

Maungaturoto Residential Care Limited - Maungaturoto Rest Home

Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by 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: Maungaturoto Residential Care Limited

Premises audited: Maungaturoto Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 10 August 2021 End date: 10 August 2021

Proposed changes to current services (if any): The service has built a fourteen-bed secure dementia unit, which is scheduled for opening mid-September 2021. Maungaturoto Residential Care Limited will be providing both rest home and secure dementia level of care. A new commercial kitchen and laundry service has been built on site. There is an internal corridor connecting the rest home and the secure dementia unit. Some refurbishment has occurred around this corridor connection area.

Total beds occupied across all premises included in the audit on the first day of the audit: 9



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

Maungaturoto Residential Care Limited - Maungaturoto Rest Home (MRH) has built a new 14 bed secure dementia unit, commercial kitchen and laundry. The service is managed by an experienced nurse manager. The opening and blessing ceremony is scheduled to occur on 20th August 2021, and residents admitted from 16th September 2021, or soon after, once approval has been provided to open.

This partial provisional audit was conducted against the Health and Disability Services Standards. The audit process included review of policies and procedures, review of residents' files and staff training registers/records, observations and interviews with a resident, nurse manager, chairman of the board of directors and staff, as well as a review of the new facilities.

At the last certification areas for improvement were identified in relation to long term care plans and reviewing the infection control programme. These have been addressed.

At this partial provision audit, ten areas for improvement are identified. These relate to providing staff with orientation to the new dementia unit and recruiting the required staff. A certificate of public use has yet to be issued for the new building, telephone/internet connection installed, and the outside courtyard needs to be made safe for resident use. Obtaining appropriate emergency supplies, reviewing the fire evacuation plan, having a functioning call bell system, and activating the security system also needs to occur in the new unit. Human resource records and one aspect of medicine documentation are areas that have not yet been fully addressed from the last audit.

Consumer rights

Not applicable to this audit.

Organisational management

Maungaturoto Residential Care Limited is the governing body and is responsible for the service provided at Maungaturoto Rest Home. A business, quality and risk management plan sighted included the scope, direction, goals, values and a mission statement. This included the plan to develop and provide secure dementia services on site. Regular reporting by the nurse manager occurs monthly to the governing body.

The facility is managed by an experienced and suitably qualified manager who is a registered nurse. An experienced senior caregiver is responsible for services in the absence of the nurse manager.

There is an ongoing staff education programme that is relevant to the services provided. This includes supporting care staff to complete an industry approved qualification in dementia level care. Records of attendance are maintained. Regular individual staff

performance is reviewed annually. All employed and contracted registered health professionals have a current annual practising certificate.

Staffing levels and skill mix are managed by the nurse manager with a roster and on-call system for after-hours being available. The roster has been updated to reflect the staffing requirements for the secure dementia unit.

Continuum of service delivery

Residents long term care plans are sufficiently detailed to guide individual resident's care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. Resources have been obtained, and planning undertaken for the provision of activities within the secure dementia unit.

Policies and procedures are available to guide staff practice for medicine management. Applicable staff are assessed as competent prior to administering medicines and this is reviewed at least annually. There is an area to enable to secure storage of medicines within the secure dementia unit.

The food service meets the nutritional needs of the residents with special needs catered for. The dietitian has approved the menu. There is a registered food safety plan and Maungaturoto Rest Home has been audited against this plan. The menu and food safety plan will continue to be implemented. There is a kitchen area within the secure dementia unit.

Safe and appropriate environment

A new purpose built fourteen bed secure dementia unit has been built that attaches to the main rest home via a connecting corridor. The Code Compliance Certificate has been issued for this building. The unit has been refurbished ready for occupancy.

There is a new laundry with new equipment and clean and dirty entrances. A new commercial kitchen has been built.

There are sufficient bathroom facilities within the new unit and these are fit for purpose. There is an open planned dining and lounge area with a quiet room/whanau room co-located. Grab rails are present in the corridors and bathrooms.

Appropriate personal protective equipment (PPE) is available, along with an area for the secure storage of chemicals and other hazardous substances.

Security cameras are in use. Some staff have completed fire evacuation training.

There is a designated area outside the dementia unit for resident use.

