

# G J & J M Bellaney Limited

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## Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** G J & J M Bellaney Limited

**Premises audited:** Wimbledon Villa

**Services audited:** Dementia care

**Dates of audit:** Start date: 20 October 2015      End date: 20 October 2015

**Proposed changes to current services (if any):**

**Total beds occupied across all premises included in the audit on the first day of the audit: 22**

# Executive summary of the audit

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## 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
Yellow	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
Red	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

Wimbledon Villa provides dementia level of care for up to 38 residents in two 18 roomed units. Two bedrooms in one unit can be used as double rooms. On the day of the audit there were 22 residents. The facility is privately owned. A clinical nurse manager and business facility manager are responsible for the daily operation of the facility. They are supported by a quality coordinator and full-time registered nurse.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents' and staff files, observations, and interviews with family, general practitioner, management and staff. The relatives and general practitioner spoke positively about the care and support provided at Wimbledon Villa.

The service has addressed ten of ten shortfalls from the previous certification audit around corrective action plans, essential notifications, timely incident reporting, training requirements, dietitian referrals, assessments, weight loss interventions, evaluations, medication charts and medical equipment calibrations.

This surveillance audit identified improvements are required around staff orientation, documented intervention for medical conditions and standing orders.

## 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.
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There is an open disclosure policy, which describes ways that information is provided to residents and families/next of kin at entry to the service continually, and as required. A system for managing complaints is in place and there is evidence of follow up. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

## 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.
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Wimbledon Villa has a current business plan and a quality assurance and risk management programme that outlines objectives for 2015 to 2016.

There is an established quality system in place. Quality information is reported to monthly staff/quality meetings, weekly team management meetings and to the owner. There is a reporting process being used to record and manage resident incidents. There is an annual in-service training programme that has been implemented for the year and staff are supported to undertake external training. The service has a documented rationale for determining staffing and caregivers, residents and family members report staffing levels are sufficient to meet resident needs.

## 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.		Some standards applicable to this service partially attained and of low risk.
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The registered nurse is responsible for each stage of service provision. The registered nurse assesses, plans and reviews residents' needs, outcomes and goals with the resident (as appropriate) and/or family input. InterRAI assessments are in place for all residents. Resident files included medical notes and visiting allied health professionals.

The activities coordinator provides an activities programme for the residents that is varied, interesting and involves the families and community. Residents have an individualised activity plan developed on admission that is reviewed six monthly.

The service uses an electronic medication system. The care staff responsible for administration of medicines complete education and medication competencies.

All meals are prepared on site. Individual and special dietary needs are catered for. Nutritional snacks are available 24 hours a day for the residents. Food, fridge, freezer and food temperatures are recorded.

## 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.
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The service has a current building warrant of fitness.

## 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.
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Restraint policy and procedures are in place. The definitions of restraints and enablers are congruent with the definition in the restraint minimisation standard. The service had no residents using an enabler or restraint. Staff receive education and training in restraint minimisation, dementia care and managing challenging behaviours.

## 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.
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The clinical nurse manager is the infection control coordinator. A surveillance policy describes the surveillance methods and infection events. Data is collated monthly and is used to identify trends, education needs and quality activities within the facility. External benchmarking occurs.

## 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)
<b>Standards</b>	0	14	0	3	0	0	0
<b>Criteria</b>	0	37	0	3	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are freely available throughout the facility. Information about complaints is provided on admission. There is a complaints register that includes all complaints. There have been two complaints made in 2015 (year to date), the complaints were resolved within the required timeframes. A review of complaints documentation evidence followed up with the complainant and discussion with staff occurs.</p> <p>Discussions with family members confirmed that any issues are addressed and they feel comfortable to bring up any concerns. Discussions with the care assistants stated that concerns/complaints were discussed at monthly staff/quality meetings.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an</p>	FA	<p>Open disclosure related policies and procedures alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensures full and frank open disclosure occurs. Wimbledon Villa provides families with an information pack that gives a comprehensive range of information regarding the scope of service provided to the resident and their family/whānau. The information pack includes a copy of the code of rights and information about dementia services. The information pack is available in large print and advised that this can be read to residents. Interpreter services are available as required. Interviews with four family members' evidences that family are informed. Discussions with staff and management identified their knowledge around open disclosure. Resident</p>

