

Metlifecare Coastal Villas Limited - Metlifecare Coastal Villas

Introduction

This report records the results of a Certification 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:	Metlifecare Coastal Villas Limited
Premises audited:	Metlifecare Coastal Villas
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 2 September 2015 End date: 3 September 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:	35

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

Indicator	Description	Definition
	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

Metlifecare Coastal Villas is a 35 bed hospital and rest home care facility which adjoins a village complex. There are 23 hospital beds seven dual purpose beds (these can be used for hospital or rest home level care) and five dedicated rest home level care apartments. The facility is owned and operated by Metlifecare Limited.

This certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies and procedures, the review of staff files, observations, and interviews with residents, the general practitioner (GP), family/whānau, management and staff.

One area identified for improvement relates to quality and risk reporting.

Consumer rights

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.
--	--	--

All staff interviewed verbalised their knowledge regarding resident rights. As observed, staff demonstrated good practice related to respecting residents' rights in their day to day interactions and this was confirmed during interviews with residents. Staff receive ongoing education on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code).

Policies and procedures describe how Maori and residents from a range of cultures have their individual cultural values and beliefs identified and respected by the service. Currently all residents have English as a first language and there are no residents who identify as Maori. The service provider reports there are no known barriers to Maori residents accessing the service.

Written consent to receive services has been obtained from the resident or their nominated enduring power of attorney (EPOA). Information on informed consent is provided in the residents' admission pack. This is fully explained as part of the admission process to reflect policy requirements.

The organisation provides services that reflect current accepted good practice. Evidence-based practice was observed, promoting and encouraging good practice.

Resident and family/whānau members confirmed during interview that visitors are welcomed and that linkages within the community are encouraged and maintained. Family/whānau confirmed that all communication is open and honest and that they are kept well informed if staff have any concerns or if there is a change in their relative's condition.

A clear complaints policy and procedure ensures all complaints are responded to in a timely and professional manner. The recent resident and family survey reported a high level of satisfaction with the facility complaint procedures.

Organisational management

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

Metlifecare Coastal Villas is managed by the village manager and a nurse manager with responsibility for the care facility. Both have significant experience in the aged care sector. They are well supported by the organisation's national team. Planning is detailed and is responsive to any changes required both at national and facility level.

Business and quality and risk management systems are in place with electronically based data reported and managed at a national level. Comprehensive analysis occurs with any trends identified and data is regular reported back to the facility. There is a quality improvement plan which includes an annual calendar of internal audit activity to ensure all areas of the services provided are of a high standard. A suite of policies and procedures are current and reviewed regularly. The adverse events reporting system and subsequent corrective action planning, feed into the quality improvement cycle to manage any further risk and ensure continuous quality improvement occurs. Quarterly reporting progress against the quality and risk management plan needs to be formalised.

A sound recruitment and appointment system is in place and staffing levels meet all the requirements. A comprehensive training programme ensures staff are competent in their duties. The staff report feeling well supported by the management.

Resident information is uniquely identifiable, accurately recorded, kept up to date and not able to be viewed by the public. Stored records are secure.

Continuum of service delivery

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.
--	--	--

Entry criteria for the rest home and hospital level care services are clearly documented and communicated to the potential resident, family/whānau and referring agencies. Management confirmed that if entry to the service was to be declined, a record would be maintained and the potential resident and/or their family/whānau would be referred to a more appropriate service. All referrals have been for the level of service offered.

Residents receive timely, competent, and appropriate services in order to meet their assessed need. The processes for assessment, planning, provision, evaluation, review and exit are provided within time frames that safely meet the needs of the resident. Contractual requirements are met by the service. The service is coordinated in a manner that promotes continuity in service delivery and a team approach to care delivery.

The care plans reviewed described the required support and interventions consistent with residents' assessed needs. Care plans are evaluated at least six monthly, or sooner if there was a change in the resident's needs. Where progress was different from expected, the service responded by initiating changes to the care plan or with the use of short term care plans.

Resident support for access or referral to other health and/or disability service providers was appropriately facilitated or provided to meet the residents' needs. Staff identified, documented and minimised risks associated with each resident's transition, discharge or transfer.

An activities programme is managed and implemented by providing a variety of group and individual activities to meet the interests of the residents.

Medicine management systems implemented reflect safe medicine management processes. Staff responsible for medicine management have been assessed as competent to perform the function for each stage they manage.

The residents interviewed were very satisfied with the meal services. The menu has been reviewed by a dietitian as suitable for the older person living in long term care.