There are processes in place to facilitate the appropriate heating of the new unit.

Each bedroom has windows that can be opened. These windows have security stays installed.

Restraint minimisation and safe practice

Appropriate policies and procedures are in place to meet this standard. The nurse manager is the restraint coordinator. Maungaturoto Rest Home has a commitment to being a restraint free environment. There have been no restraints in use for at least two years. Residents who are admitted to the secure dementia unit will have been assessed as requiring a secure dementia level of care. Staff are provided with training on restraint minimisation practices and de-escalation techniques as part of the ongoing education programme.

Infection prevention and control

There is an infection control programme that is relevant to the service setting and aimed at minimising the risk of infection transmission. The infection control plan was reviewed and updated in June 2021. The nurse manager is responsible for facilitating the infection control programme with the support of care staff, the board of directors/trustees. The nurse manager and governance representatives were actively involved in the design and furnishing of the new dementia unit.

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	13	0	2	3	0	0
Criteria	0	28	0	5	5	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 Maungaturoto Rest Home (MRH) business, quality and risk management plan was reviewed and outlines the purpose, values, scope and direction of the organisation. The development of the new secure dementia service is included in the plan. The documents reviewed identified goals and objectives and the nurse manager was monitoring progress towards achieving these goals. There are eight members on the board of trustees, with six members also being on the board of directors. In addition, the afterhours general practitioner attends both meetings, and while not a member of these two committees, has speaking rights. The nurse manager also attends the monthly board of directors (BOD) and board of trustees (BOT) meetings and provides relevant information. This was verified by the chair of the BOD, (who is also a member of the BOT) who was present onsite for the day of audit, and by review of the last two BOT meeting minutes.</p> <p>The service is managed by a nurse manager who holds relevant qualifications and has been in the role for over 11 years. The NM's responsibilities and accountabilities are defined in a job description and individual employment agreement. The nurse manager confirmed knowledge of the sector, regulatory and reporting requirements and has attended over eight hours of relevant</p>

		<p>education as required to meet the providers contract with Northland District Health Board (NDHB).</p> <p>The service holds a contract with Northland District Health Board (NDHB) for up to 16 rest home level residents. On the day of the audit there were eight long term rest home residents and one resident receiving respite services.</p> <p>Partial Provisional Audit:</p> <p>The BOT and BOD have been actively involved with the development of the 14-bed secure dementia service, and the co-located new kitchen and laundry service. The new kitchen and laundry facilities will also provide the services for the existing rest home residents. This is part of an ongoing building/site development programme. The timeframe for the next stages is yet to be confirmed. There has been significant local community involvement and support with this development project.</p> <p>The new secure dementia unit will have an official blessing/opening ceremony on 20 August 2021. The nurse manager advised the service is working towards being able to admit residents from 16 September 2021 onwards, if all requirements have been met by this time. There will be a staged admission process for new residents. The nurse manager notes there have been enquiries from at least seven families. Prior to accepting any admissions to the new unit, will confirm with the DHB needs assessment and coordination (NASC) service that the residents have been assessed as requiring secure dementia level care and will obtain appropriate documentation. Work is underway to recruit staff for the new unit (refer to 1.2.8.1).</p> <p>The general practitioner was interviewed. The GP confirmed having worked in both rest home, hospital and secure dementia services in the past and is experienced in providing care to residents requiring secure dementia level of care.</p>
Standard 1.2.2: Service Management	FA	In the nurse managers absence, a senior caregiver is responsible for the services

<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>provided with the support of the chairperson of the board of directors, an on call general practitioner or a registered nurse from the nearby general practice if required.</p> <p>Partial Provisional Audit:</p> <p>The senior caregiver has worked at MRH since 2005 and has an industry approved qualification in dementia level of care, current medicine competency and a current first aid certificate. The senior caregiver is also the health and safety representative for the rest home.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Moderate</p>	<p>Human resources management policies and procedures are based on employment practice and relevant legislation. Some recruitment records are not being retained and this continues to be an area requiring improvement. All contracted and employed registered health professionals have a current annual practising certificates (APCs) where required.</p> <p>Staff are provided with an orientation; however, this does not yet include the secure dementia unit and associated equipment and processes. This is an area requiring improvement.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements to meet contractual requirements. The nurse manager is responsible for all education provided, and records of attendance are maintained. Five caregivers have an industry approved qualification in dementia level of care, and eight staff have been enrolled including the activities coordinator (refer to 1.2.8.1). The nurse manager stated being aware of the ARRC contract requirements for staff training.</p> <p>The nurse manager is the only registered nurse, and is a comprehensive trained nurse, whose training programme included mental health. The nurse manager is interRAI trained and competent, has a current medicine competency (assessment completed by the general practitioner) and first aid certification.</p>

