

Holly Lea Village Limited - Holly Lea

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](#).

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: 8 April 2019 End date: 9 April 2019
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	7

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	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

Holly Lea is certified to provide rest home and hospital (geriatric) care to up to 21 residents within a 38-apartment complex. On the day of audit, there were seven rest home residents. There are no hospital level care residents at Holly Lea.

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

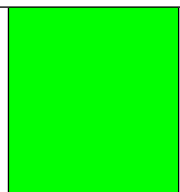
The general manager is a registered nurse and is experienced in aged care and management. The general manager has been in the role for over three years. She is supported by a clinical nurse manager, registered nurses and care staff.

The operational business plan identifies strategic priorities for 2019 and 2020 and includes organisational culture and business operations.

Staff interviewed, and documentation reviewed, identified that the service continues to provide services that are appropriate to meet the needs and interests of the resident group. Family interviewed all spoke positively about the care and support provided.

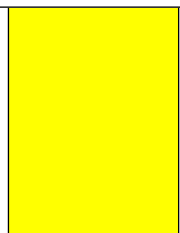
The audit identified that improvements are required around staffing related to hospital level care (noting there are currently no hospital level care residents).

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Holly Lea provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights. Information about the Code and related services is readily available to residents and families. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with community.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Holly Lea is implementing a quality and risk management system that supports the provision of clinical care. Quality data is collated for accident/incidents, infection control, internal audits, concerns, complaints, and surveys. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an on-line education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual

requirements and includes appropriate skill mixes to provide safe delivery of care. Rostered staffing is sufficient to support the care of current rest home level care residents.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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An admission package is provided to family and residents prior to or on entry to care. The registered nurses are responsible for each stage of service provision. The registered nurses complete care planning, assessment and reviews with the resident and/or family input. Care plans viewed in resident files 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 and medication competent caregivers are responsible for administration of medicines and complete annual education and medication competencies. The medicine charts reviewed on the electronic medication system met legislative prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities coordinator provides and implements the integrated rest home and serviced apartments activity programme. The programme includes community visitors and outings, entertainment and activities that meet the preferences of the 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.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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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. Serviced apartments are personalised and have full ensuites. Documented policies and procedures for the cleaning and on-site 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 registered first aider on each shift.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation is practiced and overseen by the clinical manager. There were no residents using enablers or restraints. Staff have received training on restraint minimisation.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The clinical manager is the infection control coordinator with support from the registered nurse. A suite of infection control policies and guidelines meet infection control standards. Staff receive annual infection control education. Surveillance data is collected and collated. Benchmarking of data occurs.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	44	0	1	0	0	0
Criteria	0	92	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Holly Lea has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Three caregivers, an activities coordinator and two registered nurses (RNs) were able to describe how they incorporate resident choice into their activities of daily living. The service actively encourages residents to have choices and this includes voluntary participation in daily activities as confirmed on interview with three rest home residents and four relatives.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The three healthcare assistants (HCA) interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>Residents and relatives interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.</p> <p>Five long-term residents under the ARCC had signed admission agreements.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and advocacy pamphlet on admission. Interviews with residents and family confirmed they were aware of their right to access advocacy. Advocacy pamphlets are displayed in the main corridor.</p> <p>The service provides opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on the residents' family and chosen social networks.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Interview with residents and relatives confirmed that visiting can occur at any time and families are encouraged to be involved with the service and care. Residents are supported to maintain former activities and interests in the community as appropriate.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints policy guides practice and aligns with Right 10 of the Code. The manager leads the investigation of concerns/complaints. Complaints forms are visible and available for relatives. A complaints procedure is provided within the information pack at entry. The general manager documents verbal complaints and these are managed as with written complaints. The clinical manager assists with investigations into complaints that involve resident cares. The complaints register is up-to-date. There were five complaints in 2018 and no complaints so far for 2019. All complaints to date have been responded to and managed appropriately with letters of acknowledgement, investigations, staff meetings and memos and letters of response and outcomes to complainants. Management operate an 'open door' policy.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>There is a welcome pack provided to residents on entry that includes information on how to make a complaint, Code of Rights pamphlet, advocacy and Health & Disability (HDC) Commission. Relatives and residents are informed of any liability for payment of items not included in the scope of the service. This is included in the service agreement. Residents and family members interviewed confirmed they received all the relevant information during admission. Information on the Code of Rights is printed on the back of the monthly activity programme.</p>
<p>Standard 1.1.3: Independence, Personal</p>	<p>FA</p>	<p>There are policies in place to guide practice in respect of independence, privacy and respect. Resident preferences are identified during the admission and care planning process with family involvement. Staff</p>

