# Merivale Lifecare 2011 Limited

## Introduction

This report records the results of a Partial Provisional Audit; 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 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](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:** Merivale Lifecare 2011 Limited

**Premises audited:** Merivale Retirement Village

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

**Dates of audit:** Start date: 14 October 2015 End date: 14 October 2015

**Proposed changes to current services (if any):** The service has notified the Ministry of the proposed change to their 48 rest home beds to become dual purpose. They are also looking at increasing the number of dual purpose beds to 49 by incorporating of their studio units into the dual purpose bed numbers. This will increase the number of dual purpose beds from 48 to 49.

A sample of the rooms to become dual purpose and the studio room were visited and were seen as suitable for purpose as rest home, geriatric hospital bed rooms. The studio units are situated at the end of rest home area and a carer is assigned to give assistance to studio unit residents from the rest home staff.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 48

# 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

There has been a change to the shareholders and directors of this company, with the changes officially coming into force in February this year. The managing director/ manager plus two further directors provide the governance board. There have been some staff changes and repairs and maintenance work undertaken since the change.

The 48 rest home beds which are being requested as dual purpose beds were observed as being appropriate for dual purpose with appropriate staffing and oversight. These beds were occupied by rest home residents.

On the day of the unplanned surveillance audit and partial provisional audit, there were 46 of the 48 rest home beds occupied, 30 of the 35 hospital beds occupied and 16 of the 19 serviced apartments occupied.

The three areas identified for improvement at the last audit relating to service delivery planning, completion of care plans and medication management are seen as now being addressed. However two new environmental areas for improvement were identified during this audit.

## 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. |

Residents and families interviewed reported that communication is very good. They have a clear understanding of their rights and the facility’s processes if these are not met.

The complaints process is well managed within required timeframes and includes the principles of open disclosure.

## 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. |

The Business Plan states the mission statement, values and scope of the organisation and these are reviewed as part of the plan annually. The managing director/manager and clinical manager are suitably qualified for their positions. The organisation has a quality and risk management process which is led by the managing director/manager and a newly employed quality and education registered nurse (RN). Presently this is a mix of the old system and the introduction of new processes. All elements of quality and risk management are seen as being identified, monitored and reviewed at regular meetings with reporting going up and down the organisation. Where issues are identified a corrective action process is put in place. A number of quality initiative projects have been identified from quality issues or by staff. There are organisational risk and hazard registers. Work is underway to update policies and procedures to ensure currency and meet good practice. There is a process for reporting adverse events which is known to staff and is part of the quality management process.

Recruitment practices meet current good practice and role specific orientation programmes are in place with some staff having multiple roles. All health professionals have current annual practising certificates and the organisation has identified its mandatory training requirements. Training is being recorded in multiple places and a new system is to be implemented to assist with the recording of training. There is evidence of orientation and training occurring for all staff.

There is a policy which prescribes the elements considered for rostering and the rosters reviewed showed that these and contractual requirements are being met.

Accidents and incidents are being reported and analysed and an internal audit programme is maintained to ensure that required standards are being upheld.

## 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. |

A registered nurse (RN) develops a detailed care plan based on the InteRAI and other assessments to guide staff in service provision and reviews these within recommended timeframes.

Observation of care staff, a review of residents’ notes and resident and family interviews, verified that all staff provide individualised care that is reflective of the residents’ needs and care plan. A general practitioner (GP) was interviewed during the audit and confirmed the facility provides a high standard of care and his recommendations and treatments are carried out. There was evidence in files reviewed that the GP visits three monthly if the resident is assessed as clinically stable. Two previously required improvements relating to interventions and cultural or medical needs included have now been addressed.

An activities programme is planned and implemented by the activities person or diversional therapist. Residents and family members reported that this is age appropriate and of interest to them.

Policies and procedures are in place for all stages of medication management. A blister pack medication system is in use for the facility. The medication administration process was observed during the audit confirming safe practice occurred.

Documented medication records are completed and reviewed by the resident’s GP, including when discontinued or newly prescribed. This addresses a previously required improvement.

A dietary profile is completed for each resident on admission and any special dietary needs are met. Personal likes and dislikes are catered for. The kitchen service is managed from within the facility by the facility/nurse manager and the cook. A nutritional review of the menu has occurred in the past two years and, as observed, the meals reflected the menu. Appropriate monitoring of food procurement, transportation and storage of food occurs.