		The activities coordinator has been registered to complete an industry approved qualification in both dementia care and diversional therapy.
<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>	PA Low	<p>Policies and procedures are available to guide the staffing and skill mix of staff working in the rest home and secure dementia unit. A template roster has been developed for both the rest home and secure dementia unit. There are currently five shifts in the secure dementia unit or rest home roster yet to be recruited to. This is an area requiring improvement.</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>	PA Low	<p>The medication management policy was current and identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The medicine management system in use is paper based. The caregiver interviewed demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had current medication administration competencies.</p> <p>One resident has been assessed as competent to self-administer topical medicines, at the time of audit. Medication errors were being reported via the incident reporting system and corrective actions planned and implemented.</p> <p>Quantity control checks for controlled drugs were not being completed six-monthly as required. This continues to be an area requiring improvement.</p> <p>Partial Provisional Audit:</p> <p>An area is present in the new secure dementia unit for the storage of medicines and a medicines trolley for undertaking the medicine rounds has been purchased and was sighted. The current policies and procedures will be used. The nurse manager advised at least one staff member on each shift in each unit will have medicine competency. The need for a medicine competent staff member to be on duty in each unit each shift is included in the area for improvement raised in</p>

		<p>criterion 1.2.8.1.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by three main cooks and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns on a four weekly cycle and was reviewed by a qualified dietitian on 14 December 2020. Records of this review were sighted.</p> <p>The current kitchen is located in the rest home. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the local city council. Food and fridge temperatures, including for high-risk items, are monitored appropriately, and recorded as part of the plan. The staff working in the kitchen have completed relevant food handling training.</p> <p>Nutritional assessments are completed for each client on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are communicated to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet clients' nutritional needs, was available.</p> <p>A resident interviewed was satisfied with the meals provided.</p> <p>Partial Provisional Audit:</p> <p>There is a new kitchen that has been built in the new build area. This includes a gas cooking/oven and new refrigerators and freezers, and a hot and cold box for the delivery of meals to each unit. All the main meals will be provided from the new kitchen, using the existing menu and food control plan. In addition, there is a functioning kitchen in the secure dementia unit that can be used by staff for baking activities as part of the day-to-day activity programme. The nurse manager is aware of the need to ensure a range of snacks are available for residents in the secure dementia unit over the 24-hour period once this unit is in use. There are</p>

		<p>appropriate storage facilities for food stuffs in the secure dementia unit. The same current process will be implemented to identify and communicate individual resident's dietary needs.</p> <p>The required crockery and cutlery supplies have been obtained. There are tables and chairs in the dining room for up to 14 residents.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Initial care plans are developed on admission to guide service delivery.</p> <p>Long term care plans have been developed following interRAI assessments. The long-term care plans included the individual care needs of the residents as identified from the interRAI assessments and included the other individualised needs of the residents. A comprehensive template is used that includes behaviour and psychosocial needs, activities of daily living, grooming, sleeping patterns, mobility, pain, continence, skin, activities, nutritional status, end of life care, mobility and individual social and other needs. The care plans were noted as developed in partnership with the resident and/or family, were sufficiently detailed and individualised. The shortfall from the last audit has been addressed.</p> <p>Partial Provisional Audit:</p> <p>The nurse manager has the required care plan documents for residents assessed as requiring secure dementia level care. In addition to the current resident care plan, there is also a template for recording individual resident behaviour management strategies and activities over the 24-hour period as required to meet the ARRC contract requirements. A copy of these templates and associated policy detailing the use of these was sighted.</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>	FA	<p>The activities programme is provided by the activities coordinator (two days a week) and a long-standing volunteer (three days a week). Family members also support residents including taking residents on outings.</p> <p>Residents' needs, interests, abilities, and social requirements are assessed on admission using a social assessment and history form that is completed by the RN with input from the resident and family.</p> <p>The residents' activity needs are evaluated when there is significant change in</p>