<p>Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms during the audit. Family interviewed confirmed staff respect their privacy, and support residents in making choice where able. Staff have completed education around privacy, dignity and elder protection.</p> <p>Resident files are stored securely. There are clear instructions provided to residents on entry regarding responsibilities of personal belongings in their admission agreement.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers 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.</p>	FA	<p>Holly Lea has a Māori health plan and a cultural safety policy that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). Residents who identify as Māori have this recorded on file with an individual health care plan tailored to meet Māori cultural requirements. Linkages with Māori community groups are available and accessed as required. There are currently no residents who identify as Māori.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The resident and family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Care plans sampled included the residents' values, spiritual and cultural beliefs. Six monthly reviews occur to assess if the resident's needs are being met. Discussion with family confirmed values and beliefs are considered. Residents are supported to attend church services of their choice if appropriate.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Position descriptions include responsibilities of the position and signed copies of all employment documents are included in the nine staff files sampled. Staff comply with confidentiality and the code of conduct. The registered nurses and allied health professionals practice within their scope of practice. Management and staff meetings include discussions on professional boundaries and concerns/complaints as they arise (minutes sighted). Interviews with the manager, two registered nurses, three care staff and an activities coordinator confirmed an awareness of professional boundaries.</p>

<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Holly Lea policies and procedures meet the health and disability sector standards. Staff are made aware of new/reviewed policies and sign to indicate they have read them. An environment of open discussion is promoted. Staff reported the manager and registered nurses are approachable and supportive. Allied health professionals are available to provide input into resident care. Staff complete relevant workplace competencies. The registered nurses have access to external training. Discussions with residents and family were positive about the care they receive.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is policy to guide staff on the process around open disclosure and for residents who do not have any family to notify. The general manager, clinical manager and registered nurses confirmed family are kept informed. Ten incident and accident forms sampled from March 2019 and files reviewed evidenced that this has occurred. Relatives stated they are notified promptly of any incidents/accidents. Families receive newsletters that keep them informed on facility matters and events. Resident/family meetings encourage open discussion around the services provided (meeting minutes sighted).</p> <p>There is access to an interpreter service as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Holly Lea provides rest home and hospital (geriatric) care to up to 21 rest home and hospital level care residents within a 38-apartment complex. On the day of audit, there were seven rest home level residents. Thirty rooms are occupied by independent residents under an occupational rights agreement. There were no hospital level and no respite residents. All rest home residents were under the age related residential care (ARRC) contract.</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 Generus Living Group operation manager and the managing director. The general manager attends monthly executive meetings. The general manager is a registered nurse (RN) and is experienced in aged care and well qualified with a master's degree in public health. The clinical manager has been in her role for three years and has over ten years' experience in aged care in New Zealand.</p> <p>The operational 2019 business plan includes identification of strengths, weaknesses opportunities and treats, key staff and responsibilities, future objectives and strategies. Quality objectives for 2019 are based on achievements from the previous year and planned areas of improvement focused on improved key performance indicators and increased consumer satisfaction.</p> <p>The general manager and clinical manager have maintained at least eight hours of professional development in relation to management of a rest home.</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	The clinical manager provides cover in the absence of the manager as required.
<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>Holly Lea Retirement Village is implementing a quality and risk management system. The quality programme is reviewed annually and at three monthly combined quality and staff meetings. The organisation also holds two monthly quality and risk management meetings where the organisational goals and plans are reviewed. Goals and objectives for 2018 have been completed and goals for 2019 have been documented. The performance of the organisation continues to be monitored through the annual audit plan, policy and procedure review, family surveys, resident/family meetings, staff meetings, incident/accident review, complaints management, the quality management programme, staff appraisals and orientation, and the quality plan.</p> <p>There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Documents no longer relevant to the service are removed and archived. Staff confirmed they are made aware of any new/reviewed policies.</p> <p>Staff and quality and risk management meeting minutes sighted, evidenced staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. Monthly comparisons, trends and graphs are displayed for staff information. The registered nurse and HCAs interviewed were aware of quality data results, trends and corrective actions.</p> <p>Annual resident and relative surveys are conducted with excellent results achieved in all areas for 2019. Results have been collated and are fed back to participants and staff as evidenced in meeting minutes. Resident meetings are held monthly and provide opportunity for feedback and suggestions for improvement.</p> <p>An internal audit programme covers all aspects of the service. Any areas for improvement are identified and implemented. A summary of internal audit outcomes is provided to the staff meetings for discussion. Corrective actions are developed, implemented and signed off. Reviews and audits are conducted more frequently where issues are identified. Management has instigated a process of review of corrective actions</p>