Residents and family/whānau confirmed the delivery of services meets their needs and wants. No negative comments were made during interviews.

Safe and appropriate environment

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.
--	--	--

The facility is purpose built and well maintained. The residents' rooms are kept clean, tidy, well ventilated and at a comfortable temperature. There are a number of communal areas which provide spaces for residents to use, including a large lounge and two dining rooms. All rooms have their own toilet facilities. Easily accessed, safe and attractive outside areas are provided for residents' use. The building has a current building warrant of fitness.

Robust systems are implemented for the management of waste and hazardous substances by staff who have been trained in this area.

Emergency procedures are well documented for ease of use and available in a number of places around the facility. Regular fire drills are held and staff are well trained to respond in an emergency. A back-up generator is on site and relevant supplies for civil defence and other emergencies are located at the facility.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

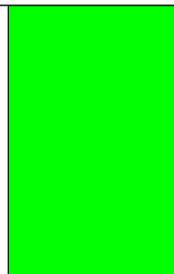


Standards applicable to this service fully attained.

The management team are committed to providing a restraint free environment and there is no restraint being used at the time of the audit. Policies and procedures in place meet all the requirements of the standard. Any use of enablers is for the safety of residents in response to individual requests.

Infection prevention and control

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 organisation wide infection prevention and control programme is implemented by the infection prevention and control nurses at Metlifecare Coastal Villas. Policies and procedures describe all aspects of infection control good practice which are suitable for the level of care provided at the service. There are adequate resources to allow for a managed environment which minimises the risk of infection to residents, staff and visitors. The infection control programme is reviewed annually.

Surveillance for infections is conducted monthly with agreed objectives, priorities, and methods that have been specified in the infection control programme. This process is managed by the nominated infection control coordinators (two registered nurses). Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention

outcomes are acted upon, evaluated and reported to staff and management in a timely manner. Data is benchmarked by an outside infection control service and trended at facility level.

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	44	0	1	0	0	0
Criteria	0	92	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) was displayed in English and Maori at the entrance of the facility. New residents and family/whānau members are provided with copies of the Code as part of the admission process.</p> <p>Staff files evidenced regular education is presented in relation to the Code. The clinical staff interviewed demonstrated knowledge on the Code and its implementation in their day to day practice. Staff were observed respecting the residents' rights.</p> <p>Resident and family/whānau interviews confirmed staff respect the rights of users of the service.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give</p>	FA	<p>Policy covers written and oral informed consent and directs staff to ensure informed consent is undertaken as part of everyday practice.</p> <p>The residents' files had signed admission agreements which clearly set out what the resident is consenting to. Residents and family/whānau confirmed all parts of the admission agreement are discussed prior to signing and explanations of the informed consent processes are given. Residents reported that they are not made to do anything they do not want to do.</p> <p>The clinical staff interviewed and observed demonstrated their ability to provide information that</p>

<p>informed consent.</p>		<p>residents require in order for the residents to be actively involved in their care and decision-making. This is supported by the resident satisfaction survey results recorded for 2015 which gained 93% rating which has increased from 74% reported for 2014.</p> <p>Staff acknowledged the resident's right to make choices based on information presented to them. Staff acknowledge the resident's right to withdraw consent or refuse treatment at any time. Residents who have an advance directive have them activated by the service where they are valid.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>It is highlighted in policy that the service recognises the resident and family/whānau right to advocacy services. The family/whānau members interviewed reported that they were provided with information regarding access to advocacy services and were also encouraged to involve themselves as advocates. Contact details for the Nationwide Health and Disability Advocacy Service was listed in the resident's information booklet, with the brochure available at the entrances to the service. Education is conducted as part of the in-service education programme. Senior staff understand their responsibility to assist family/whānau and residents to gain an enduring power of attorney when required.</p> <p>The 2015 satisfaction survey identified that individual resident support gained a 91% rating which increased from 79% in 2014.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>There are no set visiting hours and family/whānau are encouraged to visit at any time. The family/whānau members interviewed report there are no restrictions to visiting hours. Residents confirmed they are supported and encouraged to access community services with visitors or as part of the planned activities programme. The monthly resident meeting is advertised and open to all family/whānau members if they wish to attend.</p> <p>The 2015 satisfaction survey identifies that family/whānau involvement gained a 93% rating which increased from 74% in 2014.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>Complaints policy and procedures ensure all residents and families are able to express dissatisfaction and have the matter investigated in a timely and appropriate manner. Training for all staff around the Code is included in the induction programme with ongoing training regularly scheduled. All complaints are entered into the national electronic database and progress reviewed by the organisation's quality and risk manager and the director of nursing. The complaints register was reviewed and all complaints received had followed the required process. All relevant documentation was filed in the register. One complaint remains open and is currently in the process of resolution. A complaint that had been referred</p>