		<p>their participation in activities and as part of the formal six-monthly care plan review. Daily activities attendance records were sighted.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events were offered. The resident interviewed confirmed the activities programme was satisfactory. In addition, the resident completed individual activities of their choice. Residents were observed participating in a variety of activities on the days of the audit. The activities on the programme included short walks/exercise, shopping trips, newspaper reading, reminiscing, entertainment, arts/crafts. The activities coordinator reported that the activities programme is flexible and can be changed to meet the needs of the residents.</p> <p>Partial Provisional audit:</p> <p>The existing assessment forms and processes will be used to assess the social history, interests, and hobbies, of residents admitted to the secure dementia unit. The activities hours have been increased to three hours on Saturdays and Sundays. In addition, the caregiver employed on the 12-hour shift each day in the secure dementia unit will be responsible for facilitating daily activities both planned and spontaneous.</p> <p>The activities coordinator advised appropriate arts, crafts, games and resources are already available for the activities programme in the secure dementia area and the designated storage area and supplies were sighted. There is a library area in the secure dementia unit, a wall mounted television on the wall in the lounge (out of resident reach) and a new music keyboard was delivered on the day of audit. A garden/outside area has yet to be completed. This is included in the area for improvement raised in criterion 1.4.2.6.</p> <p>Staff training on providing activities and therapies has yet to occur. This is included in the area for improvement raised in criterion 1.2.7.4.</p> <p>Church services are provided on site on a fortnightly basis. The services can be held in the secure dementia unit if applicable to the residents.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are</p>	<p>FA</p>	<p>There are documented processes available for the management of waste and infectious and hazardous substances. 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 are available on site. Staff</p>

<p>protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>confirm they are provided with training on chemical safety as part of the orientation and ongoing education programme.</p> <p>There is provision and availability of protective clothing and equipment, and staff were observed using this.</p> <p>Partial provisional Audit:</p> <p>The existing policies and procedures will be utilised within the secure dementia unit. There is an area in the staff toilet to secure small supplies of cleaning products to enable staff to be responsive to spills. There is another area for the secure storage of other bigger cleaning products. The service has appropriate personal protective equipment available.</p> <p>The nurse manager advised the supplier will return to provide staff with training on the use of the new equipment in the kitchen and laundry prior to opening, and this includes the chemicals used in the new equipment. This is included in the area for improvement raised in criterion 1.2.7.4.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Moderate</p>	<p>There is a building warrant of fitness expiry 13 July 2022. A Code Compliance Certificate has been issued for the new build area. A Certificate of Public Use has yet to be provided and this is required before opening. Telephone and internet services have yet to be installed.</p> <p>The internal flooring is flat without unexpected ledges or gradients. Carpet tiles are used in the main corridor, bedrooms and lounge/dining areas. There is non-slip flooring in the bathrooms. There are grab rails present on the corridor walls and each shower and toilets.</p> <p>There is an external courtyard attached to the secure dementia unit. This is not yet fit for purpose or safe and requires improvement.</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</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the secure dementia facility. This includes three toilets and three showers. The doors of the bathroom facilities are light blue. There are appropriately secured and approved handrails in the toilet/shower areas. Other equipment/accessories are available to promote residents' independence including padded and other shower chairs.</p>

