

Carter Society Incorporated - Carter Court 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: Carter Society Incorporated

Premises audited: Carter Court Rest Home

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

Dates of audit: Start date: 18 February 2022 End date: 18 February 2022

Proposed changes to current services (if any): Increase of six dual purpose (rest home/hospital) beds

Total beds occupied across all premises included in the audit on the first day of the audit: 42

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

Carter Court Rest Home (Carter Court) continues to provide aged related residential care services for rest home and hospital, as well as respite services and a dedicated Health Recovery Programme bed funded by the Wairarapa District Health Board (WDHB) for up to 42 residents. The service is operated by the Carter Court Charitable Trust established in 2008. Carter Court is managed by a facility manager, supported by a nurse manager and associate nurse manager.

This provisional audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of staff files, observations and interviews with management and a general practitioner.

The audit was conducted to establish how well prepared the provider is to manage the increase of six dual-purpose beds (rest home/hospital) in an extension to a current wing within the facility, and how they plan to ensure residents' needs are met.

This audit has resulted in two areas identified for improvement in the areas of obtaining a Certificate of Public Use for the new rooms and a revision of the fire and emergency evacuation plan approved by the NZ Fire Service to encompass the extension.

Consumer rights

Not applicable to this audit.

Organisational management

The six-bedded extension will work under the established Carter Court governance structure; there are already well documented strategic and business plans, with policies and procedures in place. The strategic/business plan outlines the purpose, values, scope, direction, and goals of the organisation with regular reporting to board level. Documented quality and risk management plans are in place reflecting good practice standards.

The appointment, orientation and management of any new staff is based on appropriate human resources best practice. New staff entering the facility undergo induction and orientation to the facility as per current organisational processes. A training calendar identified a systematic training approach to cover all areas of service delivery as well as functional training in response to staff training requests and to resident conditions.

The facility manager and nurse manager confirmed understanding of the required skill mix to ensure residents' needs are met. A roster is in place to meet the needs of the six new residents as they enter the facility. There is capacity in the current staffing levels to meet the needs of residents, including the six residents for the new wing. There has already been an increase in registered nurse hours (8) for morning shift and healthcare assistant hours (8) for night shift. There is capacity in the cleaning, laundry, and kitchen services to accommodate the new residents. The proposed roster indicates that there will be 24 hour per day, seven day per week (24/7) cover provided by registered nurses.

The FM intends to maintain the quality programmes currently being undertaken at the facility extending coverage of these to the extension.

Continuum of service delivery

The service has policies and processes related to entry into the service. Pre-admission information clearly and accurately identifies the services offered.

Medication will be managed electronically and administered by staff competent to do so. Medication management policies and procedures reflect current good practice and legislative requirements. There is a secure room for the storage of medication.

The facility general practitioner (GP) confirmed capacity for oversight of the new wing.

The onsite kitchen provides and caters for residents with food available 24 hours of the day and specific dietary, likes and dislikes accommodated. The service has a four-week rotating menu which is approved by a registered dietitian. Resident's nutritional requirements are met.

Safe and appropriate environment

There is a current building warrant of fitness for the facility. The extension to the facility will need to obtain a Certificate of Public Use prior to any residents moving into the facility. In addition to this, an updated fire and emergency evacuation plan of the extension will need to be approved by the NZ Fire Service. The building is fully sprinklered with wired smoke alarms.

The extension will have six dual-purpose bed spaces, two of which have full ensuite facilities and the others a toilet and handbasin with the use of a communal shower room. All rooms have overhead ceiling hoists installed.

Communal and individual spaces are size appropriate and maintained at a comfortable temperature. On completion of the build, it is planned that there will be an external patio area that is accessible and will provide safe and appropriate shade and seating. In the

interim, there are established external spaces (gardens, decks and patios) available for residents in the extension to enjoy. The spaces have seating and shade.

Waste and hazardous substances were well managed, and staff were sighted using protective equipment and clothing. Chemicals, soiled linen, and equipment were safely stored. Laundry is undertaken on-site and evaluated for effectiveness through the internal audit processes. Cleaning services are also internally audited.

Equipment for the care and comfort of residents has been purchased and is available for resident use. There are ceiling hoists in all the rooms in the new wing.

