# Park Lane Retirement Village Limited - Park Lane lifecare

## Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Park Lane Retirement Village Limited

**Premises audited:** Park Lane Lifecare

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

**Dates of audit:** Start date: 1 November 2016 End date: 2 November 2016

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

**Total beds occupied across all premises included in the audit on the first day of the audit:** 53

# 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

Park Lane Retirement Village is part of the Arvida aged care residential group. The service provides rest home and hospital level of care for up to 42 residents in the care facility and rest home level of care for up to 45 residents in studio apartments. On the day of the audit there were 53 residents which included 12 residents at rest home level in studio apartments. The residents, relatives and general practitioner commented positively on the care and services provided at Park Lane Retirement Village.

This certification audit was conducted against 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 resident and staff files, observations, and interviews with family, management, staff and the general practitioner.

A village manager (non-clinical) with experience in aged care has been in the role since July 2015. She is supported by a clinical manager and experienced clinical advisor.

The service has been awarded a continuous improvement rating for community engagement, good practice and their activity programme.

## 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. |  | All standards applicable to this service fully attained with some standards exceeded. |

Staff at Park Lane Retirement Village strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner’s Code of Consumers’ Rights (the Code). Residents’ cultural needs are met. Policies are implemented to support residents’ rights, communication and complaints management. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

## 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. |

The quality and risk management programme includes service philosophy, goals and a quality/business planner. Meetings are held to discuss quality and risk management processes. Residents/family meetings are held regularly and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported. Falls prevention strategies are in place that includes the analysis of falls incidents. An education and training programme has been implemented with a current training plan in place for 2016. Appropriate employment processes are adhered to and all 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. |  | All standards applicable to this service fully attained with some standards exceeded. |

There is a comprehensive admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were evaluated at least six monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses, enrolled nurse and team leader/senior caregiver are responsible for administration of medicines and complete annual education and medication competencies. The medicine charts reviewed met legislative prescribing requirements and were reviewed at least three monthly by the general practitioner.

The diversional therapist provides and implements an interesting and varied activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each resident group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## 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. |

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised. All bedrooms have ensuites. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid certificate.

## 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. |

Park Lane Retirement Village has restraint minimisation and safe practice policies and procedures in place. Staff receive training around restraint minimisation and the management of challenging behaviour. No residents were requiring restraints and one resident was using an enabler. Enabler use is voluntary.