<p>hygiene requirements.</p>		<p>There is a bathroom that has been renovated in the rest home area near the corridor connecting the rest home to the secure dementia unit. The call bell in this bathroom is located on the wall behind the toilet and is not accessible for residents. This included in the area for improvement in criterion 1.4.7.5.</p> <p>There is designated staff / visitor toilet in the dementia unit, and another toilet and shower available for staff use in the rest home.</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>Adequate personal space is provided to allow clients and staff to move around within their bedrooms safely. All bedrooms provide single accommodation, have a wardrobe, a soft chair and a bedside cabinet. Unique quilts have been made for each residents' bedroom by the local community. Residents are able to bring personal items and mementos for their room.</p> <p>There is a new small lounge/sitting area outside the two rest home bedrooms that are located near the corridor joining the two units.</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>There is an open plan lounge and dining room in the secure dementia unit. There are sufficient chairs in the dining room for 14 residents. There is also a whanau room/quiet room. There are sufficient lounge chairs for residents between the lounge and whanau/quiet room. A hairdressing room has been built on site within the rest home area of the building.</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>There is a new laundry unit that contains two washing machines and a drier. This room will be used for all laundry services. Training on the use of the equipment is yet to occur. This is included in the area for improvement raised in criterion 1.2.7.4.</p> <p>There is a designated clean and dirty entrance area and demarcation of clean and dirty areas are noted within the laundry room.</p> <p>There are existing policies and procedures available for cleaning and laundry services. These will continue to be used. Arrangements have already been made for the cleaning services for the new secure dementia unit and for the secure storage of cleaning supplies.</p>

		<p>Monitoring of cleaning and laundry services will occur via the existing internal audit programme and resident satisfaction survey process, and the most recent results sighted. A rest home resident interviewed said the facility was kept clean and laundry returned in a timely manner.</p> <p>Required linen has been purchased for residents in the new unit and this was sighted.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Moderate</p>	<p>Policies and procedures are available to guide staff in response to any emergency and security situations this includes a process of identifying and communicating any individual needs the residents has. Staff are provided with training on emergency events. There is always a staff member with a current first aid certificate on duty. Ensuring the staff recruited to cover the vacant shifts have a current first aid certification is included in the area for improvement raised in 1.2.8.1.</p> <p>The fire evacuation plan was updated in December 2020. There are some aspects that require review to ensure it is correct/current.</p> <p>Staff training related to security, use of emergency systems/bell and updated fire evacuation processes are still required (refer to criterion 1.2.7.4).</p> <p>Areas for improvement have also been identified in relation to security and signage, call bells, and ensuring appropriate emergency supplies are available for staff and residents in the dementia unit.</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' bedrooms in the secure dementia unit have windows with appropriate security latches installed.</p> <p>The facility is heated via heat pump and underfloor heating. There is a temperature sensor in each bedroom enabling monitoring of the ambient temperature.</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</p>	<p>FA</p>	<p>Maungaturoto Rest Home implements an infection prevention and control (IPC) programme to protect residents, staff and visitors from infection. The infection control programme was reviewed in June 2021 and is relevant to the existing and</p>

<p>visitors. This shall be appropriate to the size and scope of the service.</p>		<p>new services. There are current infection control policies and procedures available which have been developed by an external consultant and localised to reflect the needs of this facility. Applicable personal protective equipment is available on site.</p> <p>The nurse manager is responsible for facilitating the infection prevention and control programme, including the infection surveillance programme. The position roles and responsibilities are documented with the person reporting to the chairperson of the board of directors, who confirms being kept well informed.</p> <p>Signage at the main entrance to the facility 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>A risk screening programme is still in place to assess staff and visitors risk for Covid-19 and visitors have a temperature check before entry to the facility. Residents and staff are supported to obtain the Covid-19 vaccinations and annual influenza vaccination. A sign in book was available for contact tracing inside the main entrance, and a designated QR code is in the secure dementia unit for building contractors use. The nurse manager advised there has 'not been any infection outbreaks since the last audit or for at least seven years – probably longer'.</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>Appropriate restraint minimisation and safe practice policies and procedures are in place to meet this standard. The nurse manager is the restraint coordinator.</p> <p>Maungaturoto Rest Home has a commitment to being a restraint free environment. The nurse manager and a senior caregiver interviewed advised there has not been any restraint used on site for at least two years. The nurse manager advised residents who will be admitted to the secure dementia unit will have been assessed as requiring a secure dementia level of care. There were no residents using enablers at audit.</p> <p>Staff are provided with training on restraint minimisation practices and de-escalation techniques as part of the ongoing education programme. This training last occurred in December 2019. Further training on restraint minimisation and responding to behaviours that challenge is scheduled to occur for staff on 6 September 2021, prior to the new secure dementia unit opening.</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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	<p>PA</p> <p>Moderate</p>	<p>A policy details recruitment and human resource requirements. The nurse manager advises reference checks and interviews are conducted for new employees; however, records are not being retained. These were missing from all five staff files sampled. Signed code of conduct and confidentiality agreements are also not present in some sampled files. Police vetting is occurring. The nurse manager obtained appropriate identification and the completed application screening documents from applicable staff and submitted them to the New Zealand Police for vetting. The nurse manager has subsequently received these documents back along with a letter advising that since May 2021 these</p>	<p>Reference checks, interview records, and a signed copy of the code of conduct and/or confidentiality agreement is not consistently included in sampled staff files.</p>	<p>Ensure staff files consistently include all necessary records including staff interviews, reference checks, a signed code of conduct and confidentiality statements.</p> <p>60 days</p>