Chemicals are kept secure and have Material Data Safety Sheets (MDSS) available for emergency use. Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire evacuation drills. Call bells are available in all residents' rooms and in communal areas. Security is maintained.

Restraint minimisation and safe practice

Not applicable to this audit

Infection prevention and control

There is a documented infection control programme which includes surveillance data processes for recording and reporting infections, audit, education, competencies, and emergency management. Data collection documented meets the requirements of the aged care standard.

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	0	0	0
Criteria	0	33	0	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Carter Court is a Charitable Trust situated in Carterton in the Wairarapa. The facility currently has a 42-bed capacity, and all beds were occupied at the time of audit. This partial provisional audit has been undertaken to establish the level of preparedness of Carter Court to increase the number of beds in the facility by six dual-purpose beds offering either rest home or hospital services under the aged related residential care (ARRC) contract with the Wairarapa District Health Board (WDHB). The building extension is expected to be completed by March 2022.</p> <p>The extension at Carter Court will work under the established Carter Court governance structure; there is already a well-documented strategic/business plan, with policies and procedures in place. The strategic/business plan is reviewed year and the current plan covers the 2021-2022 period. It outlines the purpose, values, scope, direction, and goals of the organisation with regular reporting to the board. Documented quality and risk management plans are in place reflecting good practice standards.</p> <p>The current facility manager (FM), nurse manager (NM) and associate nurse manager (ANM) will oversee the services provided in the extension. The FM has worked at Carter Court since May 2021 following a career in the public service dealing with health and safety and project management. The FM undertakes the</p>

		administration, quality activities, and human resource management. The FM is supported by an experienced NM and ANM. Together they are responsible for overseeing clinical services. The FM, NM and ANM have each completed at least eight hours of professional development.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the FM, the NM has delegated authority to manage the facility. In the absence of the NM, the ANM has delegated oversight of service provision. Leave is planned so that the facility remains covered by either the FM or NM.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Carter Court has comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Practising certification is current for staff and contracted services who require it.</p> <p>Induction and orientation procedures are in place. No additional orientation will be required for the new area as the layout and systems are the same as current areas and the extension will be staffed with staff who are currently employed by the facility. Orientation includes fire and emergency management, health and safety, infection control and manual handling education and training. All registered nurses (RNs), enrolled nurses (ENs) and some health care assistants (HCAs) have first aid training as well as the NM and ANM.</p> <p>A documented continuing education plan is in place which includes all mandatory training requirements. Existing staff working in the area have undertaken training and education related to their appointed roles. Staff complete competencies specific to their role. Four of the RNs are interRAI trained.</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>There is a documented process for determining staffing levels and skill mix to provide safe service delivery. Rosters reviewed indicated that the facility will be staffed by RNs 24/7. The hours of RNs and HCAs have already been augmented in anticipation of increased capacity. The NM described how staffing will be further augmented to ensure the service needs of residents can be safely met, once there are residents in the new wing. There is already capacity within the cleaning, laundry, and kitchen service to accommodate the needs of a further six</p>

		<p>residents. The FM confirmed staff will be replaced for any unplanned absence.</p> <p>There are care and ancillary staff with differing levels of experience and qualifications to meet the needs of residents. Currently Carter Court is managed by the FM who works five days per week, Monday to Friday. The NM and ANM also work five days per week, covering services seven days per week.</p> <p>The direct care needs of residents at Carter Court are currently met with a mix of RNs (11), ENs (2), health care assistants (23), a diversional therapist (1), a diversional therapy assistant (1), cleaning and laundry staff (7), kitchen staff (8), administration support (2) and gardening (1). Maintenance services are contracted. The current 'split' in acuity at Carter Court is 22 rest home residents, 17 hospital level residents, one health recovery programme resident, and two rest home respite residents. Ongoing assessment will continue to assess staffing against resident acuity across the facility with staffing augmented as required.</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>Carter Court has a medication management policy which identifies all aspects of medication management in line with the Medicines Care Guide for Residential Aged Care. The medicine management system is electronic and operates using purpose-built trolleys which are lockable and are stored securely in a secure medication room. There is Wi-Fi provision in the extension to ensure the electronic medication system can be efficiently implemented. A controlled drugs safe and register was securely stored in the medication room. There is a process in place for temperature checking medication/vaccine refrigerators and the medication room.</p> <p>All staff who administer medication hold medication competencies appropriate to their role. Medication is supplied by the current contracted pharmacy in a pre-packaged format. There is a process to allow residents to self-medicate and lockable medication storage facilities are available for resident use.</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>	FA	<p>Food services to the new wing at Carter Court will be provided by the main kitchen. The FM stated that there was capacity to provide for a further six residents when the wing is fully occupied, but this will be reassessed and augmented as required. There is a four weekly rotating menu which changes over the summer and winter seasons. Food will be delivered to the new wing in a purpose-built food delivery trolley already onsite. The menu meets the nutritional</p>