		<p>to the Health and Disability Commissioner, with a requested follow up by the Ministry of Health, found all the relevant recommendations had been implemented. There were no further issues identified in respect of this complaint.</p> <p>Residents were aware of how to make a complaint and staff were also clear on how to provide support for residents who had any concerns.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The family/whānau and residents interviewed reported that the Code was explained to them as part of the admission process. Nationwide Health and Disability Advocacy Service information is part of the admission pack and copies are on display and available at the entrance of the facility.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Policy states that residents will not be subjected to discrimination, coercion, harassment, sexual, financial, or other exploitation, abuse (physical, psychological, sexual, or financial), or neglect. Staff interviewed verbalised the actions they take as part of everyday practice to ensure residents are treated with respect and privacy whilst encouraging independence. This is supported by residents and family/whānau interviewed. All responses were positive and a high satisfaction with the manner in which services are provided was reported with one family/whānau member stating the care was outstanding. Residents confirmed all their needs, wants and likes are met.</p> <p>The service has one bedroom which is shared by a husband and wife who choose to share the room. The couple have elected to use their second room as a lounge. All other bedrooms are single occupancy. The residents' files reviewed indicated that residents receive services that are responsive to their needs, values and beliefs. Residents, family/whānau and general practitioner (GP) interviewed expressed no concerns with abuse or neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>Policy is in place to ensure that the cultural values and beliefs of residents, their whānau and staff are respected, recognising the Treaty of Waitangi in the service's day-to-day practices. Coastal Villas has an individualised Maori Health Plan which reflects the organisation's philosophy of care, reflecting the whare tapa wha model of care. It identifies that staff are trained bi-annually in the principles of the Treaty of Waitangi. The service acknowledges the rights of Maori to practice their own customary practices related to tikanga, wairua and te reo Maori. The assessment process includes residents' need for iwi consultation/assistance and whānau involvement. The plan covers care topics and how they can be met by staff.</p> <p>At the time of audit there were no residents who identify as Maori. Staff interviewed demonstrated</p>

		knowledge of cultural appropriateness of care for Maori residents.
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The seven hospital and two rest home level care residents' files reviewed demonstrated consultation with family/whānau on individual values and beliefs. Residents and family/whānau reported they were consulted with the assessment and care plan development. Care plans are signed off by either the resident or family/whānau to show their input.</p> <p>Staff education has been conducted on cultural safety, the ageing process and spirituality. This education is included in new staff orientation and on an ongoing basis. Clinical staff interviewed demonstrated good knowledge on respecting resident's individual culture, values and beliefs. The service assists residents to meet their spiritual needs by providing appropriate church services to residents who identify this as a need. This is clearly recorded on the care plans sighted.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The staff files reviewed had job descriptions, employment agreements and guidelines regarding professional boundaries. The residents and family/whānau members interviewed reported they are very happy with the care provided. No concerns were expressed with breaches in professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice was observed, promoting and encouraging good practice. Examples included policies and procedures that are linked to evidence-based practice, regular visits by the GP, and links with the local services, such as hospice, speech language therapist, Parkinson's link nurse, Huntington's Society, audiology, psychogeriatric services, occupational therapist, nurse practitioner services and the wound care nurse specialist. The DHB care guidelines for aged care are utilised. The service utilises DHB specialist services as required.</p> <p>There is regular in-service education and staff access external education that is focused on aged care and best practice. The family/whānau and residents interviewed were very satisfied with the care delivered.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>The service promotes an environment that optimises communication through the use of interpreter services, as required. Staff education related to appropriate communication methods has been conducted. Staff reported that they understand the process for accessing interpreter services.</p> <p>The family/whānau members interviewed confirmed they are kept informed of the resident's status,</p>

