# Springlands Senior Living Limited

## Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Springlands Senior Living Limited

**Premises audited:** Springlands Lifestyle Village

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

**Dates of audit:** Start date: 30 June 2015 End date: 1 July 2015

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 63

# Executive summary of the audit

## Introduction

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

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

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

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All standards applicable to this service fully attained with some standards exceeded |
|  | No short falls | Standards applicable to this service fully attained  |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some standards applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Springlands Lifestyle Village provides rest home and hospital level care for up to 76 residents. This includes rest home level care in 20 apartments. On the day of the audit there were 63 residents. The village manager has been in the position for over four years. A clinical nurse manager is employed to oversee the running of the rest home and hospital. She has been in the role for over two years and has completed a masters in health care. The clinical nurse manager was on leave during the audit. In her absence the hospital charge nurse was in the role of acting clinical nurse manager. Springlands continues to implement a quality and risk management system with associated policies. Residents and family interviewed all spoke positively about the care and support provided.

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

The service has addressed one of two previous certification findings relating to aspects of care plan documentation. Improvement continues to be required around hot water temperature monitoring. This surveillance audit identified no new areas that require improvement.

## Consumer rights

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

Communication with residents and families is appropriately managed. Complaints are actioned and include documented response to complainants. A complaints register is maintained.

## Organisational management

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

Springlands has an organisational philosophy, which includes a vision, mission statement and strategic objectives. The village manager is supported by a managing director, a clinical nurse manager, registered nurses and care staff. The facility is guided by a comprehensive set of policies and procedures. An internal audit programme monitors service performance. Where performance is less than expected, a corrective action process is implemented. 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. Human resources processes are managed in accordance with good employment practice, meeting legislative requirements. The induction and education and training programmes for the staff ensure staff are competent to provide care. Staffing levels are safe and appropriate.

## Continuum of service delivery

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| 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. |

The registered nurses are responsible for each stage of service provision. The assessments and care plans are developed in consultation with the resident/family/whānau. All aspects of care planning are completed within the required timeframes and care plans comprehensively reflect the residents assessed needs. The activity programme is varied and appropriate to the level of abilities of the residents. Medications are appropriately managed, stored, and administered with supporting documentation. Medication training and competencies are completed by all staff responsible for administering medicines. Meals are managed by a food services manager and are prepared on site. Individual food preferences, dislikes and dietary requirements are catered for as assessed by the registered nurses.

## Safe and appropriate environment

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| 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. |  | Some standards applicable to this service partially attained and of low risk. |

The service displays a current building warrant of fitness which expires on 19 April 2016.

## Restraint minimisation and safe practice

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| 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. |

Documentation of policies and procedures and staff training demonstrate residents are experiencing services that are the least restrictive. There are three hospital residents requiring an enabler and two hospital residents with restraint.

## Infection prevention and control

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

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. The service implements effective outbreak prevention procedures.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement****(CI)** | **Fully Attained****(FA)** | **Partially Attained Negligible Risk****(PA Negligible)** | **Partially Attained Low Risk****(PA Low)** | **Partially Attained Moderate Risk****(PA Moderate)** | **Partially Attained High Risk****(PA High)** | **Partially Attained Critical Risk****(PA Critical)** |
| **Standards** | 0 | 15 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 38 | 0 | 1 | 0 | 0 | 0 |

