

The new service operations are included in business and quality and risk management plans which describe the scope, direction, goals, values and mission statement of the organisation.

Regular and effective monitoring and reporting against all the services is submitted to the governing body monthly. The six member board are all from the local community, and have the necessary skills and expertise to govern effectively.

An experienced and suitably qualified person manages the facility. The general manager is a registered nurse (RN) with a current practicing certificate and has been in the role for 10 years.

Additional staff have been appointed and oriented to provide for the needs of residents who enter Papakainga Homestead. All have achieved, or are in the process of achieving the educational qualifications required for delivery of dementia services. Management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery, and includes regular individual performance review. The proposed roster for staffing levels and skill mix demonstrated there will be enough staff on site 24 days a week seven days a week (24/7) to meet the unique and changing needs of residents.

Continuum of service delivery

The planned activity programme will provide residents with dementia with a variety of individual and group activities that promote independence, stimulate memory and involvement in ordinary daily tasks. Links with the community will be maintained.

Appropriate systems for the safe delivery of medicines are installed. Medicines will only be administered by staff who are competent to do so.

Food services have been reviewed to ensure they meet the nutritional needs of potentially more mobile residents. Individual and special needs will be catered for. The home has a reputation and history of safe food management. Current residents and families confirmed a high level of satisfaction with meals.

Safe and appropriate environment

The new environment meets the needs of residents. A code for public use has been issued. Electrical equipment is new and certified as safe. Communal and individual spaces are maintained at a comfortable temperature. Plenty of external areas are accessible, safe and provide weather protection such as shade and shelter. All outside seating areas are deemed safe for use by wandering and mobile residents. Secure perimeter fencing of an adequate height has been installed.

Waste and hazardous substances are well managed. Staff have access to protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken both onsite and offsite and will be regularly evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Two fire evacuation drills have occurred. There is a suitable and functional call system installed and inbuilt security

Restraint minimisation and safe practice

The organisation has implemented policies and procedures that support the minimisation of restraint. Beattie Home has maintained a restraint free environment for many years. The amended restraint policy clearly demonstrates alternatives to use in dementia settings. Staff and management understood the requirements of this standard and confirmed there will never be restraints used in the homestead.

Infection prevention and control

The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

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	17	0	0	0	0	0
Criteria	0	37	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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>The new service has been in planning for three years with the Board, the community and Waikato DHB. Commencement of dementia residential care and day to day operations are included in business and quality and risk management plans which describe the scope, direction, goals, values and mission statement of the organisation. A service specific Papakainga Homestead and services, information brochure is available. This provides detailed information about Papakainga Homestead, the history of Beattie Home, how services are governed and managed, its location, the range of services available, what is required for entry to the Homestead, how to prepare for entry and what to expect in the days and weeks after moving into the home.</p> <p>Regular and effective monitoring and reporting against all the services is submitted to the governing body monthly. Board members have been intrinsic in raising the funds to build the \$8.5 million dollar homestead, securing contractors for the design and construction, and procuring fittings, chattels and furnishings. The building is freehold. The six member board are all from the local community, and have the necessary skills and expertise to govern effectively.</p> <p>The Board are kept informed verbally and in writing by the GM about all operational, quality and risk matters, as confirmed by the sample of recent board</p>

		<p>meeting minutes and reports and during an interview with the Board Chairperson.</p> <p>The GM is a registered nurse with a current practising certificate and has been in the role for 10 years. Responsibilities and accountabilities are described in a job description and individual employment agreement. The GM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through on-line study, meetings of the NZ Age Care Association, the DHB and regular meetings with other facility managers in the Community Trust Care Aotearoa (CTCA) group. Beattie Home is part of the CTCA, a business entity of aged care facilities who share common factors such as being located rurally and governed by not for profit organisations. This group is continuing to add value to the nine aged related residential care facilities who are members.</p> <p>Beattie Community Trust Incorporated holds an Aged Residential Care contract (ARCC) with Waikato DHB for delivery of rest home level care and respite care. Thirty six rest home residents were in the home at the time of audit. There is also a young persons with disability (YPD) contract in place with the MoH, although there have been no YPD residents admitted for some years.</p> <p>There is also an agreement with the DHB to provide a community day activities programme and dementia day programme. A total number of six people were attending the day programme on various days of the week. Not all people attend on the same day.</p> <p>Five people were registered as current attendees of the dementia day programme on differing days. It is intended that the day programme dementia programme will be incorporated into the day to day running of Papakainga Homestead, depending on the needs of the people attending. This programme has been running from a neighbouring house since 2011. The commencement of construction early this year required the day programme attendees to join the residential and community day activities programme participants in the main facility. Documents reviewed and interviews with family members, and staff confirmed the integration has been seamless and successful. All participants appear settled and happy, and have continued to receive the one to one care and supervision required to keep them safe.</p>
Standard 1.2.2: Service Management	FA	When the GM is absent, the clinical aspect of the role is covered by the Clinical