<p>conducive to effective communication.</p>		<p>including any events adversely affecting the resident. Evidence of open disclosure is documented in each resident's file via the family communication sheet, on the accident/incident forms and in the residents' progress notes.</p> <p>Staff report that information is shared among all staff during handover, at staff meetings and during education sessions. The GP reports there is good communication between all health care providers.</p>
<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 organisation is governed by a board of directors who employ a CEO. The CEO is supported by a senior management team consisting of the organisations general managers. Planning processes are clearly described in policy. The 2015 -16 business plan sighted for Metlifecare Coastal Villas is currently in the sign off process from head office. It contains all the company business planning processes, philosophy and goals which are then developed into specific actions and relevant goals for the facility.</p> <p>The village manager meets weekly with the facility nurse manager and reporting of all clinical information occurs regularly. The village manager then completes a monthly report to the regional operations manager.</p> <p>A new facility nurse manager has very recently taken up the role and was being supported by a contracted nurse manager while completing the induction process. The new nurse manager has had significant experience in aged care, both in service provision and management. The national quality and risk manager was also present on the day of audit to provide additional support.</p>
<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>	<p>FA</p>	<p>During any leave, the nurse manager's role will be covered by the senior registered nurse, with support from the village manager who is also available to step in as required. Any issues can be elevated to the quality and risk manager and support from head office is available where appropriate.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and</p>	<p>PA Low</p>	<p>The organisation has an established documented quality and risk management system that reflects continuous quality improvement principles. All policies and procedures are reviewed regularly with updates being provided to all staff. Incidents and accidents, complaints, infections and health and safety data is collected monthly and analysed three monthly. This forms the basis for quality improvement</p>

<p>maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>activity. The health and safety committee, which has representatives from across the facility, meets three monthly to review the data and formulate any corrective actions that may be indicated. An internal audit programme also feeds into this process. Any score below 95% results in a review and re-audit. Benchmarking occurs nationally and this is managed by the national quality and risk manager. The specific facility quarterly progress reporting against the quality and risk management plan needs formalising.</p> <p>Staff are included in all quality initiatives. They report that they receive regular updates and are involved in the implementation of quality activity. Regular resident meetings are also held to ensure input from residents is included in the system. Meeting minutes from the health and safety committee and the staff meetings reviewed reflected the process is being followed across the quality indicators. These include falls, specific drug use, weight loss, restraint and wounds. Staff satisfaction surveys are also used to inform the quality programme.</p> <p>The risk management plan identifies organisational risk and management strategies aimed to minimise any impact. This is monitored and reviewed regularly by the governance finance and audit committee. All relevant risks are communicated to residents and families where appropriate. The hazard register is kept current.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>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.</p>	<p>FA</p>	<p>Policy and procedures identify that all accidents, incidents and near misses must be recorded and reported to management accurately and within the documented timeframes. The adverse events documentation reviewed uses a consistent template that enables analysis by cause, location, time, frequency and category which is also graphed for discussion at the health and safety meetings. Incidents that involve residents are filed in their personal files. All incidents are also recorded electronically on the organisational system. Staff confirmed their understanding of the process for reporting of all incidents.</p> <p>The statutory and regulatory reporting in relation to essential notification is clearly described in the policy and the senior registered nurse confirmed understanding of the requirements.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good</p>	<p>FA</p>	<p>Staffing and recruitment policies and procedure identify that processes undertaken reflect good employment practice and meet legislative requirements. The head office monitors all recruiting to ensure the process is followed according to company policy. The skills and knowledge required for each position within the service is documented in job descriptions which outline accountability, responsibilities and authority. These are reviewed on staff files along with reference checking, criminal record vetting,</p>

<p>employment practice and meet the requirements of legislation.</p>		<p>interview questionnaires, employment agreements, completed induction training and competency assessments. The register of current annual practising certificates (APCs) is current and includes all doctors and allied health staff who work with residents. Additional competencies are also monitored, including medication management competencies for all staff who administer medication.</p> <p>A comprehensive induction programme is completed by all new employees and a recently appointed health care assistant confirmed this programme covered all aspects of service provision to ensure a readiness to provide required services. An on-going training plan ensures all required core components are regularly included in training. Health and safety training, residents' rights and infection prevention and control training have been provided in the last six months. In addition specific training in manual handling has also been completed by all staff. A number of staff have, or are in the process of completing ACE (Aged Care Education) training and the manager reports they are aiming to get all relevant staff ACE qualified.</p> <p>Staff members interviewed reported they had received appropriate training to be able to do their jobs safely and well. Individual training records confirmed this.</p> <p>Residents and families reported satisfaction with staff who they felt were well trained, competent and able to meet their needs.</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>	<p>FA</p>	<p>Rostering policy and procedures are in place and state that residents will receive timely, appropriate and safe service from suitably qualified and experienced service providers. The rosters are completed by the nurse manager who reports they have sufficient casual staff available if additional cover is required. The rosters for the current two week period were reviewed. These all showed sufficient staff levels and an appropriate skill mix were in place to meet the residents' needs. Staff confirmed there are adequate staffing levels at the facility.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>Information is entered into the resident information management system in an accurate and timely manner. Records were securely stored. Archived records are stored onsite. When required, records are appropriately destroyed.</p> <p>There is at least daily progress note entries. These records were legible and the name and designation of the staff member documented. There is also a signature register to assist with the identification of staff entries.</p> <p>All records pertaining to individual residents are integrated. Information of a private or personal nature is maintained in a secure manner and was not publicly accessible or observable at the time of audit.</p>