		<p>to ensure that changes have been imbedded in practice.</p> <p>There is an implemented health and safety, and risk management system in place including policies to guide practice. The manager is responsible for non-clinical accident/incident investigation. There is a current hazard register. Staff confirmed they are kept informed on health and safety matters at meetings.</p> <p>Fall 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.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Accident/incident forms for the month of February and March 2019 were sampled. There has been RN notification and clinical assessment completed within a timely manner in the sample of reports reviewed. Accidents/incidents were also recorded in the resident progress notes. Neurological observations are recorded for all unwitnessed falls, however not all observations were completed as per protocol. Prior to the audit this was identified by management. It was noted that observations were commenced but were not completed for the duration stipulated in their policies. Corrective actions were put in place with staff training. Meetings with staff to discuss the risks and dangers if those observations are not completed for the full duration as per policy were completed. Subsequent neurological observations have been completed correctly.</p> <p>All adverse events noted in residents' files have been reported via the incident and accident reporting process. The service reports aggregated figures to the joint staff and quality and risk management meeting. Staff interviewed confirmed incident and accident data are discussed at the staff meeting and information and graphs are made available.</p> <p>Discussions with the manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no required notifications under the current management team.</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 human resources policies to support recruitment practices. Policy requires that relevant checks be completed to validate the individual's qualifications, experience and veracity. Current practising certificates were sighted for the registered nurses and allied health professionals.</p> <p>Human resources policies include orientation, staff training and development. Six staff files sampled (clinical manager, one registered nurse, two healthcare assistants, one activities coordinator and one head chef) contained all relevant employment documentation including annual appraisals. Holly Lea has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed advised that new staff were adequately orientated to the service on</p>