		<p>applications must now be submitted electronically. This is a 'work in progress'.</p> <p>New staff are provided with a copy of a job description and individual employment agreement.</p>		
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	<p>PA Moderate</p>	<p>Staff are provided with an orientation to MRH rest home services that includes all required components to meet the standards. Records are retained. This was confirmed by staff interviewed, and review of staff files.</p> <p>While some staff have attended fire evacuation training, which included the new dementia unit, staff and the volunteer that assists with activities have yet to be provided with an orientation to the new secure dementia unit facility/environment, call bell system, security systems, responding to an emergency/call bell, use of the new laundry and kitchen equipment and how to do activities and therapies where relevant to their role. Some staff also require training on fire safety requirements for the new dementia services.</p>	<p>Staff and the volunteer have not yet been provided with an orientation to the secure dementia facility, kitchen and laundry, new equipment, emergency, security, and activities and therapies. Not all staff have not been trained on the fire evacuation procedures.</p>	<p>Ensure all staff and volunteer are provide with an orientation to the new secure dementia unit, kitchen and laundry including the physical environment, call bells, security, use of new equipment, fire safety/emergency response, and how to do activities and therapies, and that orientation records are retained.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process</p>	<p>PA Low</p>	<p>Partial Provisional Audit:</p> <p>The nurse manager has developed a roster for the staffing of the rest</p>	<p>There are five caregiving shifts that have yet to be filled for the staff roster developed</p>	<p>Ensure appropriate staff have been recruited to cover all required shifts in the rest home</p>

<p>which determines service provider levels and skill mixes in order to provide safe service delivery.</p>		<p>home and secure dementia unit over 24 hours seven days of the week. This includes having a care giver rostered in each of the rest home and secure dementia units for each eight-hour shift covering morning, afternoon and night shifts. Another caregiver is rostered daily in the dementia unit for a 12-hour day shift (7.00 am to 7.00 pm). There are five caregiving shifts that have yet to be filled in either the rest home or the new secure dementia unit on the new roster, and recruitment is underway. The nurse manager advised the caregiver in each unit will have current medicine competency and a first aid certificate. Other required staff have already been employed. Caregivers are responsible for laundry services. There is currently a staff member on duty with a current first aid certificate and medicine competency in the rest home each shift.</p> <p>Five caregivers have an industry approved qualification in dementia level of care, and eight staff were enrolled in this training on 19 March 2021. The nurse manager is an assessor.</p> <p>The time allocated for the cook has increased with the cook starting earlier and finishing later each day. Designated time is allocated for cleaning, gardening and activities (refer to 1.3.7). There is a long-standing volunteer that assists with</p>	<p>for the rest home and secure dementia unit.</p>	<p>and secure dementia unit. Ensure at least one staff member on duty in the secure dementia unit and the rest home each shift have completed the organisation's medicine competency requirements and has a current first aid certificate.</p> <p>Prior to occupancy days</p>
--	--	---	--	---