<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Policies and procedures are in place and accessible to assist staff to ensure equitable, timely, safe service delivery occurs.</p> <p>The service has an enquiry form and admission and information packages for potential residents. Before a resident can be accepted into the service they must have an approved assessment for either rest home or hospital level care. The entry criteria, assessment and entry process was clearly documented and communicated to the potential resident and family/whānau.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>When admission was required to the acute care hospital, the service utilised the DHB's transfer form/envelope (yellow envelope). The referral process documents any risks associated with each resident's transition, exit, discharge, or transfer. This included expressed concerns of the resident and family/whānau and a copy of any advance directives and EPOA documents. The RN reports the service also includes a copy of any other relevant information, such as the medication chart. This is supported by evidence sighted in a file reviewed for a resident who had a recent admission to the acute care hospital.</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>	<p>FA</p>	<p>Policies and procedures describe the management processes in place to ensure that the storage, administration and recording of medicines are strictly controlled and that considerations of safety, efficacy and accuracy are paramount in the nursing care of the residents. This includes the process to follow for residents who are deemed competent to self-administer medicines. At the time of audit no residents self-medicate.</p> <p>With the exception of liquid medicines and stock medications, such as antibiotics, medicines are supplied by the pharmacy in a pre-packed administration system for individual residents. Medications are checked for accuracy by the RN when delivered. The pre-packed medicines and the signing sheets are compared against the medicine prescription. Regular medicine reconciliation processes are documented. Safe medicine administration was observed at the time of audit.</p> <p>The medicines, controlled drugs and medicine trolley were securely stored. The management of the controlled drugs meets legislation and best practice guidelines.</p> <p>All the medication files sampled had prescriptions that complied with legislation and aged care best practice guidelines. The GP has conducted medication reviews for all residents within the last three months.</p> <p>Medication competencies were sighted for all staff who assist with medicine management, this included</p>

		the RNs, four senior caregivers and one EN.
<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>Policies and procedures implemented cover all aspects of food preparation. The kitchen manager stated that food is produced in accordance with the menus and recipes provided, under strict hygiene conditions, to deliver food of the highest possible standard, free from potential food safety hazards. The kitchen manager interviewed and documentation sighted identified that current legislation and food guidelines were met.</p> <p>The kitchen services are contracted but Metlifecare menus are used. The menus were reviewed by a registered dietitian in January 2014 to be suitable for aged care. The menus are 12 week rotating with summer/winter variances.</p> <p>Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets have these needs met. The residents reported being very satisfied with the meals and fluids provided gaining an 89% rating in the 2015 satisfaction survey. This increased from a 69% rating in 2014.</p> <p>Food, fridge and freezer recordings are undertaken daily and meet requirements. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging. Evidence was seen of all kitchen staff having completed safe food handling certificates within the last two years.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The nurse manager reported that they have not declined entry to any potential residents who have an appropriate needs assessment. If entry to the service was to be declined, the referrer, potential resident and where appropriate their family/whānau would be informed of the reason for this and of other options or alternative services. This would be recorded on the enquiry form.</p> <p>The admission agreement contained information on the termination of the agreement. The admission agreement documented if the resident's needs changed and the service can no longer provide a safe level of care to meet the needs of the resident they would be reassessed for the appropriate level of care. The nurse manager reported that if a resident's needs change and a different level of care is indicated the needs assessment agency would be asked to undertake a new assessment. Two residents' files reviewed contained a needs assessment for the change of care level from independent living to rest home level care.</p>
Standard 1.3.4: Assessment	FA	A mix of the electronic records and the service's own assessment tools are used. For example the service uses additional assessment tools for pain management, infections and wound care. The care