## 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. |

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. 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** | 3 | 42 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 3 | 90 | 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](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 1.1.1: Consumer Rights During Service DeliveryConsumers receive services in accordance with consumer rights legislation. | FA | The Health and Disability Commissioner Code of Health and Disability Services Consumers’ Rights (the Code) policy and procedure is implemented. Discussions with 20 staff (eight caregivers including two who work in the serviced apartment area, four registered nurses, one diversional therapist, one activities assistant, one cook, one maintenance person, one laundry person, one kitchenhand and two cleaners) confirmed their familiarity with the Code. Interviews with ten residents (five rest home including two living in apartments and five hospital) and six families (three rest home and three hospital) confirmed the services being provided are in line with the Code. The Code is discussed at resident, staff and quality meetings. |
| Standard 1.1.10: Informed ConsentConsumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | Informed consent processes were discussed with residents and families on admission. Written general consents including outings and indemnity forms, were included in the admission process as sighted in eight of eight resident’s files reviewed (four rest home including two rest home residents in studio apartments and one resident under ACC funding and four hospital level of care residents including one resident on an end of life contract). Consent forms are signed for any specific procedures. Caregivers interviewed confirm consent is obtained when delivering cares. Advance directives also identified the resident resuscitation status and/or signed by the resident (if appropriate) and the general practitioner. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident. Copies of enduring power of attorney (EPOA) were seen in the resident files as appropriate. Discussion with family members identifies that the service actively involves them in decisions that affect their relative’s lives. Eight admission agreements were sighted for the long-term residents. One resident was under an ACC contract and one resident under an end of life contract.  |
| Standard 1.1.11: Advocacy And SupportService providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interviews with staff and residents informed they are aware of advocacy and how to access an advocate. |
| Standard 1.1.12: Links With Family/Whānau And Other Community ResourcesConsumers are able to maintain links with their family/whānau and their community.  | CI | Residents are encouraged to be involved in community activities and maintain family and friends networks. On interview, all staff stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/family visiting could occur at any time. The service has exceeded the required standard around encouraging engagement with the community. |
| Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.  | FA | The service has a complaints policy that describes the management of the complaints process and complaints forms are available. Information about complaints is provided on admission. Interview with residents demonstrated an understanding of the complaints process. There is a complaint register. Verbal and written complaints are documented. Six complaints have been made in 2016 to date. All complaints reviewed had noted investigation, timeframes and corrective actions when and where required, and resolutions were in place. Results are fed back to complainants. All staff interviewed were able to describe the process around reporting complaints.  |
| Standard 1.1.2: Consumer Rights During Service DeliveryConsumers are informed of their rights. | FA | There are posters of the Code on display throughout the facility and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if requested. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. On entry to the service, the village manager discusses the information pack with the resident and the family/whānau. The information packs include a copy of the Code. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And RespectConsumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting residents’ privacy and could describe how they manage maintaining privacy and respect of personal property. A policy describes spiritual care. Church services are conducted regularly. Residents interviewed indicated that residents’ spiritual needs are being met when required.  |
| Standard 1.1.4: Recognition Of Māori Values And BeliefsConsumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs. | FA | The service has established cultural policies to help meet the cultural needs of its residents. There is a Māori health plan. One resident identified as Māori at the time of the audit. The care plan included Tikanga practices. Discussions with staff confirmed that they are aware of the need to respond to cultural differences.  |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And BeliefsConsumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.  | FA | The service has established cultural policies aimed at helping meet the cultural needs of its residents. All residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment, including resident’s beliefs and values, is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on. Staff receive training on cultural safety/awareness. |
| Standard 1.1.7: DiscriminationConsumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | The facility has a staff code of conduct, which states there will be zero tolerance against any discrimination occurring. The abuse and neglect processes cover harassment and exploitation. All residents interviewed reported that the staff respected them. Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct. |
| Standard 1.1.8: Good PracticeConsumers receive services of an appropriate standard. | CI | The service has policies to guide practice that aligns with the health and disability services standards, for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Residents and families interviewed spoke positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. The service demonstrated a number of examples of good practice including (but not limited to) (i) A very strong organisational culture of respect, teamwork and excellent communication. (ii) Park Lane has employed a qualified diversional therapist with over 10 years’ experience in aged care. They now have a full activity calendar and have launched Cycling without Age which aligns with their key focus of Improving the lives and wellbeing of residents by transforming the ageing process. (iii) To reduce the risk of manual handling injuries, Park Lane have engaged with a physiotherapist to train several manual handling preceptors and hold manual handling education sessions for both clinical and non-clinical staff. (iv) There are strong links between village and apartment residents to allow a true continuum of care. The required standard has been exceeded around good practice. |