## 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 building has a current Building Warrant of Fitness and Fire Service approved evacuation plans, with regular fire drills occurring. Policies guide staff on waste and chemical management and there is personal protective equipment available and in use. These are known to staff and were observed in use.

Residents’ rooms are spacious with ensuite facilities. Some have doors that open to the garden or small decks. There are multiple communal areas inside and out where residents can sit with relatives and undertake activities, plus separate dining areas. The maintenance person has a monthly schedule of work including hot water testing. Aspects of this do not meet the required standard.

Cleaning and laundry are managed in-house and are monitored for effectiveness; however there needs to be a review of storage in some areas and cleaning practices of areas inside and outside the laundry.

## 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. |

Merivale Retirement Village has policies and procedures on restraint minimisation and safe practice which are consistent with the required standard. No restraints and one enabler were in use at the time of the audit. Documentation reflects the facility’s policies and procedures.

## 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. |

There is a clearly defined infection control programme. The facility/nurse manager oversees all aspects of the infection prevention and control programme, including collation of surveillance data. This is communicated to staff and the organisation at regular meetings and through an electronic reporting system. Trends are identified and systems are in place to minimise infections.

## 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 | 24 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 59 | 0 | 2 | 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).

|  |  |  |
| --- | --- | --- |
| **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 facility’s complaints policy, which meets the requirements of Right 10 of the Code of Health and Disability Services Consumers’ Rights (the Code), is in place. Staff interviewed were aware of how to assist residents and families if they wished to make a complaint. Complaints are on the monthly management and staff meetings agenda, with complaints identified and the resolution or on-going improvement process included. This was confirmed in the complaints log. All complaints in the past 12 months have been closed.  Residents and family interviewed confirmed that the complaints process is easily accessible. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Staff interviewed and observed during the audit demonstrated that they understood the principles of open disclosure. Evidence of open disclosure is documented in the family communication forms within each resident’s file, on accident/incident forms, in the complaints documentation and in residents' progress notes. All those interviewed reported that communication is very good. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The managing director/manager has previously owned retirement villages, rest home and geriatric hospital facilities in Christchurch, Auckland and Blenheim, prior to this facility. Their previous facilities have won awards for aspects of services in the national Aged Care Association Awards and they plan to introduce these to Merivale.  The managing director/manager stated that the purpose, values and scope of the organisation are part of the business planning process and are available on the website and brochures given to potential residents and their family members. This is confirmed by viewing the website and brochures. She stated that these will be reviewed annually as part of the business planning process. There will be no impact related to the change to dual purpose beds.  The nursing manager has been with the facility for three years and her title has changed to facilities and nurse manager. She has a current annual practising certificate and has been manager of other rest homes and dementia units. She has experience in rehabilitation, community assessment and acute medical assessment.  The job description for the nurse manager identifies the key accountabilities and responsibilities and the managing director/manger stated that the nurse manager has a budget which she is responsible for managing and reporting on monthly. The nurse manager also holds delegated authority for recruitment. |
| Standard 1.2.2: Service Management  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. | FA | The managing director/manager and facilities / nurse manager stated that when the manager is away the two directors would manage any financial requirements and the nurse manager and receptionist/administrator would carry out their normal duties.  When the facilities / nurse manager is not present the charge nurse of the rest home would be able to step into this role.  There will be no impact related to the change to dual purpose beds |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | A new quality education Registered Nurse (QRN) has been appointed and is taking the lead on quality and risk. The managing director/managing director/manager stated that they are presently working with the old and implementing a new system as the QRN reviews the systems and processes presently in place.  The quality and risk management system falls out of the Business Plan and is being reviewed and implemented. There is Service Delivery Policy which is a quality and risk management plan. This is seen as a living document and is updated and ratified at monthly meetings. There is a risk register which identifies the risks, mitigation strategies and next review date. An internal audit includes file audits, fire drills, and elements of service delivery such as medication charts, wound care plan and falls. Quality improvements are identified from the audits and action plans developed where issues are identified. All elements of quality come together at the monthly quality meeting where analysis and trending occur. There is also a separate health and safety quarterly meeting with representatives from key areas. A hazard register is in place and reviewed at the health and safety meeting. The managing director/manager and facility nurse / manager spoke of actions occurring as issues are identified and not waiting for meetings to occur.  This includes the policies and procedures which are being worked through to ensure good practice and that they meet the requirements of legislation. There are a number of manuals which contain the policies and procedures and these are seen as meeting the requirements of legislation and contract requirements, including infection control, clinical processes and personal cares such as hygiene and pain. All policies sighted were current. Staff are made aware of changes to processes, policies and procedures via the online Time Target, (the electronic staff log in system, used for timekeeping and also provided messages which staff must identify they have read), staff newsletters and their quarterly meeting meetings. This was confirmed by staff interviewed and on the Timetalk system. |
| 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 | The facility/nurse manager and two clinical nurses demonstrated examples of adverse event reporting system during the audit. Each incident is investigated and tracked, with detailed summaries and outcomes, including any on-going communication. Two examples of incidents reviewed showed analysis and trending of information. These examples have been communicated through the management and staff meetings to identify improvements.  The facility/nurse manager during interview showed knowledge of her responsibility for the facility’s compliance with legislation, including statutory obligations for essential notifications. |