<p>environment conducive to effective communication.</p>		<p>meetings are held.</p>
<p><b>Standard 1.2.1: Governance</b></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>Wimbledon Villa provides dementia care for up to 38 residents in two separate 18 room units. Two rooms in one unit can be used as double rooms. At the time of the audit, there were 22 residents, with 10 in one unit and 12 in the other unit.</p> <p>The service is managed by a clinical nurse manager who works from Tuesday to Saturday and has 30 years of aged care, management and psychiatric nursing experience. She has been a registered nurse at Wimbledon Villa since April 2012 and clinical nurse manager since July 2013. A business facility manager, who has a management and business background and has been a manager at the facility since September 2010, supports the clinical nurse manager. The manager has maintained at least eight hours annually of professional development activities related to managing a rest home. The facility is privately owned and the managers frequently report to the owner.</p> <p>The organisation has documented values, mission statement and philosophy and these are displayed in the reception area. The information is recorded in the organisation's business plan. The current business plan includes goals, specific KPIs for 2015 – 2016, and strategic direction.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Wimbledon Villa has a documented quality assurance and risk management programme in place. The service employs a quality coordinator who coordinates and records quality data, develops corrective actions plans and collates results. Quality activity information is communicated to the owners, management and staff. Corrective action plans were evidenced to have been completed and signed off. The service has addressed this previous finding.</p> <p>A documented and implemented internal audit schedule includes an annual review of audit results for the year. Each month, the quality coordinator collates incidents and accidents data, and infection control. Incidents are collated monthly on to a reporting sheet to monitor issues and trends and these are displayed on the staff room notice board. Monthly data analysis includes the comparison against set KPIs for the service, which are also benchmarked against similar services. Annual analysis is also documented and presented to the staff, quality and management meetings. A report is presented to monthly staff and quality meetings, monthly team management meetings and a monthly report to the owner, as evidenced in meeting minutes.</p> <p>Annual resident and relative surveys have been completed. The survey (September 2015) documents an 86% satisfaction overall compared to 80% overall satisfaction result for the previous year.</p> <p>The facility implements organisational policies and procedures to support service delivery. All policies are scheduled for review every two years. Policies are available to staff and have been updated to reflect the</p>

		<p>implemented InterRAI procedures.</p> <p>Health and safety policies and procedures, and a health and safety plan are in place for the organisation. The hazard register is regularly reviewed. All identified hazards include a risk rating, controls that are in place and monitoring procedures.</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>	FA	<p>The service collects a comprehensive set of data relating to adverse, unplanned and untoward events. The service advised that they notified the DHB of a previous coroner's case. The previous finding around provider awareness of their statutory obligations in regards to essential notifications has been addressed. The reporting system is integrated into the quality risk management system. Once incidents and accidents are reported, the immediate actions taken are documented on incident forms. Twenty-one incident forms reviewed identify the RN has been notified within a timely manner. All incidents have been investigated by the clinical nurse manager, who monitors preventative and corrective actions as documented. The previous finding around RN notification of incidents has been addressed. Actions were reflected in the individual residents long-term care plans. If risks are identified these are also processed as hazards.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>A human resources policy establishes the requirements for vetting of qualifications and the maintenance of practising certificates for registered nursing staff. Relevant checks are completed to validate individual qualifications and experience. A record of practising certificates is maintained for two registered nurses and other health professionals including the pharmacist, GPs and the dietitian. Six of six staff files reviewed indicates that all staff have a signed contract, job description and evidence of recruitment. A comprehensive in-service education programme is in place. The annual training plan covers a wide range of subjects and exceeds the required eight hours annually. The previous finding around staff competencies and first aid training has been addressed. Discussions with staff and a review of documentation demonstrate a commitment to the education of staff that is implemented into practice.</p> <p>Wimbledon Villa has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is relevant to the dementia unit and includes management of challenging behaviours with alternative strategies and activities. Completed orientation documentation was not evident in all staff files reviewed. There are 17 care assistants of whom 10 have completed the required dementia standards; five</p>

		are in progress and two are to be enrolled.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. Care assistants interviewed reported that staffing levels and the skill mix was appropriate and safe. Family members interviewed stated that they felt there was sufficient staffing. The roster and staffing in place for the current residents includes a trained first aider on each shift. There is a full time clinical nurse manager Monday to Friday and a registered nurse on the remaining two days.</p> <p>The staffing roster evidences a minimum of one care assistant allocated in each dementia care unit per shift. Staff carry walkie-talkies on them at all times. During the day, organised activities are provided until 3pm and during these hours, residents from both units (that want to be involved) are brought together. There were adequate staff noted on each unit during the audit.</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>	PA Low	<p>The service introduced an electronic medication system in August 2014. Registered nurses and senior care assistants who administer medication have completed training and an annual medication competency assessment. Registered nurses who administer insulin have completed insulin administration competencies. The care staff interviewed were able to describe their role in safe medication management. The standing orders currently in use do not meet requirements. There were no residents self-medicating. Not all standing order medications were within the expiry dates. Ten of ten medication charts reviewed on the electronic medication system met legislative prescribing requirements, including three monthly GP reviews. Respite care residents have medication charts entered onto the electronic medication system on admission. The previous finding around GP reviews and respite medication charts has been addressed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service</p>	FA	<p>All meals at Wimbledon Villa are prepared and cooked on site. There is a Monday to Friday and weekend cook. A catering assistant is employed daily in the afternoons for the evening meals. There is a four weekly seasonal menu, which has been reviewed by a dietitian. Dietary needs are known, with individual likes and dislikes accommodated. Pureed, soft, diabetic desserts and gluten free diabetic desserts are provided.</p> <p>Staff were observed assisting residents with their meals and drinks. Additional nutritious snacks are available over 24 hours for the residents. Family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>Fridge and freezer temperatures are taken and recorded. End cooked food temperatures and re-heating temperatures are recorded. All foods in the pantry, fridge and freezer were dated.</p>