<p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>		<p>plans sighted reflected the assessed needs of the residents. The assessment processes sighted in the residents' files reviewed covered the resident's physical, psycho-social, cultural and spiritual needs. Service providers, residents and their family/whānau set goals and approve the interventions put in place to obtain each goal.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The service has fully implemented the use of the interRAI assessment and use their own electronic care plan format. All the care plans reviewed evidenced individualised care planning processes that reflected the resident's individual needs. The care plans reviewed demonstrated service integration. Residents' current records are kept in one file that contains medical information, nursing assessment, care plan, routine observations, activities, therapies, family correspondence and specialist consultations.</p> <p>The residents and family/whānau interviewed reported that the staff have excellent knowledge and care skills. They acknowledge that they have involvement in care planning and that staff listen and include any issues or interventions that they request. For example, one resident found playing the piano daily was good therapy and this is included in the care planning process. The GP interviewed expressed satisfaction with the care provided and feels that in the last two years he has noted a significant increase in the up skilling of clinical staff.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The care plans reviewed were individualised and personalised to meet the assessed needs of the resident. The care was flexible and focused on promoting quality of life for the residents. All residents and family/whānau interviewed reported a high level of satisfaction with the care and service delivery.</p>
<p>Standard 1.3.7: Planned Activities 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>	<p>FA</p>	<p>The activities coordinator uses the activities assessment and resident's history assessment to develop an activities programme, to ensure the programme is meaningful to the residents. There are planned activities that covered physical, social, recreational and emotional needs of the residents. The activities cater for all acuity levels and include both group and individual activities. The activities coordinator seeks resident input into activities and plans items that reflect resident past knowledge and interests. The activities programme is modified related to feedback received from the resident meetings and the capability and cognitive abilities of the residents. The service has links with community organisations and church groups.</p> <p>Statistic shown in the 2015 satisfaction survey results identifies that the rating for activities offered has risen to 87% compared to 71% in 2014. Residents and family/whānau interviewed stated the activities</p>

		coordinator presents activities with energy and in a very pleasant manner.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Evaluations are documented, resident-focused, indicated the degree of achievement or response to the support and/or interventions, and progress towards meeting the desired outcomes. Where changes are needed, the care plan was updated based on the evaluation of care. The care plans sighted were developed, reviewed and evaluated at least six monthly.</p> <p>Where progress was different from expected, the service responded by initiating changes to the care plan or by use of short term care plans for temporary changes. Short term care plans were sighted in the files reviewed.</p> <p>The residents and family/whānau interviewed reported high satisfaction with the care provided at the service. This is supported in the results of the 2015 satisfaction survey results which show that nursing care ratings have risen to 89% from 83% reported in 2014.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>The service has one contracted GP who offers 24 hour service for residents. Residents are able to maintain their own GP if they wish. The RN or the GP arranged for any referral to specialist medical services when it was necessary. The residents' files reviewed had appropriate referrals to other health and diagnostic services. The GP interviewed reported that appropriate referrals to other health and disability services were well managed at the service. This is supported in both residents' files reviewed in depth and during resident and family/whānau interviews.</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>Policy and procedures related to waste management clearly describe safe handling requirements.</p> <p>All chemicals and cleaning products are stored in locked cupboards. An outside firm is contracted to supply all chemicals and cleaning products with relevant training. In the cleaning store there is a notice detailing all chemicals on site and instructions for their safe use. Cleaning products are all colour coded for ease of identification. Staff have regular training in the management of waste and hazardous substances and training records confirmed this. The housekeeping supervisor, a cleaner and the person who manages the laundry for the facility were all able to detail process and procedures required for the safe use of any chemicals.</p> <p>Aprons, gloves and masks are provided in the sluice rooms and in all areas where personal cares are involved, the laundry and the cleaning stores. Staff were observed using these throughout the facility as</p>

