

Fendalton Lifecare (2006) Limited

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Fendalton Lifecare (2006) Limited
Premises audited:	Fendalton Retirement Village
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 August 2016 End date: 30 August 2016
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:	34

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
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

Fendalton Retirement Village is owned by a group of shareholders and provides care to up to 49 rest home residents within a rest home area and serviced apartments. On the day of the audit, there were 34 rest home level residents at the service. Residents and families interviewed were very complimentary of care and support provided. The facility manager is an experienced aged care manager and registered nurse. The facility manager is supported by a general manager and a quality consultant (registered nurse).

This unannounced surveillance audit was conducted against aspects of the Health and Disability Standards and the contract with the district health board. This audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and general practitioner.

Fendalton retirement village has a quality and risk management system in place that continues to be implemented and monitored, which generates improvements in practice and service delivery. There is an established and implemented orientation and in-service programme.

The service has addressed the previous audit finding relating to general practitioner sign off for residents who self-administer medications.

This surveillance audit identified that no additional improvements are required.

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.
--	--	--

Communication with residents and families is maintained and this was confirmed on interviews. A system of complaint management is available to service users.

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.		Standards applicable to this service fully attained.
---	--	--

There is an implemented quality and risk plan for the service. Quality activities are conducted, which generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. Resident meetings are held and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported. A comprehensive education and training programme has been implemented. Appropriate employment processes are adhered to and employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

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.
--	--	--

Resident care plans are developed by the service's registered nurses, who also have the responsibility for maintaining and reviewing the support plans. Risk assessment tools and monitoring forms are used to assess the level of risk and ongoing support required for residents. Care plans are evaluated six monthly or more frequently when clinically indicated. There is documented evidence of allied health involvement into the residents' care.

The activity programme is varied and reflects the interests of the residents including community interactions.

There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Competencies are completed. Medication profiles are reviewed by the general practitioner three monthly or earlier if necessary.

The menu is designed and reviewed by a registered dietitian. Residents' individual needs are identified. There is a process in place to ensure changes to residents' dietary needs are communicated to the kitchen.

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 service displays 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.
---	--	--

A restraint policy includes comprehensive restraint procedures. The documented definition of restraint and enablers aligns with the definition in the standards. There are currently no residents with restraint or enablers. Staff are trained in restraint minimisation, challenging behaviour and de-escalation.

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 infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

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	16	0	0	0	0	0
Criteria	0	39	0	0	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 1.1.13: 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. There are complaints forms freely available to residents and family members. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints.</p> <p>The facility manager maintains a complaints register. Five complaints for 2016 were reviewed. Complaints have been investigated with corrective actions identified. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There are policies and procedures in place relating to accident/incidents, complaints and open disclosure.</p> <p>Five residents and four family members interviewed confirmed they were welcomed on entry and were given time and explanation about the services and procedures. Incidents/accidents forms reviewed include a section to record family notification. All forms sampled indicated family were informed or if family did not wish to be informed. Relatives interviewed confirmed they were notified of any changes in their family member's health status.</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>Fendalton retirement village is owned by a group of shareholders. The general manager is one of the shareholders. She reports to, and is on the board of directors, which meets four times a year. A facility manager is employed to oversee the running of the rest home and serviced apartments. The facility manager has been in the role for eight years. The facility manager is supported by a quality consultant (registered nurse), a part time registered nurse, and two team leaders (enrolled nurses).</p> <p>Fendalton retirement village is certified to provide rest home level care for up to 49 residents within a 35-bed rest home and in 14 serviced apartments. On the day of the audit, there were 30 residents in the rest home and 4 rest home level residents in the serviced apartments. One resident in the rest home was on a respite contract, which ended on the day of audit. All other residents were on the ARC contract.</p> <p>The service has a business plan in place (2015-2018) for organisational governance and direction. The current strategic plan, and quality and risk management plans have been implemented. The organisational quality programme is managed by the quality consultant, an external quality auditor, the facility manager and senior staff. The service has an annual planner/schedule that includes audits, meetings and education. Quality improvement activities are identified from audits, meetings, staff and resident feedback and incidents/accidents.</p> <p>The manager has maintained at least eight hours annually of professional development activities related to managing the facility.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</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>Fendalton retirement village has a business plan in place for the service. There is a quality programme and a risk management plan, which is reviewed annually. Progress with the quality and risk management programme has been monitored through the quality and risk meeting, monthly health and safety team meetings and infection control meetings. Staff meetings and staff newsletters document the communication of quality data to all staff members.</p> <p>An internal audit schedule is being implemented. The service employs a quality consultant who undertakes and reports on all audits. Areas of non-compliance identified at audits, evidenced follow-up for all areas of non-compliance and this has been documented. A monthly analysis of all incidents and internal audit outcomes is completed and a summary is included in the quality and risk meeting minutes and staff newsletters.</p> <p>Policies and procedures are reviewed two yearly by the quality consultant in consultation with relevant staff, and content of policies reviewed reflects current and relevant standards, contracts and guidelines. Resident/relative meetings occur two monthly.</p> <p>The service has a health and safety management system. There are designated health and safety staff representatives who have completed specific training related to their roles. The service collects information on</p>