<p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		<p>Nurse Lead (CNL) with non-clinical aspects being managed by the administrator and chairperson of the board. Duties are carried out under delegated authority. During absences of key clinical staff, the clinical management is overseen by the GM who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</p>
<p>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.</p>	<p>FA</p>	<p>The service provider has a history of demonstrating achievement beyond the expected full attainment in human resource management and has been awarded ratings of continuous improvement with this standard for the past two on site audits in 2017 and 2019.</p> <p>Policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs) where required. A sample of seven staff records reviewed confirmed that adherence to best known employment practices continue to be implemented and personnel records are maintained.</p> <p>Since the previous surveillance audit in 2019, staff numbers have increased from 40 to 50 staff. Although there is already a full complement of staff to provide services in the new dementia wing, there is an intention to employ two new kitchen hands and interviews were happening on the day of audit. Two additional ENs have approached the GM wanting to work at Beattie Home and the GM is setting up recruitment processes.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation followed by an initial performance review.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals. All staff are maintaining competency in first aid and CPR.</p> <p>Seven of the current 29 carers have obtained level 4 of the National Certificate in Health and Wellbeing, and 15 have obtained level 3. Five have completed the LCP dementia qualification and 11 are in training. Two of the current part time care staff are progressing career pathways toward a bachelor of nursing degree</p>

		<p>and registration as an enrolled nurse (EN).</p> <p>Of the three RNS employed, two RN's are maintaining annual competency requirements to undertake interRAI assessments. The third RN is enrolled to commence training. There are two ENs employed.</p> <p>The organisation currently employs Kitchen staff, cleaning and laundry, maintenance</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>	FA	<p>Review of the four-week proposed roster for staffing Papakainga showed that two care staff will be allocated for eight hour shifts in the homestead seven days a week 24 hours a day. One of these will be the allocated fire warden on each shift. One RN is rostered Monday to Friday from 8am to 4pm. The registered DT will be in the homestead Tuesday to Friday 8am to 4pm and supported by the additional HCA/trainee activities person who is rostered for various shifts. All staff will be referred to as 'Buddies' rather than HCA's, RNs or other titles, which is in keeping with The Eden Alternative approach (refer to standard 1.3.7) . Access to other RNs and care staff will be available for relieving or additional support if needed according to the GM. Maintenance, cleaning and kitchen staff will also contribute hours. Beattie Home has regular and reliable input from families and community volunteers including people who live in the next door retirement village. All volunteers are screened as suitable and required under current legislation for vulnerable persons.</p> <p>The staffing proposal reveals that a suitable number of skilled, qualified and experienced people will staff Papakainga Homestead.</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>	FA	<p>Safe systems for medicine management (using an electronic system) are well established at Beattie Home. The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A lockable temperature controlled medication room was inspected in the homestead. The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range. The room has a lockable cupboard with a padlocked safe and controlled drug registry, a medicines trolley, hand basin and sufficient spaces for storage of medicines.</p>

		<p>Medications will be supplied to the facility in a pre-packaged format from the local contracted pharmacy and an RN is responsible for checking received medications against the prescription. Staff said that pharmacist input is provided on request. No medication administration records were reviewed because there were no residents in the new unit. The current practices in the rest home such as prescriber's signature for commencement and discontinuation of medicines, three monthly GP review, standing orders and the requirements for pro re nata (PRN) medicines, comply with guidelines. There is an implemented process for comprehensive analysis of any medication errors.</p> <p>Personnel and training records confirmed that all staff who administer medicines are competent to perform the function they manage.</p> <p>There will likely be no residents who self-administer medications in the homestead.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All food services are currently provided on site by two main cooks and two kitchen assistants. Two more cooks assistants are being recruited (refer to standard 1.2.8) to assist with meal preparation. The menu is in line with recognised nutritional guidelines for older people and follows a four weekly cycle with winter and summer patterns. This has been reviewed by a qualified dietitian in July 2021 to ensure it meets the needs of potentially very mobile people with dementia.</p> <p>Everyday morning and afternoon tea times are assisted by volunteers, visitors, family members and village residents. The community is aware of the open invitation to everyone to participate in the goings on at Beattie Home.</p> <p>A food control plan is in place and registered with the Otorohanga District Council. A verification audit of the plan was undertaken on 17 May 2019 which resulted in no areas requiring improvement identified. The plan expired on 12 December 2020 and food services could not be verified as the kitchen was disestablished in order to build a completely new kitchen area. The food control plan was placed in abeyance. Food services continued to be provided on site from temporary buildings and a smaller domestic kitchen within the rest home, according to the established processes in place for food procurement, production, preparation, storage, transportation, delivery and disposal. Food temperatures, including for high risk items, have continued to be monitored appropriately and recorded. Personnel records confirmed that both cooks have recognised industry qualifications and kitchen assistants or anyone who handles food have attended</p>

