

Holly Lea Village Limited - Holly Lea

Introduction

This report records the results of a Partial Provisional 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: Holly Lea Village Limited

Premises audited: Holly Lea

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

Dates of audit: Start date: 26 January 2017 End date: 26 January 2017

Proposed changes to current services (if any): The service was assessed on their readiness to provide hospital level care in the retirement village apartments. The retirement village building is on two levels and there are 38 spacious apartments which include studios, one and two bedroomed apartments.

Total beds occupied across all premises included in the audit on the first day of the audit: 5

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.

General overview of the audit

Holly Lea is currently certified to provide rest home level care for up to 21 residents within a retirement village complex. On the day of audit, there were five rest home residents.

A partial provisional audit was completed to review the services readiness to provide hospital level of care. This included viewing the 38 apartments proposed to be used for dual-purpose care. The previous certification findings related to the InterRAI policy and assessments has been addressed.

Findings that relate to this partial provisional are ensuring that there is safe storage of chemicals and recruitment of registered nurses to fulfil the nursing requirement for hospital level of care.

Consumer rights

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Organisational management

The general manager is a registered nurse and reports to the regional business manager and the managing director of Generus Living Group. There is a clinical nurse manager, registered nurses and care staff. The general manager and clinical nurse manager have attended at least eight hours of professional development relevant to their roles.

There is a 2017 business plan and transition plan that includes the provision of hospital services and includes the service mission statement and philosophy of care. All newly appointed staff undergo a role-specific orientation programme. There is an education programme in place. The clinical nurse leader is a Careerforce assessor.

Continuum of service delivery

Residents' food preferences and dietary requirements are identified at admission and all meals prepared on-site. The kitchen is spacious and well equipped for the size of the service. Meals are plated and transported to the dining room. A tray service is available. The menu had been reviewed by a dietitian. There are alternative options available on the menu to cater for individual resident food preferences. The service is able to cater for residents with specific dietary needs.

Medications will be stored safely in locked medication rooms located on both levels. Registered nurses and caregivers complete annual medication education and competency.

Safe and appropriate environment

warrant of fitness. Thirty-eight apartments were verified as suitable for hospital level of care. All apartments have ensuite facilities. There are toilets located adjacent to communal areas. There is wheelchair access to all areas. External areas are safe and well maintained. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for

responding to emergencies are provided. There is an approved evacuation scheme and emergency supplies for at least three days.

Restraint minimisation and safe practice

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Infection prevention and control

The infection control manual outlines a comprehensive range of policies, standards and guidelines and procedures includes (but not limited to); hand hygiene, standard precautions, surveillance, outbreak management, training and education of staff. The infection control programme is reviewed annually. The infection control coordinator oversees infection control practice including orientation and training of staff. Monthly infection control reports are provided to management and staff.

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	15	0	2	0	0	0
Criteria	0	35	0	2	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 1.2.1: 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>Holly Lea provides rest home care to up to 21 residents within a 38-apartment complex. On the day of audit, there were five rest home residents. There were no respite residents. All residents were under the age related contract.</p> <p>A partial provisional audit was completed to verify the services readiness to provide hospital level of care. This included viewing the 38 apartments proposed to be used for dual-purpose care.</p> <p>The organisational structure includes a board made up of Generus Living Group personnel and previous members of the McLean Institute trust. The general manager reports to the regional manager and the Generus Living Group managing director. The operational business plan includes governance structure, financial management and budgets. The general manager (GM) is a registered nurse and is experienced in aged care and in management. The GM has been in the role since December 2015. The clinical manager commenced her role at Holly Lea in February 2016. There is a business plan for 2017 and a quality and risk management programme. The business plan identifies the future provision of hospital and medical services.</p> <p>The general manager has maintained at least eight hours of professional</p>

		<p>development in relation to management of a rest home.</p> <p>There is currently a clinical manger and two registered nurses employed who have been with the service for one year. Professional development includes; code of conduct, on-line infection control training, wound management, InterRAI assessment and syringe driver training.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The clinical manager, supported by the regional manager, registered nurses and care staff takes charge of the day-to-day operation of the service in the absence of the general manager. This partial provisional audit confirmed the service has operational management strategies and a quality improvement programme to minimise risk of unwanted events. Policies and procedures have been developed by an external aged care consultant and reflect current best practice across rest home and hospital level care. The service has access to a DHB clinical nurse specialists, hospice, needs assessors, geriatrician, dietitian and other allied health professionals. A general practitioner (GP) is contracted by the service and visits once a week and as needed. Advised by the clinical manager, that residents are able to retain the services or their own GP should they request this. The appointment of staff and building are appropriate for providing rest home and hospital level care in resident's studios and apartments and in meeting the needs of residents.</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>	FA	<p>The previous audit identified that the resident assessment policy and associated resident care planning policies did not include reference to the use of the InterRAI assessment tool. This shortfall identified has been addressed as the service has purchased a Quality Management programme from an external quality consultant. All care policies reviewed referred to the InterRAI assessment tool.</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>There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for infection control officer, restraint coordinator, health and safety officer and fire officer. All newly employed staff complete a role-specific orientation programme that includes the layout of the facility, emergency procedures, call bell system, civil defence, fire evacuation and infection control.</p> <p>There are human resource policies and procedures, which includes the requirements of skill mix, staffing ratios, and rostering.</p> <p>There are four registered nurses (including the general manager) currently employed who are all InterRAI competent. The registered nurses complete an</p>