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| --- | --- | --- | --- | --- | --- |
| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.  | FA | The service has a complaints policy and procedures in place and residents and their family/whānau are provided with information on admission. Complaint forms are available at the entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints. A complaints folder is maintained with all documentation which shows that complaints are managed and resolved. Residents and family members advised that they are aware of the complaints procedure and how to access forms. |
| Standard 1.1.9: CommunicationService providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Nine residents (five rest home and four hospital) and two family members (one hospital and one rest home) interviewed stated they are informed of changes in health status and incidents/accidents. A sample of 11 incident reports reviewed for April and May 2015, and the associated resident files, evidenced that families are notified appropriately. Residents and family members also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident/relative meetings occur two monthly and the village manager and clinical nurse manager have an open-door policy. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services and residents (and their family/whānau). If residents or family/whānau have difficulty with written or spoken English that the interpreter services are made available. |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Springlands lifestyle village provides rest home and hospital level care for up to 56 residents within a 23 bed hospital wing and a 33 bed rest home wing. These rooms are all dual purpose. Twenty apartments (11 serviced and nine independent) in the upstairs area are also certified for rest home level care. On the days of audit there were 63 residents – 41 rest home and 22 hospital residents. The rest home residents included 33 in the rest home area, and eight in the apartments. There were two rest home respite residents. The hospital unit had 22 hospital level residents, including two residents on palliative care contracts. The service has a documented mission statement, philosophy, business plan for 2015 - 2017 and an implemented quality and risk management system.The village manager has a diploma in business management and has been in the role for over four years. She is supported by a full time clinical nurse manager, who was absent on the days of audit. The village manager and clinical nurse manager have both attended more than eight hours of professional development in the past 12 months.  |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The organisational manual and the business, quality, and risk management planning procedures describe Springlands quality improvement processes. The quality assurance and risk management plan describes objectives, management controls and assigned responsibility. Progress with the quality and risk management programme is monitored by the village manager and discussed at quality management meetings and two monthly staff meetings. Monthly and annual reviews are completed for all areas of service. Meeting minutes are maintained and staff are expected to read the minutes and sign off when read. Minutes for all meetings include actions to achieve compliance where relevant. Discussions with registered nurses and health care assistants confirm their involvement in the quality programme. Resident/relative meetings are held. Restraint and enabler use is reported within the staff and quality meetings. Data is collected on complaints, accidents, incidents, infection control and restraint use. There is an internal audit schedule which is being implemented. Areas of non-compliance identified at audits have been actioned for improvement. The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has comprehensive policies/procedures to support service delivery. Policies and procedures align with the resident care plans. There is a document control policy that outlines the system implemented whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. Residents and families are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.  |
| Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.  | FA | Incident and accident data is collected and analysed. Discussions with the service confirm that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. A sample of 11 resident related incident reports for April and May 2015 were reviewed. All reports and corresponding resident files reviewed evidence that appropriate clinical care is provided following an incident. Reports were completed and family notified as required. There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. The service has a coroner’s case which is currently pending resolution. The service has provided the appropriate requested information. Improvements have been actioned as a result of the incident. |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | FA | The recruitment and staff selection process requires that relevant checks are completed to validate the individual’s qualifications, experience and veracity. A copy of practising certificates are kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Seven staff files were reviewed and included the clinical nurse manager, two registered nurses, two health care assistants, one food services manager and the diversional therapist. Files included all appropriate documentation. Staff turnover was reported as low. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Health care assistants are orientated by ‘preceptors’. Annual appraisals are conducted for all staff. There is a completed in-service calendar for 2014 which exceeded eight hours annually and a current plan for 2015 being implemented. Health care assistants have either completed or commenced the career force aged care education programme. The village manager, clinical nurse manager and registered nurses have attended external training including conferences, seminars and education sessions with the local DHB.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | Springlands has a roster in place which provides sufficient staffing cover for the provision of care and service to residents. There is at least one registered nurse and three health care assistants on duty at all times. The clinical nurse manager and charge nurse both work full time over and above the 24/7 registered nursing cover. Health care assistants advise that sufficient staff are rostered on for each shift. Staff turnover is low. All registered nurses and senior health care assistants are trained in first aid and CPR. Residents and families interviewed advised that there is sufficient staff on to meet the residents’ needs. There are staff rostered on specifically in the serviced apartments, rest home and hospital areas.  |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | There are policies and procedures in place for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses and senior care staff interviewed were able to describe their role in regard to medicine administration. A contracted pharmacy supplies packed medications. All medications are managed appropriately in line with required guidelines and legislation. Twelve medication charts sampled met all the prescribing requirements. Each drug chart has a photo identification of the resident and allergies or nil known allergies are recorded on the medication chart. Residents who wish to self-medicate are appropriately assessed and supported to do so. Internal medication audits are conducted six monthly. The medication charts reviewed identified that the GP had seen and reviewed the resident three monthly.  |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | All meals at Springlands are prepared on site. The kitchen is managed by a food services manager who is a qualified chef. There are four weekly summer and winter menus with dietitian review and audit of menus. Rest home residents are served meals directly from the kitchen, which is adjacent to the dining room. Meals for hospital residents are transported in hot boxes and served immediately to residents in the hospital dining room. Kitchen staff adhere to safe food practices. All hot and cold food temperatures are recorded as well as fridge and freezer temperatures. There is food available for residents outside of meal times. Residents who require special eating aids are provided for, to promote independence. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen staff via the registered nurses. A dietitian is available to review residents as required. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by the dietitian. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Interviews with residents and family members indicate satisfaction with the food service.  |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | A written record of each resident’s progress is documented. Changes are followed up by a registered nurse (evidenced in all residents' progress notes sighted). When a resident's condition alters, the registered nurse initiates a review and if required, a GP consultation or referral to the appropriate health professional is actioned. The clinical staff interviewed advised that they have all the equipment referred to in care plans necessary to provide care. Dressing supplies are available and treatment rooms are well stocked for use. Long term care plans reviewed evidenced that all aspects of the plans identified the assessed care requirements and interventions to meet the needs of the residents. The service has made improvements in this area. Wound documentation was reviewed and includes wound assessment, treatment plans, evaluations and progress notes for three rest home residents and three hospital residents with skin tears. There were no residents with pressure injuries. Advised that wound care nurse specialist advice is readily available. Continence products are available and specialist continence advice is available as needed. Short term care plans are recorded in sufficient detail to guide care staff in the provision of care. A physiotherapist is contracted to assess and assist resident’s mobility and transfer needs as required.  |
| Standard 1.3.7: Planned ActivitiesWhere specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | FA | The fulltime diversional therapist (DT) and a part time diversional therapist at Springlands lifestyle village provide an activities programme over five days per week. Group activities are voluntary and developed by the activities staff. Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. Springlands has its own van which is used for resident outings. The group activity plans are displayed on notice boards around the facility. All residents who do not participate regularly in the group activities are visited by a member of the activity staff with records kept to ensure all such residents are included. All interactions observed on the day of the audit indicated a friendly relationship between residents and activity staff. The resident files reviewed included a social profile and diversional therapy assessment, an activities plan and progress notes and these have been reviewed six monthly. Residents interviewed spoke very positively of the activity programme with feedback and suggestions for activities made via meetings and surveys. |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Initial care plans are evaluated within three weeks of admission. Long term care plans reviewed were evaluated by the registered nurses six monthly or when changes to care occur as sighted in the files reviewed. The GP’s examine residents and review medications three monthly. Short term care plans focus on acute and short term needs as evidenced in the sample of files reviewed.  |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | The service displays a current building warrant of fitness which expires on 19 April 2016. Previous certification audit identified that hot water monitoring had not been conducted on a monthly basis. The service conducts monthly hot water temperature monitoring; however, temperatures recorded were above the acceptable limit.  |
| Standard 3.5: SurveillanceSurveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Infection surveillance and monitoring is an integral part of the infection control programme and is described in infection monitoring policy. The clinical nurse manager is the designated infection control nurse. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections have been entered on to a monthly facility infection summary and staff have been informed via meetings. An outbreak in March 2014 was well contained. Appropriate authorities were notified.  |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | FA | Springlands has comprehensive policies and procedures on restraint minimisation and safe practice. The clinical nurse manager is the restraint coordinator. The charge nurse is in the role of restraint coordinator in the absence of the clinical nurse manager. The service is actively working towards a restraint-free environment. Policy states that enablers are voluntary. There are three hospital residents with enablers and two hospital residents with restraint. Policy includes guidelines for use of enablers and restraint, alternatives to be conducted, de-escalation techniques, use of diversional therapies, and used as a last resort. Documentation includes restraint register, restraint/enabler assessment forms, restraint/enabler consent forms, a restraint/enabler plan in the resident care plan, monitoring forms, and three-monthly evaluation forms. |

# 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 1.4.2.1All buildings, plant, and equipment comply with legislation. | PA Low | A scheduled maintenance programme is in place. Reactive maintenance occurs and is actioned by a full time maintenance person. The service has conducted monthly hot water temperature monitoring in resident areas on both floors, kitchen and laundry. Records were reviewed for 2015 and evidence that monthly monitoring has occurred.  | Hot water temperature monitoring records reviewed for 2015 evidenced that the water temperatures in resident rooms were over 45 degrees Celsius (46-51 degrees) – two rooms in May and four rooms in June. No corrective actions had been initiated to adjust the water temperatures.  | Ensure that hot water temperatures in resident areas do not exceed 45 degrees Celsius. 60 days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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| --- |
| No data to display |

End of the report.