		<p>food handling training.</p> <p>The quality and efficiency of meal services were not compromised according to staff and resident interviews, there have been no concerns raised or outbreaks related to food. Further evidence of resident satisfaction with meals was verified by family and volunteer interviews, satisfaction surveys and residents' meetings minutes.</p> <p>A completely new industrial kitchen has been installed. This is much larger than the previous kitchen with various work stations, and has been fitted out with all new appliances such as two sterilizers, commercial ovens, dry air fryers, warming ovens, walk in refrigerators and freezers and food processing equipment.</p> <p>According to Otorohanga District Council the food control verification audit will take place in the next eight weeks. Interviews revealed they know the service well and have no concerns about the provision, procurement and delivery of food services. They stated they need the provider to accumulate sufficient auditable records/data (of food and refrigeration temperatures, and other processes) from the new kitchen before they come on site to conduct an audit.</p> <p>The GM and Kitchen staff said the overall systems for delivery of food in to Papakainga Homestead will replicate what is already in place. A nutritional assessment will be undertaken for each resident on entry and a dietary profile developed. The main two course lunch and dinner time meals will be supplied by the main kitchen. Breakfast, morning and afternoon tea, snacks and supper will be produced by staff in the homestead with participation from residents who want to be involved. This is congruent with the Eden Alternative philosophy described in standard 1.3.7. The personal food preferences, any special diets and modified texture requirements will be made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available in the main kitchen and in Papakainga.</p> <p>On the day of audit, all residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There were enough staff on duty in the dining rooms at mealtimes to ensure appropriate assistance was available to residents as needed.</p>
<p>Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for</p>	<p>FA</p>	<p>This was an area rated as continuous improvement at the two previous audits. The activities co-ordinator who is a qualified diversional therapist (DT) received</p>

<p>a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>awards and recognition at the 2020 NZACA conference. This person and one other DT have completed the level 4 LCP dementia qualification as has the HCA who is close to completing the diversional therapy modules and will be rostered to work in Papakainga with one of the DTs.</p> <p>The current activities programme is planned and implemented by these three staff with input from care staff and many community volunteers. A dementia specific programme 24-7 daily living plan activities plan for Papakainga has been developed with input from a dementia and Eden Alternative consultant. Beattie home is registered with the international body and began the 'ten principles of care' accreditation pathway in 2020. The Eden Alternative is a person directed philosophy of care that aims to transform residential care by addressing the 'three plagues' of aging: loneliness, helplessness and boredom.</p> <p>The sighted Papakainga programme invites and encourages voluntary participation from residents to engage in everyday household tasks as they desire. For example, serving morning tea, setting tables, reading newspaper headlines, welcoming visitors, folding and delivering laundry, gardening, arts and crafts including safe 'workshop' activities such as painting or sanding, exercises and walking sessions, pet care, baking. Residents involved in chores are supervised by staff following infection control, safety and well-being practices. Other organised activities include visiting entertainers, church groups, kapa haka groups and low stimulus options for the afternoon and early evening. For example, the multisensory and 'relax' rooms.</p> <p>As with all residents who enter care, a social assessment and history will be undertaken with the resident and their family member/carer to ascertain the individual's needs, interests, abilities and social requirements. Each resident's daily leisure and household participation will be documented in their care plan and their loneliness, helplessness and boredom goals will be reviewed at least six monthly. Activities assessments will be regularly reviewed to help formulate an activities programme that is meaningful to the resident.</p> <p>Staff said that the activities programme will be discussed at regular household meetings to gain residents' input, and that any formal or informal feedback from families and residents will be used to improve the range of activities offered. Books, games, sensory equipment such as 'fiddle mats' aromatherapy, robotic animals, large screen television which can be switched to relax mode that provides calming music and peaceful scenes, are all installed.</p>
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<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 are documented, known and well established processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur. New waste management systems have been installed to ensure waste from the new service is minimised and handled safely.</p> <p>Papakainga has a secure, chemical supply room with room to store cleaning trolleys. The provider confirmed that only ordinary household cleaning and sanitation chemicals will be in use in the homestead, none of which are listed as hazardous.</p> <p>There is plenty of protective clothing and equipment (PPE) available and stored on site and staff were observed using this. Training records confirmed that training has occurred with staff on correct donning and doffing of PPE.</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>FA</p>	<p>A sighted certificate for public use (CPU) dated 13 July 2021 and expiring on 07 October 2021 has been issued by the local authority (Otorohanga District Council). The building code of compliance certificate (CCC) is forthcoming.</p> <p>The full time employed maintenance person confirmed that systems are in place to ensure that the Papakainga Homestead physical environment will be checked regularly and maintained as fit for their purpose. All electrical equipment is new and therefore not requiring testing as is the bio medical equipment for example, a new oxygen concentrator, nebulizer, sphygmomanometer, weigh scales which were observed to be in place at the homestead.</p> <p>Inspection confirmed that all areas in the environment were hazard free, and set up to promote resident independence. The homestead has a variety of areas for resident use including a fully equipped multisensory room, a relaxation bathroom, and a suitably sized and comfortable quiet room (The Lion Lounge) for visiting or chaplaincy services.</p> <p>There are five suitably furnished, accessible and safe external areas for residents. Each area can be seen from the main living area. These include an outside dining area with sturdy table and chairs, shelter and shade, an internal courtyard with similar dining furniture. The outer areas can be sectioned off or opened up for</p>