| Standard 1.1.9: CommunicationService providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Residents interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident. Full and frank open disclosure occurs. Incident/accidents forms reviewed had documented evidence of family notification or noted if family did not wish to be informed. Relatives interviewed confirmed that they are notified of any changes in their family member’s health status. A residents/relatives meeting occurs every month. At this meeting residents and families are informed about staff achievements, incident and infection trend analysis outcomes, complaints and their resolutions, internal audit outcomes and any planned improvements or changes. Any issues arising from the meeting are communicated to staff. Any issues raised from these meetings are investigated by the village manager and there was evidence of implemented corrective actions. Interpreter services are available as required. The activity calendar is translated into Chinese for non-English speaking residents.  |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The service provides care for up to 42 residents in dual-purpose rooms on the care floor (the middle of three floors) and additionally there are 45 apartments approved for rest home level care on the ground and upper floor of the building. On the day of the audit there were 53 residents including 22 rest home residents (including one resident funded by ACC) and 19 hospital residents (including resident on an end of life contract receiving hospital – medical level of care), and 12 rest home residents in the serviced apartments. There were no residents on respite care. The village manager has many years’ experience in the aged care industry, having commenced as a caregiver and held roles including administration and human resource manager in aged care facilities prior to her appointment in this role in July 2015. A new clinical manager was appointed in July 2016 who is an experienced registered nurse and manager but new to the aged care industry. An experienced aged care clinical advisor was also appointed at this time to support the clinical manager. The village manager provides a monthly report to the Arvida general manager operations on a variety of operational issues. Arvida has an overall business/strategic plan and Park Lane Retirement Village has an annual business plan in place. The organisation has a philosophy of care, which includes a mission statement. Park Lane Retirement Village is currently transitioning to the Arvida Group quality management systems and Arvida policies and procedures. The village manager has completed in excess of eight hours of professional development in the past 12 months. |
| 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 | In the absence of the village manager, the clinical manager is in charge. Support is also provided by the general manager operations, the general manager wellness and care and the care staff.  |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | There is a quality plan that includes quality goals and risk management plans for Park Lane Retirement Village. Interviews with staff confirmed that there is discussion about quality data at various staff meetings. The village manager advised that she is responsible for providing oversight of the quality programme on site, which is also monitored at an organisational level. The quality and risk management programme is designed to monitor contractual and standards compliance. The service uses the recently developed Arvida suite of policies, which meet all current requirements and will be reviewed at least every 2 years across the group. Head office sends new/updated policies. Staff have access to the policy manuals. Data are collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement. The service has a health and safety management system that is regularly reviewed and has been comprehensively updated to meet recent legislative changes. Restraint and enabler use (when used) is reported within the quality and clinical staff meetings. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The internal audit programme continues to be implemented and all issues identified had corrective action plans and resolutions. Staff interviewed could describe the quality programme corrective action process. Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The 2016 resident/relative survey overall result shows very high satisfaction with services provided. Resident/family meetings occur every month and resident and family interviews confirmed this. |
| 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 | There is an accidents and incidents reporting policy. The clinical manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at staff meetings, including actions to minimise recurrence. A registered nurse conducts clinical follow-up of residents. Twelve incident forms reviewed demonstrated that all appropriate clinical follow-up and investigation had occurred following incidents. Discussions with the village manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Two section 31 incident notification forms (sighted) were completed in 2016. One matter had been referred to the police and the other was for a fracture.  |
| 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 | There are human resource management policies in place. This includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual’s qualifications, experience and veracity. A copy of practising certificates is kept. Nine staff files were reviewed (one clinical manager, two registered nurses, three caregivers, one housekeeper, one activities assistant and one cook) and there was evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. Completed orientation was evidenced and staff described the orientation programme. The in-service education programme for 2015 has been completed and the plan for 2016 is being implemented. The clinical manager and registered nurses are able to attend external training, including sessions provided by the local DHB. Discussions with the caregivers and the RNs confirmed that ongoing training is encouraged and supported by the service. Eight hours of staff development or in-service education has been provided annually.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | Park Lane Retirement Village policy includes staff rationale and skill mix. Staffing rosters were sighted and there is staff on duty to match the needs of different shifts. In addition to the village manager and clinical manager who both work full time, there is either two registered nurses or one registered nurse and one enrolled nurse on morning shift on the care floor, and one registered nurse on evening and night duty. There is also a separate registered nurse three shifts per week for apartment residents. Overnight, there is a caregiver based on each of the two floors of apartments as well as the staffed care floor. The registered nurse on each shift is aware that extra staff can be called on for increased resident requirements. Interviews with staff, residents and family members confirmed there are sufficient staff to meet the needs of residents.  |
| Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. Residents' files are protected from unauthorised access by being locked away in the nurses’ stations. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant caregiver or registered nurse.  |
| Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | Residents’ entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs on the services for rest home and hospital level care, are provided for families and residents prior to admission or on entry to the service. All admission agreements reviewed (for long-term residents) align with all contractual requirements. Exclusions from the service are included in the admission agreement.  |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.  | FA | Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | There are policies and procedures in place for safe medicine management that meet legislative requirements. Clinical staff who administer medications (RNs, enrolled nurses and team leader [(senior caregiver]) have been assessed for competency on an annual basis and attend annual medication education. All medication is checked on delivery against the medication chart. All medications are stored safely in the care floor and serviced apartment unit on the ground floor. Medication fridges are maintained within the acceptable temperature range. All eye drops and ointments were dated on opening. There were six residents self-medicating on the day of audit. Self-medication competencies had been reviewed three monthly. Sixteen medication charts reviewed (four rest home in serviced apartments, four rest home and eight hospital level residents) met legislative requirements.  |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | All meals are prepared and cooked on site by a qualified cook, Monday to Friday, and a weekend cook. The cooks are supported by morning and afternoon kitchenhands. Food services staff have attended food safety and chemical safety training. The summer menu has been reviewed by a dietitian. Cultural preferences and special diets are met. The chef receives a resident dietary profile for all residents and is notified of any dietary changes. Likes and dislikes are known and accommodated.Special diets are accommodated including gluten free, vegetarian, food allergies, and diabetic desserts and modified foods. Meals are delivered in hot boxes served from a bain-marie in the kitchenette on each floor. The cook and kitchenhand serve meals in the studio apartments and the caregivers serve on the care floor. Fridge and freezer temperatures are taken and recorded daily. End cooked food and serving temperatures are recorded daily. Perishable foods sighted in all the fridges were dated. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. A maintenance and cleaning schedule is maintained. Resident meetings along with direct input from residents, provides resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the meals provided. Alternatives were offered for dislikes.  |
| Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.  | FA | There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.  |
| Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | The RN completes an initial assessment and care plan on admission, including a clinical risk assessment and relevant risk assessment tools. Risk assessments are completed six monthly with the InterRAI assessment or earlier due to health changes. InterRAI assessments reviewed were completed within 21 days of admission. Resident needs and supports were identified through available information such as discharge summaries, medical notes and in consultation with significant others and included in the long-term care plans.  |
| Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Resident care plans reviewed were resident focused and individualised. Support needs as assessed were included in the long-term care plans reviewed. Short-term care plans are used for changes to health status and sighted in resident files, for example, infections and wounds, and have either been resolved or if ongoing, transferred to the long-term care plan. Long-term care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrate service integration. There was evidence of allied healthcare professionals involved in the care of the resident including physiotherapist, podiatrist, dietitian, wound care nurse specialist and older persons mental health services.  |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | When a resident's condition alters, the registered nurse initiates a review and if required, GP, nurse specialist consultation. There is documented evidence on the family/whānau contact form in each resident file that indicates family were notified of any changes to their relative’s health including (but not limited to) accident/incidents, behaviours, infections, health professional visits, referrals and changes in medications. Discussions with families confirmed they are notified promptly of any changes to their relative’s health. Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound assessment and treatment forms, ongoing evaluation form and evaluation notes were in place for six residents with wounds including four skin tears, two surgical wounds and one leg ulcer. There was one resident with a stage two facility acquired pressure injury of the heel. There is evidence of a wound nurse specialist involvement in wound management. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. There is access to a continence nurse specialist by referral. Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. Monitoring forms are used for weight, vital signs, blood sugar levels, pain, challenging behaviour, food and fluid charts. |
| Standard 1.3.7: Planned ActivitiesWhere specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | CI | The service employs a full-time registered diversional therapist (DT) who has been in the role one year. She is supported by an activity assistant and a casual activity coordinator. The care floor programme is Monday to Friday and integrated to meet the physical and psychosocial well-being of the residents. Rest home residents in the studio apartments choose to attend the rest home or serviced apartment activity programme. Some activities are integrated with the serviced apartments such as entertainment and happy hours. The programme has been rejuvenated to include new activities, interests and more variety. There are regular outings into the community (link CI 1.1.12.2) and inter-village visits. The service has a van for regular outings and hires a wheel-chair taxi monthly for drives/outings. Activity staff have current first aid certificates. One-on-one activities such as individual walks, reading and chats and hand massage occur for residents who choose not to be involved in group activities. A beauty therapist visits monthly. Themes and events are celebrated. A diversional therapy resident profile is completed on admission. Individual activity plans were seen in long-term resident files. The DT is involved in the six-monthly review with the RN. The service receives feedback and suggestions for the programme through two monthly resident meetings and direct feedback from residents and families.  |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | All initial care plans for long-term residents were evaluated by the RN within three weeks of admission and long-term care plans developed. Long-term care plans have been evaluated by the RN six monthly or earlier for any health changes for six of the eight files reviewed. One resident had not been at the service six months and one resident was under the end of life care contract. Written evaluations reviewed identified if the resident goals had been met or unmet. Family had been invited to attend the care plan review and informed of any changes if unable to attend. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.  |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.  | FA | Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.  |