		<p>employment.</p> <p>An education planner covers compulsory education requirements over a two-year period. The RNs have completed interRAI training. Clinical staff complete competencies relevant to their role. The general manager is also a Careerforce assessor and actively encourages staff attainment of qualifications.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The general manager and clinical manager work Monday to Friday and provide after hours on call support on a rotational basis. The roster is covered by a registered nurse on morning and afternoon shifts Monday to Sunday. On morning shift the RN is supported by three healthcare assistants (two full and one part shift). The afternoon RN is supported by two healthcare assistants (one full shift and one part). There are two senior healthcare assistants rostered on night shift. Family interviewed informed there are sufficient staff on duty at all times for the current rest home residents. The service is certified for hospital level care, however there are no current hospital residents and staffing does not meet hospital level requirements.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. All relevant initial information is recorded within required timeframes into the resident's individual record. All resident records containing personal information is kept confidential. Entries were legible, dated and signed by the relevant HCA or registered nurse including designation. Files are integrated.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>There are policies in place for entry into the service and this is facilitated in a competent, timely and respectful manner. Admission information packs on the service are provided for families and residents prior to admission or on entry to the service. All admission agreements reviewed (for long-term residents) aligned with all contractual requirements. Exclusions from the service are included in the admission agreement. Residents also have an occupation right agreement on purchase of their unit. Families interviewed agreed that admission to services was well managed.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers have been coordinated in collaboration with the resident and family to ensure continuity of care. There are 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 are involved for all exits or discharges to and from the service.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs and senior HCAs who administer medications complete annual medication competencies. Annual in-service education on medication is provided. The medication storage area is secure. Medications (blister packs) are checked on delivery against the medication chart and any discrepancies fed back to the pharmacy. The blister pack is signed by the RN to verify reconciliation of medications. The standing orders prescribed meet the requirements and are reviewed annually by the two GPs. There were no self-medicating residents. The medication fridge is monitored. Eye drops had been dated on opening.</p> <p>Ten medication charts were reviewed on the electronic medication system (implemented November 2018). All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three monthly. The administration signing sheets reviewed identified medications had been administered as prescribed. Medication administration observed, evidenced practices comply with policy and legislation. The effectiveness of 'as required' medications is documented in the progress notes and electronic medication 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>Meals are prepared in a modern kitchen adjacent to the dining room and meals are plated and served directly to the residents. Meals delivered to serviced apartments are delivered with lids to maintain an acceptable temperature. There is a four weekly menu that has been reviewed by a dietitian. The head chef is supported by a sous chef and morning and afternoon kitchenhands. All staff have completed food safety training. The menu offers two main options and a vegetarian option for the midday and evening meal. The main meal is in the evening. Two dessert options are provided. Customised meals are provided for any special diets or dislikes. Modified textured meals are provided as assessed by the RN or nurse specialist/speech language therapist. The head chef receives dietary profiles for all residents and is notified of any dietary changes.</p> <p>The food control plan has been verified and expires 22 June 2019. The head chef completes a computerised daily food control plan monitoring form for fridge and freezer temperatures, end cooked foods, serving and re-heating temperatures and cleaning duties. All containers of food stored in the pantry are labelled and dated. All perishable goods in the fridge and chiller are date labelled. A cleaning schedule is</p>

		<p>maintained.</p> <p>The food services receive feedback from residents through meetings and direct input from residents. Residents interviewed were very satisfied with the meals provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>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.</p>	FA	<p>There are policies in place to guide practice. The reasons for declining entry would be if the service is unable to provide the level of care required. The service communicates directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>An RN completes a comprehensive initial assessment and care plan on admission, including 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 and at least six-monthly thereafter. Information gathered on admission which forms the basis of the initial assessment includes medical history, discharge summaries, allied health notes and consultation with the resident and or/family and GP.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Electronic resident care plans goals, support needs and interventions for all daily activities of living and care needs are in place. The care plans were resident focused. Care plans had been updated to reflect changes in health status. A paper-based daily care summary is available to care staff and updated with changes and reviewed six monthly in conjunction with the care plan evaluation.</p> <p>Long-term care plans evidenced resident and/or family involvement in the care plan process. Resident files demonstrated service integration. There was evidence of allied health care professionals involved in the care of the resident including physiotherapist, dietitian, older persons health service, Nurse Maude services and speech language therapist.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p>	FA	<p>Discussion with staff and observation, evidenced that service interventions were caring and supportive. When a resident's condition alters, a registered nurse initiates a review and if required, GP or nurse</p>