		<p>guidelines for older people and is approved by a registered dietician. There is provision within the menu to support nutritional preferences and specific dietary and cultural needs and requirements.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines. The food service operates with an approved food safety plan and registration issued by the Wairarapa District Council, expiring in March 2022. Food temperatures, including for high-risk items, are monitored, and recorded appropriately. The cooks (4) have all undertaken safe food handling education and the kitchen hands (4) have completed relevant food handling training.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Carter Court has policy and procedures identifying how the service will comply with waste management processes to meet requirements. There is a sluice for waste near to the extension. Processes are in place for the safe storage, management, and disposal of waste and hazardous substances. Staff are expected to follow documented processes for the transportation and management of waste and hazardous substances.</p> <p>Appropriate signage is displayed where necessary and protective clothing and equipment is available for staff to use. Good supplies of protective equipment including clothing, gloves and visors were sighted. An external company is contracted to supply and manage laundry chemicals and cleaning products. They also provide relevant staff training. Material safety data sheets (MSDSs) were sighted for laundry and cleaning solutions currently on site, these are securely stored.</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>	PA Low	<p>Carter Court has space to ensure that the residents' physical environment is fit for purpose. The building has a current Building Warrant of Fitness which expires 30 August 2022 and a fire and emergency management plan approved in 2017. Prior to occupation the facility will require a Certificate for Public Use for the new extension.</p> <p>The corridors are wide and fitted with handrails. Furniture and equipment for the extension have been purchased and these will be placed once the building process is completed. Furnishings and equipment are similar to the furnishings and equipment already used onsite and are appropriate for the use of rest home</p>