delivery.		Food services staff have completed training in food safety unit standards and chemical safety.
Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The resident files reviewed, evidenced relevant risk assessments and behaviour assessments had been completed on admission and reviewed six monthly as part of the InterRAI assessment and care plan review. The previous finding around the review of risk assessments has been addressed.
Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP or nurse specialist consultation. The family members confirmed they are notified of any changes to their relative's health as evidenced on the next of kin contact sheet. Not all resident care plans reviewed documented the required interventions to meet the resident's needs.</p> <p>The clinical nurse manager/RN was able to describe the referral process should they require assistance from a wound specialist, continence nurse or other nurse specialist service.</p> <p>Adequate dressing supplies were sighted. Wound assessments treatment and evaluations were in place for the one chronic wound and three skin tears. The chronic wound has been linked to the long-term care plan. There was evidence of GP, wound nurse specialist and investigations in the management of the chronic wound.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</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,	FA	<p>The activities coordinator is a qualified caregiver who is progressing through the diversional therapy course. He is employed for 32 hours per week Monday to Friday. An activity assistant assists with activities as required (outings) and hours are increased with resident occupancy. The activity coordinator provides individual and group activities. The monthly programme is varied and appropriate for people with dementia and includes outings. The residents (as appropriate) attend community events such as concerts, seniors club, and Lion's club functions with positive feedback from the community. Two staff accompany residents on outings in the van. The activity coordinator has a current first aid certificate. Activities were observed to be occurring in small groups and individual basis. There are resources available for care staff to use for one on one time with the resident and at any time of day and weekends.</p> <p>Relatives stated they were satisfied with the activities provided and have the opportunity to feedback on the</p>

and the setting of the service.		<p>programme.</p> <p>A resident profile is completed on admission in consultation with the resident/family (as appropriate). Activity plans sighted in all five files were reviewed six monthly at the same time as the care plans.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans sampled, were evaluated by the RN within three weeks of admission. Long-term care plans have been reviewed at least six monthly in five of five files sampled or earlier for any health changes. The previous finding around six monthly evaluations has been addressed. Written evaluations demonstrate progress towards resident/family goals. There is evidence of family involvement in the care plan reviews. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur daily/as indicated and are documented within the progress notes.</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>There is a current BWOF that expires on 6 July 2016. All clinical equipment has been calibrated by an external service. The previous finding has been addressed.</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>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator (clinical nurse manager) collates information monthly. Surveillance data is used to determine infection control activities and education needs in the facility. Definitions of infections in place are appropriate to the complexity of service provided. Infection control data, identified trends and analysis is reported at the team (all staff) meetings. Monthly comparison and trends for infection rates are analysed on an individual basis. The GP reviews antibiotic (including prophylactic) use at least three monthly with the medication review. There have been no outbreaks. Systems in place are appropriate to the size and complexity of the facility. The service participates in external benchmarking.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers and comprehensive restraint procedures. Interviews with the care assistants and the clinical nurse manager/RN confirm their understanding of restraints and enablers. The clinical nurse manager is the restraint coordinator. Staff attend challenging behaviour education and complete restraint minimisation and safe practice competencies. There were no residents using an enabler or restraint.</p>
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## 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 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	Wimbledon Villa has an orientation programme in place that provides new staff with relevant information for safe work practice. Completed documentation for four of six staff files reviewed was evidenced. The orientation programme is relevant to the dementia unit and includes a session on how to implement activities and therapies	Two of six staff files reviewed did not evidence that the orientation programme documents were retained in the staff file. The service provided a copy of one staff members completed orientation documentation on the day following the audit.	<p>Ensure that all staff complete an orientation programme and that a copy of the documents are kept in the staff file.</p> <p>90 days</p>
Criterion 1.3.12.1	PA Low	There are standing orders in use, which were last reviewed in August 2014. The standing orders	i) The standing orders have not	i) and ii) Ensure the

<p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>		<p>include the indication for use and maximum dose, however, the format does not meet the requirements for standing orders. Standing order stock expiry dates are checked regularly however one bottle of medication had expired.</p>	<p>been reviewed annually. ii) The standing orders do not include contraindications. iii) One bottle of standing order medication had expired June 2014.</p>	<p>standing orders meet legislative requirements. iii) Ensure standing order medications are within the expiry dates.  60 days</p>
<p>Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Low</p>	<p>Short-term care plans included interventions for short-term needs such as infections, wounds, and rash and weight loss. Ongoing needs were transferred to the long-term care plans. Monitoring forms were in use for behaviour, weight, food and fluid intake and pain monitoring. Four of five care plans evidence documented interventions for identified needs.</p>	<p>There were no documented interventions for one resident diagnosed as a diet controlled diabetic on admission as per GP admission notes.</p>	<p>Ensure interventions are documented to reflect the residents' medical needs.  60 days</p>

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

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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
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End of the report.