		<p>the activities programme in the rest home. The nurse manager advised this volunteer will primarily continue with activities in the rest home, and would only assist in the secure dementia unit under the direct/close supervision of an employed staff member.</p> <p>The nurse manager is on site weekdays from 8.30 am to 5 pm and is otherwise on call. Every second weekend the first point of call is allocated to a senior caregiver (who liaises with the general practitioner or NM if applicable). There are two senior caregivers that live near MRH and advise they can be on site within five minutes of being called.</p> <p>Staff confirmed staffing numbers are adjusted to meet the needs of residents. One resident currently has one on one care daily from 7 am to 7 pm at night.</p> <p>The GP routinely visits weekly. There is a GP available on call including afterhours.</p>		
<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</p>	PA Low	<p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The nurse manager/RN checks medications against the prescription and documents this check. The nurse manager conducts medication reconciliation when clients return to</p>	<p>Quantity control checks for controlled drugs were not completed six-monthly as required.</p>	<p>Ensure quantity stock counts occur six monthly as required.</p> <p>90 days</p>

<p>order to comply with legislation, protocols, and guidelines.</p>		<p>the facility from acute services or external appointments.</p> <p>The RN/Manager reported that expired and unwanted medicines are returned to the pharmacy for disposal. Clinical pharmacist input is available at request. The records of temperatures for the medicine fridge are documented. There are no residents currently on insulin. Vaccines are not stored on site.</p> <p>Good prescribing practices noted included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The three-monthly GP reviews were consistently recorded on applicable medicine charts. The paper prescription charts had current photos for residents' identification and allergies were documented. Eight medicine charts were reviewed during audit. The GP was visiting on the day of audit and had the newest resident's medicine records.</p> <p>Weekly checks of the balance of controlled drugs is now occurring, and are signed by the nurse manager and a caregiver. Quantity control checks for controlled drugs were not completed six-monthly as required.</p>		
---	--	--	--	--

<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA Low</p>	<p>There is a new 14 bed unit for residents requiring secure dementia level of care. The rooms are appropriately furnished. The external windows have some tinting to assist maintaining the privacy of residents when the drapes are open. There is an internal corridor that connects the new dementia unit to the rest home. A bathroom has been refurbished for rest home residents living near this area. The new laundry is located off the corridor nearer the dementia unit. There are doors with swipe card access at both ends of the new corridor. The new kitchen is located within the rest home area. There is also a new hairdressing room and storage cupboard. A Code Compliance Certificate was issued on 9 August 2021 for the new build area, and this was sighted. A Certificate of Public Use has yet to be issued, and telephone and internet services have yet to be connected.</p> <p>The temperature of hot water has been checked in all bedrooms and bathrooms and confirmed to be under 45 degrees Celsius.</p> <p>Required new clinical equipment and consumables have been purchased for the secure dementia unit.</p>	<p>A Certificate of Public Use has yet to be issued for the new build area, and telephone and internet connection yet to be installed.</p>	<p>Obtain a Certificate of Public Use and install telephone and internet services as planned.</p> <p>Prior to occupancy days</p>
--	---------------	---	--	--

<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	<p>PA Moderate</p>	<p>There is a designated courtyard for residents in the secure dementia unit, with some shade. This area has a fence. The chairperson of the board of directors states the gate giving external access to this area will be appropriately secured from the outside once the building contractors no longer require a direct access point into the building.</p> <p>The landscaping of this area has not yet been completed, and this area is not yet safe for resident use. There are two large wooden trellis areas that have been installed close to one of the fences. This provides a potential ladder for residents to access the roof. There is an electronic power box in the ground that is still visible/accessible. Outdoor furniture has been purchased but not yet in place.</p>	<p>The environment in the outside courtyard for residents in the secure dementia unit is not yet fit for purpose or safe for residents' use.</p>	<p>Ensure the courtyard for residents in the secure dementia unit is made fit for purpose and safe for resident use, including completing the landscaping, installing the outside furniture, removing the wooden trellis/ladder and visible power box, and permanently securing closed the gate as planned that is in the fence.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	<p>PA Low</p>	<p>A fire evacuation plan that included the new dementia unit was approved by the New Zealand Fire Service on 3 December 2020 (EVAC-2020-488940-01), and this plan has been the basis of fire evacuation training undertaken since this time on 21 December 2020 and 14 June 2021. However, a review of the fire plan documentation included the site map, which the chairperson of the board notes is from an intermediate</p>	<p>The updated fire evacuation plan (December 2020) does not accurately reflect the building footprint and room numbering. It is not clear what if any impact this has on the fire evacuation plan that has been approved by the New Zealand Fire Service, and this requires clarification.</p>	<p>Ensure there is a current, appropriately detailed fire evacuation plan that is approved by the New Zealand Fire Service.</p> <p>Prior to occupancy days</p>