		<p>annual InterRAI competency assessment.</p> <p>There is an annual education plan that covers all the mandatory requirements. Other relevant education has included nutrition, pain management, and falls management, end of life care, manual handling and pressure injury prevention. The 2017 training calendar includes continence management including catheter care. Staff unable to attend education sessions are required to complete in-service workbooks. Staff complete competencies specific to their role.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	PA Low	<p>Human resource policies include documented rationale for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters have been developed and are adjustable depending on resident numbers. Draft rosters were sighted for various resident numbers and levels.</p> <p>The service has developed an initial draft roster, which includes one registered nurse and four caregivers rostered on each shift. This will be adjusted as hospital residents are admitted with general ratios of 1:5 for hospital level residents and 1:10 for rest home residents or a combination as resident needs dictate. The roster is designed for an increase in resident's level of care.</p> <p>There is a physio /personal trainer who is contracted and visits the facility approx 4-6 hours per week</p> <p>The clinical manager works 40 hours per week, Monday to Friday and is available on call after hours. There is one registered nurse who works morning shifts Monday to Friday. The service has employed another registered nurse who currently works morning shifts at another retirement village owned by the company in Christchurch. Advised by the general manager, that this RN would be transferring to work in Holly Lea. Further additional RNs are required to provide 24-hour cover.</p> <p>There are dedicated cleaners. Linen and laundry is laundered off-site.</p> <p>An activity coordinator is currently employed to deliver the activity programme.</p> <p>The general manager advised that an integrated activity programme would be developed to meet the needs of hospital residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely</p>	FA	<p>The service delivery manual includes a range of medication policies. The service uses a four weekly pre-packed sachet medication system, with a contract in place from a local pharmacy, for the provision of this service. There is a large</p>

<p>manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medication room located on the ground floor and on level one where medications are currently stored, including medication trolleys. There is a supply of oxygen located in the downstairs medication/treatment room. The service has purchased a medical suction unit. Two medication trolleys are available and a medication fridge is located in each medication room. Both medication rooms are secure. A self-medicating resident policy and procedure is available if required. The medication administration policies identify that medication errors are treated as an incident, and captured as part of the incident management system and medication error analysis is completed. Medication training and competencies are to be completed at orientation.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. Advised that only registered nurses deemed competent, will be responsible for administration of medications to hospital residents. Medication competent caregivers and registered nurses administer medication to rest home residents. A competency policy and competency assessment is available and has been completed for all registered nurses and caregivers who administer medications. The clinical manger and registered nurses have successfully completed syringe driver competency training at the hospice. The service is intending to roll out an electronic medication management system.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All food is cooked on site in a large well-appointed kitchen. There is a four-week rotating seasonal menu that has been reviewed by the dietitian. The catering manager receives a dietary profile for each resident and is notified of any changes including weight loss, specific food preferences or any modifications to the texture of meals required. Modified, soft and pureed meals are accommodated. Protein drinks, smoothies and thickened fluids are provided as required. Resident likes/dislikes and preferences are accommodated with various alternative meal options available. There is a large spacious dining room on the ground floor as well as a café area on each floor which provide residents with a choice of dining areas.</p> <p>All studios and apartments have a kitchenette and dining area and residents are able to have meals provided in their studio or apartment. A tray service is provided by the kitchen staff and caregivers assist residents with their dietary and fluid intake where required.</p> <p>The fridge, freezer and dishwasher in the main kitchen have daily temperatures recorded and end cooked food temperatures recorded daily.</p>

		Staff working in the kitchen have completed food safety and chemical safety training.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	The previous audit identified a shortfall around the completion of, and review of InterRAI assessments. A review of five rest home resident files evidenced that an initial InterRAI assessment had been completed for all new residents; and that six monthly review had been completed using the InterRAI assessment tool for all rest home residents who had been with the service for over six months. This previous finding has been addressed.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	PA Low	<p>There are documented policies and procedures for waste disposal and chemical storage. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a locked cleaner's cupboard in each level of the facility. There is a laundry room on each floor for residents who wish to do their personal laundry onsite. An external laundry service is contracted to launder all bed linen, towels etc off site. There is a clean area for delivery of clean laundry and a collection area for dirty laundry. There are four sluice rooms, (two on each floor). Two of the newly installed sluice rooms are not secure.</p> <p>Waste management is part of the environment and equipment audit conducted as part of the quality assurance audit programme.</p> <p>During induction, all staff are required to complete training regarding the management of waste. Chemical safety training is a component of the compulsory two yearly training and orientation training. All new staff will complete waste management training and PPE at orientation through the employee's induction programme.</p> <p>Gloves, aprons, and goggles are available in all four sluice rooms, cleaner's cupboards and laundry. Staff were observed wearing personal protective clothing while carrying out their duties. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Chemical disinfection is used if required. Single use items are purchased.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	There are thirty eight apartments which include a mix of studio, one and two bed roomed apartments over two floors. All resident rooms have windows, call bell system and lighting. Furnishings and fittings are appropriate for the provision of rest home and hospital level care. The building holds a current building warrant of