| 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 | All RNs and enrolled nurses (ENs) have current annual practising certificates. Four files reviewed of staff employed in the last year show good recruitment and employment practices are occurring. There is a job specific orientation package for new staff and this includes the elements required in the contract such as the ageing process and residents’ rights.  The organisation has developed a training plan which is under review and includes compulsory training for specific staff such as senior carers with first aid and medication competencies. There is also voluntary training for specified staff. Presently aspects of staff training is being recorded in three different areas and it was difficult to identify if all training have been covered; although a random sample of staff files (four: RN, senior care giver rest home carer and hospital carer) showed that these were undertaken.  All staff receive the same training which was seen to meet the needs of rest home and hospital level care and so staff will not require additional training to support the move to dual purpose beds. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The receptionist/administrator has responsibility for the rosters for both the rest home and hospital and this is done four weeks in advance with sign off by the facilities/nurse manager. The Rostering Policy was sighted online and cover is planned to ensure that residents’ needs are met and acuity is taken into consideration. There is evidence that the receptionist/administrator has ongoing discussions with the charge nurse from each area to ensure the changing needs of residents are incorporated into the roster. Where residents require an increased input this is managed by the present staff being offered additional work or the use of bureau staff. The rosters were reviewed and showed that the requirements of the contract are met, including a RN on each duty. There is a low resident:staff ratio with senior staff (RN/EN/senior carer) giving good cover. Staff interviewed stated that staffing was good and that team work was used with managers and managing director/manger s responsive to the changing needs of staffing requirements.  The facilities manager and nurse manager stated that when there are two or more hospital level patients in the rest home a RN will be in place on all duties in the rest home. She is to employ a further RN and increase her casual pool from three to five for this purpose.  Residents and family members were complimentary about the care they received and no issues raised related to the level of staffing. |
| 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 | Merivale Retirement Village has contracted and implemented a blister pack system and medicines are reconciled into the facility by the RN fortnightly. Policies and procedures for medication management include each health professional’s responsibility in relation to medicine prescribing, administration, reconciliation, dispensing, storage and disposal.  Discontinued medications are returned to the pharmacy weekly, including controlled medications, as sighted in records signed by the RN and the pharmacist.  The resident's prescription medication record is completed and updated by the resident's GP and administered by the facility’s RN or care staff that are competent to perform the function. The records reviewed were legible and dated. Prescription records consistently included the reason for pro re nata (prn) medications. When an alteration occurs, the GP updates the record in the facility as sighted in records reviewed, and all medications are reviewed at least three monthly. Discontinued medications reviewed were all signed and dated by the GP meeting a previous required improvement. This current medication process meets the needs of hospital and rest home residents and no changes are required related to dual purpose beds.  One care staff with a current medication competency was observed administering medications, demonstrating safe practice on the day of the audit. The medication trolley holds all current medication, blister packs and medication records and was observed to be locked and securely stored when not in use.  Controlled drugs were reviewed and storage was in line with guidelines and legislative requirements. There is a separate area in the room for a medication fridge and temperatures were recorded and within recommended guidelines.  There was one resident assessed as being suitable to self-administer inhaler medications, complying with the facility’s policies and procedures. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | On admission, residents have a personal nutritional profile and a mini nutritional assessment completed. The profile covers food preferences and dislikes, any modified equipment required, any special dietary needs, food allergies or intolerances and whether or not they require assistance with feeding. An interview with the cook explains his role in ensuring meals are prepared in line with the dietitian-approved menu. The menu has a four weekly cycle with winter and summer variations. Menu recommendations have been implemented, as explained by the cook. Residents’ meeting minutes confirmed the residents enjoy the meals provided and this is verified in resident and family interviews.  Modified meals and assistive equipment is provided. Meal orders are updated as tastes and needs change and records of these were sighted.  Food preparation occurs in the on-site kitchen. All food procurement, storage, production, preparation, transport, delivery and disposal follow safe guidelines and meet all legislative requirements. There is evidence that stock rotation occurs. Records were sighted for fridge, freezer and food temperatures, and all are within recommended guidelines.  This current nutritional process meets the needs of hospital and rest home residents and no changes are required related to the move to have dual purpose beds. |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Care plans are individualised integrated and promote continuous service delivery. Those reviewed reflect all the residents required needs, including cultural and medical needs, addressing a previous required improvement. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | The provision of services and interventions are consistent with, and contribute to, meeting the residents' assessed needs, and desired outcomes. 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 interviewed reported satisfaction with the care and service delivery.  When issues arise the corrective actions implemented in short term care plans are now transferred to the long term care plan, addressing a previous required improvement. |