		<p>appropriate during the audit.</p> <p>Any incidents are reported and documented and then fed into the quality management system. The Health and Safety Committee monitor all relevant processes and incidents as per the organisational policy and the manager confirms there is regular monitoring. This is included in the audit programme. Staff reported they were clear about the process for incident reporting in this specific area.</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>	FA	<p>The building warrant of fitness is current and expires on 12 March 2016. Regular electrical equipment checks are carried out with the last check recorded in February 2015. Both short term and long term planned maintenance programmes are in operation with a maintenance log kept as a record of completed work. Hot water temperatures are tested monthly. The person who manages all the maintenance confirms there are no outstanding requests. The facility is purpose built and has sufficient storage to ensure all equipment is able to be stored away from corridors when not in use. Handrails are installed throughout.</p> <p>All outside areas are easily accessed from the facility. These include a courtyard and garden areas which are well maintained.</p> <p>A facility van is available for use and staff are appropriately trained and qualified to provide transport for residents.</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 rooms have individual toilets and each wing has its own large purpose built shower room that enables full assistance as required. These are hygienic and well maintained with privacy locks and signage to indicate when they are in use. There are two more fully accessible resident toilets near the lounge and dining areas. Hand sanitizers are provided in all areas of the facility including all communal areas, entrances, residents' rooms, hallways and staff areas.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the</p>	FA	<p>The resident's rooms are all spacious single rooms which are cleaned to a high standard and tidily presented. All rooms have the resident's name clearly displayed on the door. Residents are able to bring in their own personal furniture and any other items if they wish. Some residents have their own television. There is ample space for manoeuvring of mobility aids. Rooms are able to accommodate hoists if required and all traffic areas are observed to be free of barriers to impede movement of</p>

consumer group and setting.		residents who use aids. All residents spoken with expressed satisfaction with their rooms.
<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 two dining rooms and a large activity/lounge area with a television and access to the outside courtyard. All the rooms are warm and light with plenty of suitable seating. The furnishings are appropriate and well maintained. The residents are also involved in some of the wider village activities that take place in the community centre on site. Some residents also go to the village dining room for some of their meals.</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>All relevant policies and procedures are available in the laundry. The laundry process was observed to reflect safe and hygienic management of all dirty, soiled and clean laundry. Internal audits are done six monthly to monitor effectiveness with results being used to ensure standards are maintained. Linen bags, with specific dissolvable bags for soiled linen, are used to transport and deliver the linen to the laundry. A clear process is in place to provide appropriate separation of the clean and dirty laundry. The laundry person was able to describe the process used for both the laundry process and management of the detergent supplies in a way that demonstrated a clear understanding. Data sheets are displayed.</p> <p>The training records show the laundry manager and the cleaners have recently attended relevant training sessions.</p> <p>The cleaner's trolleys have clearly labelled cleaning products that they use daily. These are securely stored when not in use. The cleaner interviewed was able to detail process and procedures required for the safe use of any chemicals and cleaning products.</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>	FA	<p>There are policies / procedures and guidelines for emergency planning, preparation and response. There are disaster planning guides which direct the facility in their preparation for disasters and describe the procedures to be followed for fire evacuations and regular practices. Emergency evacuation procedures are located in reception and the nurses' stations as well in other staff office areas. This includes procedures for fire, earthquake, bomb threat, storm and flooding. The fire evacuation drills are held six monthly with the last one being completed on 20 May 2015. These are monitored by a contracted agency. Civil defence and emergency food and supplies are on site for use in an emergency. Staff training for emergencies occurs regularly and induction includes an emergency training module. The fire evacuation plan was sighted. This was approved in March 2004. All fire equipment is checked regularly.</p>

		<p>Recent training has been completed by all registered nurses on emergency response training including relevant emergency falls management. In the event of a power failure the manager reports they have a backup generator which will operate the hall lights for 12 hours.</p> <p>Rooms are equipped with a call bell which goes directly to the nurses' station and all care staff have pagers. If a bell has not been answered promptly the call is sent directly to the registered nurse on duty. A print out of all response times across the facility during any time period is able to be done for monitoring purposes. The bells are also located in the bathroom and toilet areas. The manager reports no concerns have been raised recently around response times. All bells were observed to be answered promptly during the audit.</p> <p>The gate to the wider facility is locked each night, as are the doors to the facility and all windows are checked. A night bell is used for any access required after hours. A full time night security person is employed. Residents interviewed all felt safe in the facility.</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>The facility is spacious, light and well ventilated with opening windows in all areas. As the audit was conducted during winter, the underfloor heating was on and the environment was warm and comfortable. Temperatures are checked on a regular basis. All rooms have opening windows with adequate natural light.</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>Policy outlines the lines of accountability for infection control matters. Two RNs share the role of infection prevention and control coordinator and carry out the role which is clearly defined in a specific job description for the infection control coordinator role. There are clear lines of accountability for infection control matters in the service through the infection control committee, and electronic reporting to head office. Committee information and data findings are shared at all staff meetings and graphs are attached to staff meeting minutes displayed in the staff room. Infections are reported at handovers and if there are any concerns management is notified immediately.</p> <p>The objectives of the infection control programme are clearly documented and are audited at least annually at head office.</p> <p>The service has policies about staff, residents and visitors suffering from, or exposed to and susceptible to, infectious diseases. During interview, staff reported that they did not come to work if they were unwell. One infection control coordinator stated that notices are placed at entrances at times of the year when there was an increased risk of infections to ask visitors not to visit if they are unwell, or had been</p>