		<p>unimpeded wandering via gated systems. There is a safe and suitable perimeter fence along the external boundaries. All surfaces are flat or have low gradient ramps installed for accessibility.</p> <p>The Eden Alternative approach encompasses providing residents with every opportunity to use their environment in familiar ways, for example hanging out laundry, pottering in the raised garden beds, or tinkering in the allocated 'workshop' areas with staff supervision.</p> <p>The internal and external environments have been finished to a high standard.</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>	FA	<p>All twenty-two bedrooms have their own toilets and hand basins. Twelve rooms and the two respite rooms have full ensuites with accessible showers. There are another two shower rooms and two toilets in each wing for communal use, plus the relax bathroom. This provides one shower for every two residents who do not have a full ensuite bathroom.</p> <p>Appropriately secured and approved handrails are provided in the toilet/shower and corridor areas, and other equipment and accessories are available to promote resident independence.</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>	FA	<p>All rooms are single occupancy.</p> <p>Twelve rooms have a full ensuite bathroom with shower and will attract a premium charge. Eight standard rooms with toilet are available at no cost as is the two respite rooms. Each bedroom is generously spacious with wide doors and plenty of room for residents and staff to move around within safely. The rooms are furnished with a bed and bedside cabinet, built in wardrobe, drawers and shelving. Call systems, temperature and lighting can be adjusted to suit the individual.</p> <p>New 'state of the art' beds are provided with numerous features to enhance resident safety. These feature pressure relieving mattresses, under bed lights which are automatically triggered when someone gets up and noise sensors to alert movement which avoids use of sensor mats, all angled tilting and height adjustments and the ability to report the weight of whomever is lying in the bed. All features can be set up and modified to suit the individual.</p> <p>The bedrooms are fully carpeted and located in wings around the building</p>

		<p>perimeter.</p> <p>Papakainga has plenty of spaces for safe storage of mobility aids, wheel chairs and mobility scooters.</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>	FA	<p>There is one large open space area in the centre of the homestead for residents to engage in activities of daily living. This accommodates a spacious domestic style kitchen, which can prevent resident access if required. The kitchen is fully equipped with temperature readable fridges, dishwasher, and pantry, cooking and baking equipment and crockery and cutlery. There are five dining tables and 28 dining chairs, safe seating bench high stools, comfortable and suitable lounge furniture, and a gas fire. There are large bi fold doors on both sides of this space and other external doors for safe egress.</p> <p>Residents can access their rooms and other areas for privacy, if required. All the furniture and fittings were observed to be appropriate to the setting and residents' needs.</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>	FA	<p>The bulk of laundry services has been outsourced to a contracted provider. Resident's personal laundry is undertaken daily by a designated laundry staff person or by family members if requested. The laundry supervisor is employed full time and is onsite Monday to Friday. A 'floating' laundry carer is designated hours on the weekend for rest home laundry. The homestead has its own laundry space with dirty/clean flow areas. Resident's personal clothing will be laundered by care staff with residents who wish to do their own laundry. All other laundry will be kept separate from the rest home resident's laundry using the outside weatherproof bin allocated for Papakainga. These bins are collected and laundry is returned twice a week.</p> <p>Laundry and care staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen and have attended safe chemical handling.</p> <p>The outsourced laundry system is working well according to staff interviewed. There have been no reported concerns. Rest home residents and their families said their personal laundry is managed well and that their clothes are returned in a</p>