| 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 | Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets for chemicals are readily accessible for staff. Chemicals are stored in locked areas throughout the facility. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of audit. Staff have completed chemical safety training provided by the chemical supplier. A chemical spills kit is available. |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building has a current building warrant of fitness that expires 1 March 2017. The service employs a full-time maintenance manager who has completed a site safety certificate, first aid and stage one and two of the health and safety courses. He is supported by a part-time maintenance/gardener. Daily maintenance requests are addressed. There is an annual maintenance plan which includes monthly checks, for example, hot water temperature, call bells, resident equipment and safety checks. The maintenance manager is licensed to complete electrical testing and tagging of electrical equipment. Clinical equipment has been calibrated. Essential contractors are available 24-hours. The facility has wide corridors with sufficient space for residents to safely mobilise using mobility aids. There is safe access to the outdoor areas and courtyards on the ground floor. Seating and shade is provided. The caregivers and RNs stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans. |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers 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 dual-purpose resident rooms on the first floor have ensuites. The studio apartments on the ground and second floor have ensuites. Ensuite hand basin, toilet and shower facilities are of an appropriate design to meet the needs of the residents. There are communal toilets with privacy locks located near the communal areas. Residents interviewed confirm care staff respect the resident’s privacy when attending to their personal cares.  |
| 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 | All rooms are spacious. There is adequate room to safely manoeuvre mobility aids or hoists. Residents and families are encouraged to personalise bedrooms. A tour of the facility evidenced personalised rooms which included the residents own furnishing and adornments.  |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The dual-purpose care floor has a large open plan dining and lounge area where most group activities take place. A second smaller lounge includes a library and internet access for residents and is available for quieter activities and visitors. There are seating alcoves appropriately placed within the facility. All communal areas are accessible to residents. Caregivers assist to transfer residents to communal areas for dining and activities as required.  |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | There are policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There are dedicated laundry persons and cleaning staff on duty seven days a week. The laundry and cleaning staff have completed chemical safety training and laundry processes. The laundry is located on the ground floor and laundry is transported in covered trolleys by lift to the laundry. The laundry has an entry and exit door. There is appropriate personal protective-wear readily available. The cleaner’s trolley is stored in a locked area when not in use. Internal audits and the chemical provider monitor the effectiveness of the cleaning and laundry processes.  |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | FA | A fire evacuation plan is in place that has been approved by the New Zealand Fire Service dated 9 February 2013. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted. Fire training and security situations are part of orientation of new staff and include competency assessments. There are adequate supplies in the event of a civil defence emergency including food, water (4,000litre tank on the roof with gravity feed for emergency water supply and bottled water), and gas cooking and emergency lighting and power back-up for up to 24 hours. A minimum of one person trained in first aid and CPR is available at all times. There are call bells in the residents’ rooms, ensuites and all communal lounge/dining room areas. Residents were observed to have their call bells in close proximity. Staff carry walkie-talkies at all times and external doors are alarmed. Internal and external security cameras monitor the facility and main gates.  |
| 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 | Residents are provided with adequate natural light and safe ventilation. The environment is maintained at a safe and comfortable temperature. Resident room temperatures are monitored through a central computer system. The residents and family interviewed confirmed temperatures were comfortable. |
| Standard 3.1: Infection control managementThere 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 infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the quality management system. A registered nurse is the designated infection control coordinator with support and supervision from the clinical manager and other members of the infection control team. Minutes are available for staff. Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The Arvida infection control programme has been reviewed annually.  |
| Standard 3.2: Implementing the infection control programmeThere are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | A registered nurse is the designated infection control (IC) coordinator. The infection control coordinator receives supervision and support from the clinical manager. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse and IC team have external support from the Arvida Group support office and the IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available. |
| Standard 3.3: Policies and proceduresDocumented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. | FA | Park Lane Retirement Village uses the Arvida group infection control policies and procedures. The policies and procedures are appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff.  |
| Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control coordinator attends the Arvida Group infection control training and is provided with education and updates through this forum. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in their medical records.  |
| Standard 3.5: SurveillanceSurveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Infection surveillance is an integral part of the infection control programme and is described in the Park Lane infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the village manager and support office staff. There have been no outbreaks since the last audit.  |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | FA | The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents being restrained and one resident using an enabler (bedrails) during the audit. Enabler use is voluntary and risks were well-assessed and documented in the care plan. A number of interventions had been implemented to reduce the need for the enabler but the resident continued to feel more comfortable with the enabler in place. Staff interviews and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques.  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 1.1.12.2Consumers are supported to access services within the community when appropriate. | CI | Park Lane has a philosophy that includes positive ageing and as part of this, has developed a number of initiatives to increase the engagement of residents with the community they live in; to a level that exceeds the required standard. | In mid-2015 Park Lane staff and management noted that there were no active community links with the Village. Community engagement was by way of outings to community malls, markets, local attractions and activities, but no intentional specific engagement with community groups. In September 2015 the activities team, with management support, introduced a number of community initiatives. These included (but are not limited to): (i) Developing a pen pal programme with a local primary school that engages individual residents with individual children. (ii) Arranging an ANZAC service with the RSA and buglers from the local Boys Brigade. (iii) Holding a market day (bringing in community stalls to the village). (iv) Hosting a ‘Cuppas for a cause’ event with guest speakers and fine china. (v) Holding a Great Triton tea party and trivia afternoon with Norm Hewitt that was well attended by the local community. (vi) Having the Spreydon Tennis club for afternoon tea. (vii) Māori poi making with local community Kaumātua. (vii) Having a local pharmacy hold stalls on-site to ensure residents and their families were aware of the services provided in the local shops. (viii) Local Probus Club invitations to afternoon tea with the residents. (ix) Holding a garden party that was open to and well attended by the community to enjoy a barbecue afternoon with the residents. This programme focuses on promoting each resident’s physical and psychosocial well-being and sense of belonging to the local community.Residents interviewed (ten in total) commented on the positive feelings of wellbeing and fulfilment they get from participating in their local community and being part of the world since the introduction of the increased community engagement. One resident commented “I never imagined old age could be this much fun.” |
| Criterion 1.1.8.1The service provides an environment that encourages good practice, which should include evidence-based practice. | CI | Park Lane retirement village demonstrated a culture of quality improvements and the implementation of examples of good practice. The service develops and implements plans to address ideas for improvements identified by staff and residents. One example of this is the identification that a team leader role could improve outcomes for residents and families. | Park Lane introduced a new position into their clinical leadership structure to support proactive communication to optimise quality outcomes for its residents. This role (a team leader caregiver role) was introduced to Park Lane Retirement Village in September 2015.The responsibilities of this role include building a caregiver team on the floor, supporting/coaching caregivers in providing care, supporting ongoing and proactive communication with residents and families. This role has the flexibility to lend extra time to care for palliative residents and to provide extra support to resident’s family members during this difficult time. The benefits to residents include better family communication, cohesive caregiving team that allows for more time spent with each resident.In 2015 the service had four complaints stemming from poor communication. As a result of the introduction of this role, the2016 satisfaction survey identified 100% satisfaction with staff communication, and a marked improvement in complaints related to communication – there were no complaints relating to communication issues recorded in2016. Additionally, in 2016 Park Lane had four compliments from family members praising staff for their efforts during the end of their family member’s life. |
| Criterion 1.3.7.1Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer. | CI | The programme was rejuvenated in 2015 with an emphasis on wellbeing and developing vibrant active engagement with the residents in line with Arvida Wellness. This was in response to residents describing the programme as not injecting life into the living environment and “every week was the same”. | As part of the Arvida Wellness programme, a number of new initiativeswere initiated from September 2015 to promote an active and vibrant lifestyle throughout the Village. The programme encourages participation and group engagement and focuses on supporting residents’ sense of wellness and belonging to the group. Examples of new activities include (but are not limited to); 1). Competition games involving staff versus residents, cooked breakfast by the staff, introduction of a monthly kitchen corner which focuses on resident led recipes and includes baking and a “cuppa”. Resident numbers actively participating in the activity programme increased by 350% from September 2015 to September 2016. The significant increase in attendance was due to a number of residents who did not previously attend or participate in activities who are now attending the rejuvenated programme regularly. Residents now describe the programme as “exciting, brings back happy memories, tea party reminded me of my grandparents’ tea parties, love the variety”.2) In August 2015 the Arvida group introduced “Cycling without Age”. Park Lane’s bike (Rickshaw) arrived in September 2016 and has already had residents with the “wind in their hair” to the Christchurch Hospital, through Hagley Park and around the local streets – with residents waving gaily to bystanders. Residents love the freedom, smells, interaction with the environment and their local community – they feel a part of their local community and the world. Rickshaw rides are scheduled at least three times a week with the DT (and Village volunteers) pedalling as observed by the auditors.  |

End of the report.