| 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. | FA | The activities programme covers physical, social, recreational and emotional needs of the residents. The group activity programme is developed monthly. The residents were included in activities at the facility and as part of the wider community. Feedback was sought from residents during activities.  Activity plans are individualised and reflect residents’ current interests.  Residents and families reported a high level of satisfaction with the care and diversional therapy provided. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | All care plan reviews are the responsibility of the registered nurse. During interview the clinical nurses reported that when progress is less than expected a short term care plan has been developed, and evidence in files confirmed this occurs, including closing these out when the issue is resolved, or transferring the issue to a long term care plan. Examples were sighted where this has occurred.  Progress toward meeting outcomes is included in the review or evaluation. Reviews occur at least six monthly. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | There are policies and procedures for the storage and disposal of waste and chemicals and these were observed and discussed with a cleaner, laundry staff and the maintenance person. A cleaner and laundry staff member stated they have received training on managing chemicals from the chemical supplier.  Personal protective equipment was sighted in appropriate areas and staff were observed as using these. |
| 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 | There is a current Building Warrant of Fitness which expires August 2016; the facility has had no changes and the fire service evacuation plan continues. Fire drills are undertaken six monthly and all staff are required to attend one annually.  An environmental walk around included the viewing of corridors, stairs, a range residents’ rooms, lounges and separate dining areas. These areas are seen as meeting the requirements of the residents, with spacious areas for mobilising with aids and the assistance of staff. External gardens are easily accessed by residents and visitors with areas for sitting. The gardens have won awards from the Christchurch Horticultural Society this year.  The maintenance person has a monthly schedule of checks which he undertakes and these were reviewed and show that the hot water temperature is higher than the requirements of the standard.  Some electrical equipment was sighted as having expired electrical tags and a sanitiser did not have a current maintenance sticker. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | All patient rooms have ensuites that include a shower. There are separate toilets for staff and visitors. There are toilets off the dining room and lounge areas that can be accessed by residents. Residents interviewed stated they are afforded privacy when undertaken personal hygiene tasks and given support when required. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | Residents’ rooms are spacious with adequate room for residents to move around with the use of walking aids and the assistance of a staff member if required. Some rooms have doors that open out on to the garden and others have a door on to a patio. The remainder have opening windows. Rooms are personalised with their own furniture and pictures. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | Residents have access to a number of lounges and separate dining areas and these were observed being used by residents and visitors. One area is designated as the library and residents have access to a computer. Seating is placed in such a way that small groups can sit together. These are areas that can be used for group activities. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | PA Low | Cleaning and laundry services are provided in-house.  The laundry was visited and good infection control flow in the area was observed. There are clear guidelines for staff to follow for laundry programmes. The company who provide the chemicals monitor the washing machine function and this was confirmed by the laundry staff member.  Cleaners have policies and guidelines to follow and this was confirmed by a cleaner. She stated she has had training in the use of chemicals from the external company who provides them.  All resident areas were observed to be clean and tidy. However, there are non-resident areas with items stored on the floor, dusty and dirty areas and the laundry door is open allowing access from the outside. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | Emergency training is part of orientation and six monthly fire drills are undertaken. This was confirmed by staff interviewed and records of drills. There are fire-fighting equipment and emergency flip charts sited throughout the organisation. The flip charts cover a range of emergency situations, such as fire, earthquake and clinical emergencies. There is a security policy and the receptionist/administrator described the process which includes checking and locking of external doors at night, external lighting and security checks at night by an external security company.  There is a fire service approved evacuation plan, dated 2009 and no major building work has occurred since this was approved. There are battery powered emergency lighting, stores of water and food available. There are gas fires available in the lounges and if this was not available, extra blankets would ensure warmth for residents. Residents who require oxygen concentrators have access to oxygen cylinders if power was not available.  There is a call bell system and staff have pocket communicators which link to the system. It was observed that call bells are attended to promptly. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | Heating is provided by under-floor or ceiling heating processes. All rooms have a minimum of one external opening window to allow for ventilation. |
| Standard 3.1: Infection control management  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. | FA | The facility/nurse manager conducts monthly surveillance for infections. The analyses of the data are reviewed and documented at the staff and management meetings. The service uses standardised definitions of infections that are appropriate to the long term care setting.  There is a clearly defined infection control programme reviewed annually.  There is evidence of infection control practices throughout the facility.  The management of infection prevention and control meets the requirements of the standard and no further action is required to meet the proposed changes related to the dual purpose beds. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | The facility/nurse manager is responsible for infection surveillance and for reporting the data, analyses and recommended actions to the organisation’s electronic system on a monthly basis.  Surveillance data is provided at monthly management and staff meetings. This includes all infections. A recent chest infection outbreak is being managed with expert external support.  Short term care plans were observed to be used for residents with an identified infection. Information regarding each infection is transferred on to an infection control surveillance form in each area’s main office. This information is collated to identify trends and treatments are documented. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | Merivale Retirement Village has a suite of policies and procedures to guide staff in the management of restraints and enablers, should these be required by residents. The facility manager, who is also the restraint coordinator, reports that they have philosophy of no restraint use at Merivale. Other staff members interviewed were familiar with the restraint policies, the voluntary use of enablers and the processes to be followed should either be required.  The restraint approval group is incorporated into the management meeting and meets monthly. The most recent meeting minutes of the management group were reviewed.  Currently there are no restraints and one enabler in use at the facility. Documentation meets the facility’s policy guidelines. |

# Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.4.2.1  All buildings, plant, and equipment comply with legislation. | PA Low | The list of electrical testing shows that not all electrical testing is current and this was confirmed in seeing beds and a television with no current electronic tag. During the audit, the electrician was sighted undertaking a full review of the electronic equipment.  The sanitiser in the downstairs sluice room does not have a current maintenance sticker.  The maintenance person has a monthly schedule of audits to ensure all equipment is maintained. This includes the hot water testing of a random sample of residents’ rooms and clinical areas. In review of his results, the water temperature in residents’ rooms was recorded as being above the standard requirements and in some clinical areas was seen as higher than required. | The sanitiser does not have a current maintenance sticker.  The hot water being monitored in a random sample of residents’ rooms is recorded as being above the standard requirements. | All equipment has current maintenance undertaken and this be recorded.  The hot water is maintained at a level that meets the standard and current good practice.  180 days |
| Criterion 1.4.6.2  The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness. | PA Low | There are a number of storage areas, for example the upstairs sluice room and a storage room under the stairs, where boxes are stored on the floor. This does not allow for cleaning and it was observed this had not occurred for some time. In the laundry behind the washing machine there was a container which was covered in dust and the floor around it was dirty. The area at the back of the laundry/kitchen, open to the outside, was observed as being dirty and different items were stored there that had not been moved for some time. The door to the laundry is kept open to allow air flow, however it also allows vectors and the organisation’s cat to enter the clean laundry area.  The cleaners’ cupboard and laundry have items stored there which have not been used for some time and were observed as being dusty.  There are sluice rooms where the clean dirty flow is compromised by equipment storage. | There are storage cupboards, such as under stair wells, where items are stored on the floor, this impacts on the cleaning of the areas and it was observed the items have not been moved for some time. There are items which are not in use presently and being stored in cupboards, the laundry and the back entrance to the kitchen and laundry which were sighted as being dusty. The laundry had a container behind the washing machine for the collection of spills from the chemical storage container which has not been moved for some time and was dusty and the floor around it dirty.  There is a door to an outside area from the laundry which is left open and allows vectors and the organisation’s cat to enter this clean laundry area.  The sluice rooms have linen containers stored in front of the sluice and sink making it difficult for staff to access these. | The storage of items not in use is revisited to ensure they are dust free and not able to contaminate clean areas. Stored items are able to be moved and cleaned on a regular basis. The laundry area is reviewed to ensure that vectors and the cat cannot enter this clean area.  The clean-dirty flow of the sluice rooms is reviewed to ensure they are not compromised by equipment being stored there.  180 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.