		<p>timely manner.</p> <p>The household cleaning team have received appropriate training as confirmed in interview of cleaning staff and training records. As with the laundry system described above residents will be invited to participate in daily cleaning tasks if they desire, such as feather dusting. A cleaning staff hours are also allocated to the homestead. A lockable cleaners room is located in the homestead footprint and contains a cleaning trolley, sink, cleaning equipment and household chemicals. These were stored in a lockable cupboard and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff.</p> <p>Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency.</p> <p>The fire evacuation scheme for Papakainga Homestead was submitted to Fire and Emergency Services New Zealand (FENZ) on 01 July 2021. This has been acknowledged by letter (sighted) which states that approval is forthcoming. Two trial evacuations with staff and mock residents occurred on 08 June and 18 June 2021. The fire drill reports were sent to FENZ and showed no issues with evacuating the site.</p> <p>The homestead is considered as one zone and is protected from the rest of the building by two 'fire curtains' and two sets of fire doors, thereby creating three cells of safety. All areas in the building are installed with electronic smoke detectors and sprinkler system for fire suppression and alerts. There are sufficient numbers of fire hydrants stored within the building and a fire blanket in the kitchen.</p> <p>The staff orientation programme includes fire and security training and staff confirmed their awareness of the emergency procedures.</p> <p>The home has purchased a 'hospital grade' generator which is on site and can power the facility and the neighbouring village if required during a power outage. Adequate supplies for use in the event of a civil defence emergency, including</p>

		<p>food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for a total number of 58 residents and staff. This meets the Ministry of Civil Defence and Emergency Management recommendations for the region. A new large capacity (30,000 litres) water storage tank has been installed. Emergency lighting is built into the homestead and is being regularly tested.</p> <p>There was a functional call system installed and activation points in each resident room, communal bathrooms and toilets and common areas. Audits of call bell systems are completed on a regular basis. Subtle night-time lighting is installed in the lounge and passage ways for safety.</p> <p>Suitable security arrangements are in place. There is discreet CCTV monitoring in common areas and the external perimeter-which families are advised of, exit and entry to the home is by swipe card or keypad locks on doors. Doors and windows will be locked at a predetermined time.</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 residents' rooms and communal areas will be heated and ventilated appropriately. All areas including individual bedrooms have electrical and solar powered ceiling heaters which can be individually temperature controlled.</p> <p>All rooms allow plenty of natural light, through opening external windows and large bi fold or external doors that open onto the outside gardens and patio areas.</p> <p>Areas were at a comfortable temperature and well ventilated on the day of audit.</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>The service is maintaining an infection prevention and control (IPC) programme which minimises the risk of infection to residents, staff and visitors.</p> <p>The programme is guided by a comprehensive and current infection control manual, with oversight from the clinical nurse lead who is the nominated IPC coordinator. This role and responsibilities are defined in a job description. The infection control programme and manual was reviewed annually in January 2021.</p> <p>Infection control matters, including surveillance results, are reported monthly to the GM and tabled at the quality/risk committee meeting. This committee includes the GM, IPC coordinator, the health and safety officer, a representative from the Board, and representatives from food services and household management.</p>

		<p>Surveillance of infections for residents in Papakainga will be collected and incorporated into the already established IPC systems.</p> <p>Signage at the main entrance to Papakainga requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</p> <p>The new environment is designed in ways that minimises risks of infections to residents, staff and visitors. This area could easily accommodate anyone who requires isolation or barrier nursing. Suitable and appropriate equipment and resources such as gloves, masks, gowns and portable hand sanitising lotion are already in place at the homestead.</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>The organisation has implemented policies and procedures that support the minimisation of restraint. Beattie Home has maintained a restraint free environment for many years. The amended restraint policy clearly demonstrates alternatives to use in dementia settings. Staff and management understand the requirements of this standard and confirmed there will never be restraints used in the homestead. The RN/restraint coordinator provides support and oversight for prevention of restraint use in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>All staff attend regular training on prevention of restraint, alternatives to use and effective management/responses to challenging behaviour.</p> <p>This was evident on review of personnel training records reviewed, and from interview with staff.</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.

No data to display

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.