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>specialist consultation. There is documented evidence on the family/whānau/resident representative form in each resident file that indicates family were notified of any changes to their relative's health including infections, incidents, GP visits, medication changes and multidisciplinary (MDT) care plan meetings.</p> <p>Adequate dressing supplies were sighted in the nurses' station. Wound management policies and procedures are in place. There were no rest home residents with wounds. The service uses the wound specialist at Nurse Maude for advice as required.</p> <p>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.</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Monitoring forms are used for weight, vital signs, blood sugar levels, pain, challenging behaviour, food and fluid charts. All monitoring is recorded through the electronic medication management system.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs an activity coordinator who is a qualified HCA and is currently progressing through diversional Careerforce qualifications and has a current first aid certificate. The activity coordinator works a full day on Monday, Wednesday and Thursday and half days on Tuesday and Fridays. There is an integrated rest home/serviced apartment programme which is planned a month in advance. Residents receive a copy of the programme which has details of upcoming events, speakers, entertainment, outings printed on the back. Rest home residents choose to participate in activities and assisted to attend as desired. Resident "officers" liaise with management on preferred/suggested activities. The activities offered include seated exercises, weekly current events, board games, happy hour and "back in time" sessions, walking group, one on one time and movies. Residents may attend the gym sessions twice weekly with the personal trainer. There are van outings for shopping, mystery drives and planned outings into the community such as attending the Canterbury Club, Probus, bridge clubs etc. There are regular speakers and entertainers. Holy Communion is held on site, and residents are supported to attend churches of their choice.</p> <p>A recreational and cultural assessment is completed on admission. Individual activity plans were seen in rest home resident files. They are evaluated six monthly in conjunction with the six-monthly care plan evaluation. The service receives feedback and suggestions for the programme through monthly resident "catch ups" and direct feedback from residents and families.</p> <p>There was positive feedback from residents interviewed about the activities programme which they have input into.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans for long-term residents were evaluated by an RN within three weeks of admission and long-term care plans developed. Long-term care plans have been evaluated by an RN six monthly using the interRAI tool or earlier for any health changes for files reviewed. There are six-monthly written evaluation notes that record if the resident goals have been met or unmet. The RN, an HCA, activity coordinator, resident and/or relative are involved in the six monthly MDT. 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 or the care plan.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>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. The GP notes evidenced discussion of referral options (public or private appointments) with residents/relatives.</p>
<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>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets and products charts are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are pre-mixed. Chemicals are stored in a locked cupboard. Personal protective clothing is available for staff and was observed being worn by staff when they were carrying out their duties on the day of audit. Relevant staff have completed chemical safety.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible</p>	<p>FA</p>	<p>The building has a current building warrant of fitness that expires 1 November 2019. The building is two levels with 15 serviced apartments on the ground floor and 23 on the first floor. There is a central staircase and three lifts between the floors.</p> <p>A maintenance person is employed for 25 hours per week from Monday to Thursday. Maintenance requests</p>

<p>physical environment and facilities that are fit for their purpose.</p>		<p>are completed for repair relating to resident equipment/rooms or building requests and recorded in the electronic system. There is a planned maintenance plan that occurs on a daily, monthly or annual basis including electrical testing and tagging and hot water temperatures monitoring. Essential contractors are available 24 hours.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. There is safe access to the large and well maintained landscaped ground and gardens and courtyards. Seating and shade is provided.</p> <p>The HCAs interviewed stated they have sufficient equipment including mobility aids, wheelchairs and pressure injury resources (if required) to safely deliver this as outlined in the residents' care plans.</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>The serviced apartments have spacious ensuites. Fittings and fixtures are modern and made of materials for ease of cleaning. There are toilets with privacy locks near the communal areas. Rest home residents confirmed that staff respect their privacy while attending to their hygiene needs.</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 rooms are single. There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms as viewed on the day of audit. New carpets and refurbishment was observed to be implemented as planned by the new owner.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with</p>	<p>FA</p>	<p>The home has large spacious communal areas with boutique décor and designer lighting that reflects the use of the area. Communal areas include the dining room, Heritage lounge and library, music and entertainment room, activities room with pool table that opens out onto courtyards, café for all resident and family to use, a lounge that opens out onto gardens and a computer room/reading/library room. There is a salon room used by a hairdresser, beautician and podiatrist. The gym is available to independent residents</p>

