

# Millvale House Waikanae Limited

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## Current Status: 16 December 2013

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification Audit conducted against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) on the audit date(s) specified.

### General overview

Millvale Waikanae provides dedicated psychogeriatric hospital level care for up to 28 residents. On the day of audit, there were 28 residents at the facility.

The quality and risk management plan is implemented and monitored and this generates improvements in practice and service delivery. Key components of the quality management system link to monthly quality meetings and monthly staff meetings. The service continues to maintain a continued improvement focus since the previous audit. A number of education initiatives are implemented at Millvale Waikanae included specialist dementia training for staff and families.

An experienced aged care operations manager manages the service. A clinical nurse manager, a stable staff and the management team at Dementia Care New Zealand support her.

There is one improvement required by the service around the restraint monitoring.

The service is commended for achieving six continual improvement ratings relating to family information and support, good practice, quality goals and quality initiatives and implementation of a comprehensive education programme.

## Audit Summary as at 16 December 2013

Standards have been assessed and summarised below:

### Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained

Indicator	Description	Definition
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

### Consumer Rights as at 16 December 2013

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		All standards applicable to this service fully attained with some standards exceeded.
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### Organisational Management as at 16 December 2013

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		All standards applicable to this service fully attained with some standards exceeded.
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### Continuum of Service Delivery as at 16 December 2013

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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### Safe and Appropriate Environment as at 16 December 2013

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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### **Restraint Minimisation and Safe Practice as at 16 December 2013**

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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### **Infection Prevention and Control as at 16 December 2013**

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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## **Audit Results as at 16 December 2013**

### **Consumer Rights**

Millvale Waikanae strives to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services is easily accessible to residents and families. Policies are implemented to support residents' rights. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care plans accommodate the choices of residents and/or their family/whānau. The philosophy of the service includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states. There is a strong focus within the organisation to promote independence, to value the lives of residents and staff and this is supported by the vision and values statement of the organisation. Families are provided with two programmes called 'sharing the journey' and 'orientation for families'. These provide information and support for family members in understanding dementia. Complaints processes are implemented and complaints and concerns are actively managed and well documented. A complaints register is maintained.

### **Organisational Management**

Dementia Care NZ Ltd is the proprietors/directors of Millvale Waikanae. The operations manager of Millvale Waikanae reports to the directors on a monthly basis against the quality and risk management plan and also the vision and values, which are embedded into practice. The quality and risk management plan is implemented and monitored and this generates improvements in practice and service delivery.

Key components of the quality management system link to monthly quality meetings and other staff meetings. The service is active in analysing data and comprehensive reports, trends and action plans are completed. Corrective actions are identified and implemented and include follow up and review. Health and safety policies, systems and processes are implemented to manage risk. Discussions with families identified that they are fully informed of changes in health status.

Monthly bulletins provided to staff include information such as quality data results, infection control surveillance, and education opportunities. Family/resident newsletters are provided quarterly and include an education component. Friends and family satisfaction surveys are completed and regular resident/relative meetings are held.

There are comprehensive policies/procedures to provide psychogeriatric hospital level care. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. The training programme for staff also includes specific training based around the services, "Best Friends Approach to Dementia Care" (putting yourself in their shoes). This is carried out for all staff regularly and is key to living their values and philosophy.

Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

### **Continuum of Service Delivery**

There are pre-entry and admission procedures in place. The service is pro-active in the community and meets with groups such as Alzheimer's Society. There is a well-presented information booklet for residents/families/whanau at entry that includes information on the service philosophy and practices particular to the secure unit. Care plans are developed by registered nurses and are reviewed six monthly by the multidisciplinary team. Families are involved in the development and review of the care plan. A multi-disciplinary nursing and GP resident review occurs three monthly. The service has strong vision that is reflected in a multidisciplinary team approach that assists with support and values. All assessments are linked into the comprehensive care plan. A 24 hour multidisciplinary care plan identifies a residents morning and afternoon habits, behaviours, activities or diversions that work, nightly routine, usual signs of wellness, indications of change in usual wellness and signs of full distress/agitation. All staff are qualified in their roles and complete on-going training around the specific needs of people with advanced dementia and challenging behaviours.

There is at least a three monthly resident review by the medical practitioner/geriatrician and psychogeriatrician. There is a planned seven days activities programme that is developed by recreation staff that includes daily household activities, reminiscing and sensory activities. An organisational diversional therapy team leader that regularly visits the facility supports them.

The medication management system includes medication policy and procedures and there is on-going education and training of staff in relation to medicine management. All medications charts have current identification photos and special instructions for the administration/crushing of medications. There is a reduction of psychotropic programme in place. The general practitioner (GP) reviews the resident's medication at least three monthly.

All cooking and baking is done on site. Nutritional snacks are available over a 24-hour period. The service has access to a dietitian monthly for review of resident nutritional status and needs and notes are included in resident files. The menu is reviewed by the dietitian.

### **Safe and Appropriate Environment**

The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. The service has an equipment preventative maintenance programme in place to ensure that buildings, plant, and equipment are maintained appropriately. There is a current building warrant of fitness.

Millvale house is divided into two small homes. Their philosophy of the 'small homes' mean that the environment feels more normalised, and residents orientate to their environment more easily. Each home is well maintained with easy access to the secure gardens and paths. Residents are able to move freely inside and within the secure outside environment. Residents are able to enter/exit each home.

Each small home has their own dining/lounge areas. Residents/visitors are able to access other areas for privacy if required. Furniture is appropriate to the setting and arranged that enables residents to mobilise. Communal service areas are separate and activities can occur in the lounges and/or the dining area. The service has in place policies and procedures for effective management of laundry and cleaning practices.

The service has implemented policies and procedures for civil defence and other emergencies. There is staff on duty with a current first aid certificate. Fire drills are conducted six monthly and the fire service has approved the evacuation scheme.

General living areas and resident rooms are appropriately heated and ventilated

## **Restraint Minimisation and Safe Practice**

There is a restraint minimisation and safe practice policy and procedure applicable to the type and size of the service. Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. Restraint training is provided at orientation and is completed as part of the services annual training schedule. This includes restraint a self-directed learning and competency for restraint minimisation. Individual restraint interventions are evaluated monthly and documented in the care plan and on the restraint register. There are eight residents on the register assessed as requiring intermittent restraint. The register shows a monthly review by the restraint coordinator and the register is updated each month. There is a robust restraint approval group and process in place that meet six monthly. The restraint approval group also includes a consumer representative and the service is focused on minimising restraint. There is an improvement required around restraint monitoring.

## **Infection Prevention and Control**

The infection control management systems are well documented and implemented to minimize the risk of infection to consumers, staff and visitors. The infection control programme is monitored for effectiveness and linked to the quality and risk management plan. There is a comprehensive orientation and education programme for all staff. Infection rates are monitored and benchmarked with other facilities within the organisation. Benchmarking also occurs through an external agency and the results are used to identify any shortfalls in care services and infection control.