		<p>resident incidents and accidents as well as staff incidents/accidents. Hazard identification forms are completed to identify hazards with actions identified and reviewed/followed up where appropriate</p> <p>A resident survey and a family survey are conducted annually. The surveys evidence that residents and families are overall very satisfied with the service.</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>Fendalton retirement village continues to collect and analyse incident and accident data and report outcomes monthly. A sample of resident related incident reports for July 2016 were reviewed. All reports and corresponding resident files reviewed evidence that appropriate clinical care has been provided following an incident. The incident reporting policy includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. The service benchmarks incident data with other facilities.</p> <p>The manager is aware of the responsibilities in regards to essential notifications. An example was provided of a recent infectious outbreak notification.</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>	FA	<p>The recruitment and staff selection process requires that relevant checks be completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development.</p> <p>Five staff files were reviewed including the facility manager, one enrolled nurse, the activities coordinator, and two caregivers. All files included all appropriate documentation.</p> <p>The service has an orientation programme that provides new staff with relevant information for safe work practice and includes three days with a 'buddy'. Staff interviewed were able to describe the orientation process and stated that they believed that new staff were adequately orientated to the service. Annual appraisals are conducted for all staff.</p> <p>The service is implementing an education and training calendar for 2016. Training is provided either as part of the staff meeting or as self-learning packages. The service maintains a series of competencies for all staff including (but not limited to) medication, hand hygiene, infection control, health and safety and manual handling. Specific learning tools include restraint, infection control, abuse and neglect. Attendance records were reviewed and evidenced that attendance numbers are satisfactory.</p> <p>All care staff have a first aid certificate and all staff who administer medications have medication competency. The facility manager and part time registered nurse are InterRAI trained.</p>

		Registered nurses and caregivers are able to attend external training including conferences and seminars.
<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>Fendalton retirement village has a roster in place that ensures that there is sufficient staff rostered. There is a registered nurse on duty Monday to Friday, and an additional registered nurse who works four hours per week and as required. Each shift is led by a team leader (enrolled nurse or senior caregiver) as well as three caregivers each shift during the day and one at night. Core care staffing was reported as stable.</p> <p>Interviews with staff, residents and family identify that staffing is adequate to meet the needs of residents.</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>	FA	<p>There are medication management policies and procedures in place that follows recognised standards and guidelines for safe medicine management practice in accordance with the guideline: medicines care guides for aged residential care. Registered nurses, enrolled nurses and team leaders (senior caregivers) administer medications and have attended annual medication education. All staff who administer medications have completed an annual medication competency.</p> <p>Regular medications are checked on delivery against the medication chart by the team leader on duty. Medication fridges are used to store medications requiring refrigeration and are monitored weekly.</p> <p>Medication administration was observed and the procedure followed by the enrolled nurse was correct and safe.</p> <p>The service uses a paper-based medication management system. One resident was self-medicating inhalers at the time of audit. Three monthly competencies and GP reviews were documented. The service has addressed this previous audit finding.</p> <p>Twelve medication charts were reviewed – ten rest home (including the respite care resident) and two rest home residents in the serviced apartments. All medication charts had photo identification and allergy status identified. Medications have been documented as given as prescribed (paper-based). Medication charts had been reviewed at least three monthly by the GP.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual</p>	FA	<p>The lunch and evening meals are prepared and cooked at the neighbouring Elmswood retirement village site and transported to Fendalton retirement village. The main cook at Fendalton prepares breakfast, soups, sandwiches and provides fresh baking. Two kitchenhands are also employed. The menus are reviewed six monthly by a dietitian. Meals are transported in hot boxes, held in the kitchen in bain-maries adjacent to the rest home dining room, and served directly to residents. Food temperatures are recorded prior to serving.</p>