		<p>building plan, not the final building plan used. The December 2020 fire plan building map has some differences with the entrance area between the new and the old building and the bedroom numbering for the rest home bedrooms is not correct. The board chairperson advised MRH would consult with the contractor that developed the plan on what changes (if any) are required to the fire evacuation plan/documentation, and/or the NZFS fire plan approval.</p> <p>The volunteer and at least four staff have yet to complete the updated fire evacuation training. This is included in the area for improvement raised in criterion 1.2.7.4.</p>		
<p>Criterion 1.4.7.4</p> <p>Alternative energy and utility sources are available in the event of the main supplies failing.</p>	PA Low	<p>There are emergency supplies available in the rest home area including torches/lighting, batteries, personal protective equipment/clinical consumables, and food and water. There is access to a generator offsite.</p> <p>Emergency supplies for residents and staff use in the secure dementia unit have yet to be assembled.</p>	<p>Appropriate emergency supplies are not yet available for staff and residents in the secure dementia unit.</p>	<p>Ensure appropriate emergency supplies are readily available/accessible by staff working in the secure dementia unit.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon</p>	PA Moderate	<p>The nurse manager advised that staff working in the secure dementia unit will be required to wear a wrist</p>	<p>The devices enabling staff working in the secure dementia unit to call for</p>	<p>Ensure staff working in the secure dementia unit can call for assistance when required.</p>

<p>assistance when required.</p>		<p>device that enables the staff member to call for assistance when required including in the event of an emergency. Four devices have been ordered but are yet to arrive and be tested to ensure they are appropriately linked to the call bell system. Staff have not yet been trained on use (refer to criterion 1.2.7.4).</p> <p>The call bell in the refurbished bathroom in the rest home is not accessible to residents. It is located on the wall behind the toilet.</p> <p>The call bells in the two rest home bedrooms nearest the secure dementia unit where some renovations have occurred were not working when checked during audit. This was promptly escalated to the contractors that were on site at the time.</p>	<p>assistance have not yet been delivered, and the link with the wider call bell system tested. The call bell in the refurbished bathroom in the rest home closest to the secure dementia unit is not accessible. The call bells in two rest home bedrooms (rooms 15 and 16) were not functioning.</p>	<p>Ensure the call bells in the refurbished part of the rest home are accessible to residents and fully functioning.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.6 The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.</p>	<p>PA Moderate</p>	<p>There are swipe card locking mechanisms installed on the doors entering and exiting the secure dementia unit. The locking mechanisms have yet to be activated. The nurse manager advised staff will be provided with individual swipe cards for access. Visitors will need to present to the main entrance area in the rest home and be granted access.</p> <p>In the event of a fire alarm, the</p>	<p>The security locking mechanisms at exit/entry points to and from the secure dementia unit have yet to be activated.</p> <p>It is unclear if the location of emergency release buttons by the door inside the secure dementia unit may compromise the other security features in the dementia unit.</p> <p>Signage (internal and</p>	<p>Ensure the dementia unit is appropriately secure. Install signage alerting that security cameras are in use.</p> <p>Prior to occupancy days</p>

		<p>management team advised there is a staged fire evacuation process, and the applicable external doors will automatically unlock. There are also emergency release buttons on the wall inside the dementia unit adjacent to the swipe card pads. The MRH BOD chairperson confirms the service has been discussing, and continues to discuss with contractors, to ascertain/clarify how these emergency call points are activated and whether the location of these emergency release points jeopardises the security of the unit for residents that require secure dementia level of care.</p> <p>Security cameras are in use in the courtyard, corridors, and communal areas of the rest home. Images will display on a screen in the secure dementia unit and in the laundry, and archived images accessed if required by authorised personnel. Signage (internal and external) has yet to be installed alerting visitors that cameras are in use.</p>	<p>external) has yet to be installed identifying security cameras are in use.</p>	
--	--	---	---	--

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.