		<p>fitness which expires 1 November 2017.</p> <p>There are three lifts between floors. A contract with the installer of the lifts is in place to maintain service (including emergency service) when needed. All lifts are large enough for mobility equipment including a stretcher.</p> <p>On level one, there is a nurse's station, medication/treatment room and clinical manager's office.</p> <p>Residents are able to bring their own possessions into their studio or apartment and are able to adorn their rooms as desired. The maintenance schedule includes checking of equipment.</p> <p>All electrical equipment and other machinery is checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment which includes hospital beds, air wave alternating pressure relieving mattresses, pressure relieving cushions, raised toilet seats, standing and full hoists, slippery sams, wheel chairs, shower chairs and one tilt shower chair. The furniture and equipment is appropriate for this type of setting and for the needs of the residents. Water temperatures are monitored monthly and are evidenced to be within the required range.</p> <p>A new call bell system has been installed throughout the facility. The system is connected to an individual staff pager system, which all care staff carries. Call bell pendants are also available for residents use.</p> <p>External areas are paved and seating and outdoor furniture is provided for residents. There are handrails in ensuites and bathrooms. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment on each floor. There is adequate equipment for both floors, so equipment such as hoists will not need to be borrowed.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>All studios and apartments have a large ensuite which can accommodate the use of mobility equipment. All ensuites are constructed with materials for ease of cleaning and meet infection control standards.</p>

<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All studios and apartments are spacious and can accommodate the use of a hoist and mobility equipment. There are built-in wardrobes and cabinets. Residents are encouraged to personalise rooms. There is a seating area, kitchenette and dining area in each apartment and studio.</p> <p>The bedroom doors are wide enough for hoists and wheelchairs as demonstrated on the day of audit.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Communal areas include a reception area, library, recreation room, dining room, lounge, morning room, sun room, gym and café on the ground floor. On the first floor, there is a movie theatre, sun lounge, reading room and café. All studio and apartments have a lounge, dining area and kitchenette. All communal areas are spacious and accessible to residents using mobility aids with or without staff assistance.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>The service has in place policies and procedures for effective management of cleaning and linen practices. Personal laundry is completed in the resident's apartment. The main laundry processes kitchen laundry and extra linen. An external laundry service processes towels and sheets. Laundry services and cleaning audits have been completed. Chemical safety datasheets are held and care staff (who complete the personal laundry service) receive training around the use of the chemicals. Linen skips are used for the transfer of laundry between the floors to the laundry. The cleaning trolleys are stored in a locked area when not in use. There are dedicated cleaning staff. Internal audits monitor the effectiveness of laundry and cleaning processes.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>The New Zealand Fire Service approved the fire evacuation scheme on 25 August 2006. The building was originally built to accommodate hospital level care. The fire evacuation considers the mobility and needs of residents at a higher level.</p> <p>The facility has emergency lighting and gas BBQs for alternative cooking. Emergency food and water supplies are maintained and are sufficient for at least three days.</p> <p>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. The fire training and management of civil defence situations are part of orientation of new staff. A minimum of one person trained in first aid is rostered on each shift.</p>

		<p>The call system is installed in all bedrooms, ensuite bathrooms, visitor's toilets, dining room, library, cafes, sun rooms and lounge areas. The system is connected to an individual staff pager system, which all care staff carries. Call bell pendants are also available for residents use. Sensor mats have been purchased to alert staff when a resident is attempting to mobilise and may require assistance.</p> <p>The building is secured during the hours of darkness. Staff on afternoon duty conduct security checks. The basement garage is secured by a locked gate.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All studios, apartments and communal areas allow plenty of natural light into the rooms. General living areas and all studios and apartments in the facility are appropriately heated and ventilated. The facility has a ventilation system, which automatically responds to external and internal temperature changes.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. There is an infection control responsibility policy that includes responsibilities for the infection control coordinator who is the clinical nurse manager. The infection control coordinator has maintained skills and knowledge in infection control practice and involved in the orientation of newly appointed staff. The infection control programme is reviewed annually and linked to the quality management system. Infection control data (events, trends and analysis) is discussed at the staff meetings.</p> <p>Visitors are asked not to visit if they are unwell. Influenza vaccines are offered to residents and staff. There have been no outbreaks since the previous certification audit.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Low	The proposed roster has an RN on duty 24-hours. Caregivers' hours will increase according to occupancy. The service is in the process of recruiting to meet contractual staffing requirements for hospital level of care.	Further additional registered nurses and caregivers are required to meet contractual requirements to provide hospital level care.	<p>Ensure there are enough RNs employed to provide an RN on duty 24-hours a day. Ensure there are adequate numbers of caregivers employed to accommodate the increase in resident occupancy in the facility.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.1.1</p> <p>Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.</p>	PA Low	Click here to enter text	Click here to enter text	<p>Click here to enter text</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.