<p>safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>any time; however, rest home residents can attend gym sessions twice weekly with the personal trainer. There is a movie theatre currently under construction. Communal areas are easily accessible to residents.</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>Policies and procedures provide guidelines regarding the safe and efficient use of laundry services on-site. All towels, sheets and bedding are sent off-site for laundering. Laundering of personal clothing is completed by HCAs in the resident serviced apartment or may be laundered in the laundry rooms, one on each level). There are designated clean/dirty areas within the two laundry areas. There is a clean folding room and night staff complete ironing as required. Clean linen is ordered as required. There were sufficient linen supplies in the linen room. There are designated housekeeping staff on duty Monday to Friday. The housekeeping trollies are kept in locked cleaning cupboards when not in use. The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings and surveys. Residents and relatives interviewed were satisfied with the laundry service and cleanliness of the communal areas and their apartments.</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 service has established fire and emergency procedures and an approved fire evacuation scheme. Emergency management training is provided to all staff during orientation and induction and as part of their ongoing training programme. Training includes fire drills and emergency evacuation drills that have been provided on a six monthly basis. There is a minimum of one staff member with a first aid certificate on each shift. There is a call bell system in place. Emergency lighting is installed. Staff conduct checks of the building in the evenings to ensure the facility is safe and secure. The basement car park is secured by a locked gate.</p> <p>There are adequate civil defence supplies and equipment kept in a central location. The civil defence kits are checked monthly and include torches, radio and batteries. There is electric and gas cooking in the kitchen and barbeques and gas bottles for alternative cooking. Emergency food and water supplies are maintained and are sufficient for at least three days.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an</p>	<p>FA</p>	<p>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There is underfloor heating throughout the building. There is underfloor and ceiling heating in the serviced apartments that can be adjusted by the resident or operated through the computer based system.</p>

environment that is maintained at a safe and comfortable temperature.		
<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>Holly Lea has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service and has been linked into the incident reporting system. The clinical manager is the designated infection control nurse with support from the general manager, registered nurses and healthcare assistants. The infection control programme was linked into the quality management system. The infection control meetings are combined with staff meetings. The facility had developed links with the GPs, local laboratory, the infection control and public health departments at the local DHB. Regular audits have been conducted and education has been provided for staff. The infection control programme has been reviewed annually.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme at Holly Lea. The infection control (IC) nurse has maintained practice by attending infection control updates. The infection control team is representative of the facility. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and wall mounted alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented 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</p>	FA	<p>Holly Lea implements an infection control programme provided by an external contractor. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated at least two yearly.</p>

for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The facility is committed to the ongoing education of staff and residents. The infection control nurse with support from the registered nurses and external speakers facilitates education. All infection control training has been documented and a record of attendance has been maintained. The infection control nurse advised that visitors would be notified of any outbreaks and advised not to attend until the outbreak had been resolved. Information was provided to residents and visitors that are appropriate to their needs and this was documented in medical records. Education around infection prevention and control has been provided in 2018.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>There is a policy describing surveillance care methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided. The infection control nurse collects the infection rates each month, identifies trends and uses the information to initiate quality activities within the facility, including training needs. Monthly infection data is collected for all infections based on signs and symptoms of infection. Individual resident infection forms are completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution.</p> <p>Holly Lea has implemented an antibiotic stewardship process to ensure optimal antibiotic prescribing and limit abuse and overuse in the aged care environment. All infections are documented on an SBAR communication tool providing comprehensive information for management and general practitioners. Monitoring and effectiveness of prescribing use and resistance is documented and tracked. Surveillance of all infections is entered into a monthly facility infection summary and staff were informed. The data has been monitored and evaluated monthly and annually. Healthcare assistants interviewed were aware of infection rates.</p> <p>Systems in place are appropriate to the size and complexity of the facility.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Holly Lea is committed to minimising restraint. There are clear guidelines in the policy to determine what restraint is and what an enabler is. The restraint policy includes comprehensive restraint procedures. Staff have received training in challenging behaviour and the safe use of restraint. On interview, staff were knowledgeable on the difference between restraint and enablers and confirmed the services commitment to restraint minimisation. The clinical manager is the restraint coordinator and is responsible to oversee restraint use. There are currently no residents requiring restraint and enablers.</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	Holly Lea rosters reflect all current requirements are being met. The service is certified for hospital level care but there are currently no hospital level care residents in residence. Rosters do not reflect sufficient staffing of registered nurses or care staff to meet hospital level care.	Registered nurses are not rostered on night shifts as required for hospital level care. However, while the service is certified to provide hospital level care, there are currently no hospital level care residents at Holly Lea.	<p>Ensure there are enough registered nurses and care staff rostered to meet hospital level care prior to hospital level care occupancy.</p> <p>Prior to occupancy 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.