		exposed to others who are unwell. The infection control coordinator reported that residents were asked to stay in their room if they have an infection risk. There was sanitising hand gel throughout the service for residents, visitors and staff.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinators have attended ongoing education and demonstrated current knowledge of infection prevention and control best practice. Extra advice can be sought from the GP, product supplier, DHB and specific infection control information provision services as required. The infection control coordinators have dedicated time each week to meet the necessary requirements of the role. All staff interviewed understood their accountability to report any issues related to infection control concerns.</p> <p>Infections are reported and managed using short term care plans as evidenced in the file reviews undertaken.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>Documented policies and procedures reflect current accepted good practice and identify relevant legislative requirements. Policy and procedures are written with input from a specialist infection prevention and control advisory service. They are accessible to all staff and appropriate for the type of service provided.</p> <p>Staff interviewed verbalised correct infection control procedures when dealing with infections and were observed using good preventative practice, such as the use of person protective clothing and good hand washing techniques.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Infection control education is included in staff orientation and ongoing with all staff completing an annual competency questionnaire and education. Staff in-service education related to infection control content is appropriate and attendance is monitored by the infection control coordinators. Education sessions were referenced to current accepted good practice. The infection control coordinators have both completed education from a specialist infection control service within the last 12 months which allows them to provide services which reflect current good practice. Staff were observed using good infection control practices as part of their everyday service delivery.</p>

		<p>Informal education is provided for residents as required. One infection control coordinator gave examples of encouraging residents with fluids and personal hygiene. One resident's records reviewed had documented education identified related to wound care management. The resident verbalised their in-depth knowledge of actions to take to support good wound care management.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance requirements which are clearly stated in policy are implemented by the service. The service conducts monthly surveillance for infections which meet standard requirements for the level of care provided. Standardised definitions of infections, which are appropriate to the long term care setting, are used. The surveillance data is benchmarked three monthly by an independent infection control service provider and trended against previously collected data. Data is also measured against other Metlifecare facilities. If an unexplained increase in infection rates is noted corrective actions are taken. One example related to an increase in respiratory infections in May 2015. This was due to an increase in palliative care residents. Additional education was put in place related to correct positioning of residents when being fed and the need for regular fluids. The following month respiratory infections were reduced. All data results are shared at facility and head office level as confirmed in documentation sighted. Staff interviewed confirmed they understand the data results presented.</p> <p>There have been no infectious outbreaks since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policy identifies the use of enablers shall be voluntary and the least restrictive option. The policy for restraint states any use of restraint is only used as a last resort and a number of alternative strategies are implemented if required. There are relevant forms for consent, application, approval group recommendations, monitoring and review.</p> <p>The restraint coordinator confirmed no restraint was currently in use and the aim is to continue having a restraint free environment for all residents. A register is used to document the twelve enablers (bed rails and one lap belt) in use. One resident has asked for a lap belt to maintain safety while in a wheelchair. All enabler use is also documented in the residents' care plans which are reviewed regularly. Residents' files reviewed ed this.</p> <p>Staff demonstrated their understanding about the use of restraint and that enablers are voluntary and at the request of a resident. Regular training occurs and this is documented in the training records.</p> <p>All residents are regularly monitored overnight by staff on duty.</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 1.2.3.7</p> <p>A process to measure achievement against the quality and risk management plan is implemented.</p>	PA Low	<p>While data is gathered regularly and analysed at the facility level, the quarterly reporting by the village manager against the quality and risk plans does not contain sufficient detail to effectively identify where any progress had been made. No formalised process is in place to ensure this reporting addresses the specific goals and actions detailed in the plan. The manager confirms no such process is currently in place. A review of the reporting documents demonstrates that data to measure achievement against the plan is not detailed in a meaningful way. The current business plan which contains the quality and risk planning is still in draft.</p>	<p>There is a lack of a formal process to adequately report the gathered and relevant data to measure quarterly achievement for the care facility against the organisational quality and risk plan. In addition, the plan is currently in draft and has not yet been signed off as approved.</p>	<p>Provide evidence of a formalised process by which there is robust reporting to measure progress against the quality and risk management goals identified in the business plan for the care facility. Also provide notification when the current plan is approved.</p> <p>180 days</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.