<p>food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>Kitchen staff were trained in safe food handling and food safety procedures were adhered to. Fridge, freezer and meal temperatures are recorded and action taken as needed. Cleaning schedules are maintained. All foods were dated and stored correctly.</p> <p>Staff were observed delivering meals and assisting residents with their lunchtime meals as required. Diets were modified as required. Resident dietary profiles, likes, and dislikes were known to food services staff and any changes were communicated to the kitchen via the registered nurse. Supplements have been provided to residents with identified weight loss issues.</p> <p>Internal audits are undertaken. Food satisfaction surveys are conducted. Resident meetings discuss food as part of their meetings.</p> <p>Interviews with residents and family members indicated satisfaction with the food service.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's condition changes, the RN initiates a GP or nurse specialist consultation. There is documented evidence of family notification for a resident change in health status. Five resident files were reviewed including one respite resident in the serviced apartments. Long-term care plans reflected all resident needs and short-term care plans have been documented for short-term/acute needs such as wound and infections. Monitoring charts (such as blood sugar levels, weight, blood pressure and food and fluid charts) have been completed as directed.</p> <p>Dressing supplies are available and a treatment room is stocked for use. Skin and wound assessment/evaluation tools are in place for five residents with wounds. One resident has five dressings and has been seen by the wound specialist. The other resident wounds include two chronic ulcers and two skin tears. All wounds had been re-dressed and evaluated within set timeframes, and wound care documentation was complete. There were short-term care plans in place for the management of all wounds and infections or changes had been made to the long-term care plan. Photographs and wound evaluations provide a record of the healing progress. Wound management in-service has been provided as part of annual training. Registered nurses interviewed were able to describe access to specialist services if required.</p> <p>Contenance products are available and resident files include a urinary continence assessment, bowel management and continence products identified for day use, night use and other management. Specialist continence advice is available as needed and this could be described.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of</p>	<p>FA</p>	<p>The activities coordinator continues to provide a comprehensive activities programme over five days each week. The programme is planned monthly and residents receive a personal copy of planned monthly activities. Activities planned on the day were displayed on noticeboards around the facility. Resident files include a personalised activities assessment and plan. Activities are also scheduled for the weekend which</p>

<p>the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>staff facilitate.</p> <p>Residents are encouraged to join in activities that are appropriate and meaningful and residents are encouraged to participate in community activities. The service has a van that is used for resident outings and a car that is used for resident transport. Residents were observed participating in activities on the days of audit. The residents in the serviced apartments have the opportunity to attend the rest home programme. Resident meetings provide a forum for feedback relating to activities.</p> <p>Residents and family members interviewed were complimentary of the activities available.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plans are reviewed and resident care is evaluated six monthly. This was evidenced in the longer-term resident files reviewed. Six monthly reassessments include an InterRAI assessment. Written evaluations are completed in consultation with the multidisciplinary team including the GP and any other allied health professionals involved in the care of the resident.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The service displays a current building warrant of fitness that expires on 1 August 2017.</p>
<p>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.</p>	<p>FA</p>	<p>An infection control team is representative of all staff. Infection surveillance and monitoring is an integral part of the infection control programme and is described in the infection monitoring policy. Monthly infection data is collected for all infections.</p> <p>Individual short-term care plans are available for each type of infection. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated two monthly as part of the infection control meeting and reported monthly to the quality meeting where outcomes and actions are discussed. Annual reviews are documented.</p> <p>If there is an emergent issue, it is acted upon in a timely manner. A recent respiratory outbreak was reported and managed.</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 service has restraint minimisation and safe practice policy in place. There is a documented definition of restraint and enablers, which are congruent with the definition in NZS 8134.0. The policy includes restraint procedures. Enablers are voluntary. The service has no residents with enablers or restraint.</p> <p>Staff are trained in restraint minimisation, challenging behaviour and de-escalation and competencies are completed.</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.

No data to display

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.