		<p>and hospital residents. Ceiling hoists to manage resident transfer are already in place in the new rooms and further transfer equipment (e.g., standing hoists, shower chairs) are currently in storage on the site. All residents' rooms are single occupancy and are of a sufficient size to allow residents to move around their rooms freely and for ease of movement of beds and equipment. The FM confirmed that resident rooms can be personalised with furnishing, photographs, and other personal items.</p> <p>There is a lounge area adjacent to the new wing and other communal areas for dining, lounge, and activities nearby.</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 six of the rooms in extension at Carter Court are single with bathrooms containing a toilet and handbasin; two of the rooms have shower facilities with the other four sharing a shower area containing a 'walk-in' shower, toilet and handbasin. The bathroom areas all have secure handrails installed to promote residents' independence. Toilet areas are all accessible for people with a disability or for the use of assistance aids (e.g., toilet chairs).</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>Residents' rooms are of a size to allow for free movement, and the movement of equipment to support residents' care. There is room for residents to manoeuvre themselves and any mobility equipment within the room space.</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 are communal spaces available to allow residents to meet relaxation, activity, and dining needs with a dedicated lounge area adjacent to the new wing. There is a space large enough for activities and larger gatherings, a dining room for resident use, and smaller spaces to allow for quiet time or privacy to meet with whānau. Residents will join with existing residents in accessing these spaces. The other communal facilities are of differing size to allow residents to have the ability to congregate in smaller groups. External spaces can be easily accessed through current doors and, while there is a specific patio area planned for the extension to the rear of the new build, there are established decks, patios, and gardens for residents to use in the interim. There is seating and shade in current external areas, and this is planned for the new patio area.</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>There is a fully equipped laundry with good dirty to clean flow. Cleaning and laundry facilities are provided using dedicated cleaning and laundry staff. Education is provided to all staff handling laundry to ensure they understand the laundry processes, dirty/clean flow, and the handling of soiled linen.</p> <p>Laundry and cleaning processes and outcomes are monitored through the current internal audit processes (both sighted). Chemicals are provided by an external provider and stored in a secure area in correctly labelled containers. MSDSs were sighted for all the chemicals in use.</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>	PA Low	<p>Carter Court has emergency policies and procedures for the current service and the proposed service extension. The new extension is fully sprinklered with wired smoke alarms. The sprinkler system automatically calls through to the fire department if these are activated. Fire extinguishing equipment is in place in the facility, serviced in April 2021, and fire alert switches have been wired into the extension.</p> <p>The facility uses a staged evacuation procedure (approved 19 June 2017) which will continue to the new extension which will become its own fire cell. Prior to occupation the facility will require a fire and emergency evacuation plan approved by the NZ Fire Service that encompasses the new extension. The doors of residents' rooms are fire rated. Fire evacuation drills are completed six-monthly, the last in November 2021.</p> <p>Back-up power is available onsite for up to one hour including emergency lighting. There are emergency power supplies available once this is exhausted (batteries, torches etc.). Bottled gas is available for cooking. Tinned food is stored and dated. Water is stored (400 litres) and dated and changed annually or as needed.</p> <p>There are call bells in each of the residents' rooms and all of the bathroom and communal areas. Appropriate security arrangements to protect residents' safety are in place. Windows are fitted with safety catches, and external doors are locked at predetermined times. An external security service patrols the facility overnight to ensure doors are secure and staff are onsite 24/7.</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>	FA	<p>All resident and communal rooms have opening windows which let in natural light and air. All windows have a security catch installed. The corridor in the extension is heated by a ceiling heat pump and each of the resident's rooms has a small electric heater to allow residents to control the temperature to their liking. There is also an electric heater in the bathroom area of the extension.</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>	FA	<p>Carter Court has a documented infection prevention and control (IPC) programme to minimise the risk of infection for residents, staff, and visitors. There is a designated RN who acts as the infection control coordinator (ICC). The ICC is experienced, attends WDHB infection control forums, and is enrolled to complete a graduate infection prevention and control education programme. The role and responsibilities are defined in a job description. Infection control surveillance data is reported monthly to the NM, and trends reported at quality and risk meetings, staff meetings, and tabled at board meetings.</p> <p>The IPC programme is reviewed annually and on an ad hoc basis as part of Carter Court's organisational review programme to comply with accepted good practice and legislative requirements. The programme outlines procedures for surveillance, audit, education, competencies, and emergency management. It is available for reference for staff and outlines procedures to minimise the risk of infection.</p> <p>Whilst there is no signage related to IPC currently in the new wing, this was sighted in the main facility where residents are currently housed. Signage (sighted) requires visitors to sign-in to the facility and asks that anyone who is, or has been, feeling unwell not to visit. This includes COVID-19 specific requirements for contact tracing should this be required and includes the Ministry of Health's QR code. Staff who are unwell are expected to stay away from work and seek appropriate medical assistance. There are processes in place for staff who may need to be 'stood down' for infection surveillance and/or COVID-19 testing.</p> <p>Training programme records (sighted) confirmed that infection prevention and control and hand hygiene education has been delivered to staff and audited in February 2021 (infection control) and November 2021 (hand hygiene) as part of the annual audit programme. Infection control education is provided by the ICC.</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)
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	Carter Court has a current Building Warrant of Fitness which expires 30 August 2022 and a fire and emergency management plan which was approved in 2017. Prior to occupancy, Carter Court will need to obtain a Certificate of Public Use for the extension.	Carter Court has a building warrant of fitness that does not encompass the extension.	Prior to occupancy, Carter Court will need to obtain a Certificate of Public Use for the extension. Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	Carter Court has a current fire and emergency management plan which was approved in 2017. Prior to occupancy, Carter Court will need to obtain a new fire and evacuation plan approved by the NZ Fire Service to encompass the extension.	Carter Court has a building warrant of fitness and fire and emergency evacuation plan that does not encompass the extension.	Prior to occupancy, Carter Court will need to obtain a new fire and evacuation plan approved by the NZ Fire Service to encompass the extension. Prior to occupancy days

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.