

Millvale Lodge Lindale Limited - Millvale Lodge Lindale

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Millvale Lodge Lindale Limited
Premises audited:	Millvale Lodge Lindale
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 6 June 2019 End date: 7 June 2019
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	42

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Dementia Care New Zealand (DCNZ) – Millvale Lodge Lindale provides rest home, hospital (geriatric) and dementia care for up to 44 residents. Three rooms have been temporarily decommissioned while a new wing is being built. On the day of audit there were 42 residents.

This surveillance audit was conducted against the health and disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, staff and management.

The operational manager (non-clinical) has worked for DCNZ for ten years and has been in this role for three years. The clinical manager has worked for DCNZ for six years and has been in the role for just under three years.

Residents and relatives interviewed spoke positively about the care and support provided.

The previous finding around documentation of implemented care has been addressed.

The service has maintained a continuous improvement rating around infection control.

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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Policies are implemented to support residents' rights, communication and complaints management. Millvale Lodge Lindale management operate an open-door policy. Residents and relatives are kept informed on all aspects of their health, including accidents/incidents. Complaints and concerns have been managed appropriately and an up to date complaint 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.
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Millvale Lodge Lindale is implementing the DCNZ quality and risk management system. The quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities are conducted, and this generates improvements in practice and service delivery. Facility meeting minutes evidence discussion around quality and risk management data. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through.

A comprehensive orientation programme is implemented, providing new staff with relevant information for safe work practice. There is a well-developed education programme in place that is supported from the head office. This includes training packages for all levels of nursing staff. External training is supported.

Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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The registered nurses are responsible for the assessments, development and review of care plans within the required timeframes. Assessments are linked into the comprehensive care plan. Residents and a relative interviewed confirmed they were involved in the care planning and multi-disciplinary review process. The general practitioner reviews residents at least three monthly or more frequently if needed.

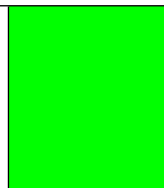
The activity team develop a programme to meet the recreational needs and preferences of each consumer group. There is a flexible and resident-focused activity plan over seven days a week in the dementia units and rest home/hospital unit. Individual 24-hour care plans and activity care plans are developed in consultation with resident/family.

Medication is stored appropriately in line with legislation and guidelines. Staff have had education around medication management and all staff who administer medications have completed a competency assessment.

Meals are prepared on site by experienced trained cooks. The menu is varied and appropriate. Individual and special dietary needs are catered for. Residents and relative interviewed were complimentary about the food service. The menu is reviewed by the organisational dietitian.

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.



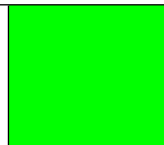
Standards applicable to this service fully attained.

Millvale Lodge Lindale has a current building warrant of fitness. There is an approved fire evacuation plan. Fire evacuations have been undertaken six monthly. Electrical testing has been completed as required. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade.

Care is provided in separate 'homes' within the building. Each home has easy access to their external gardens and paths. Residents in the dementia 'homes' are able to move freely inside and within their separate secure environments.

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.

Millvale Lodge Lindale has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation. At the time of the audit there were no residents using restraints or utilising enablers. A register is maintained by the restraint coordinator/RN.

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.

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

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. The service engages in benchmarking with other Dementia Care NZ (DCNZ) facilities.

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	1	15	0	0	0	0	0
Criteria	1	40	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of complaints process. There are complaints forms available. Information about complaints is provided on admission. Interview with residents, relatives and staff demonstrated an understanding of the complaints process.</p> <p>There is a complaint register. Six complaints from January 2018 to date were reviewed. All complaints reviewed had documented evidence of appropriate follow-up actions and resolutions taken. Timeframes for addressing each complaint are compliant with the Health and Disability Commissioner (HDC) guidelines and corrective actions (when required) are documented.</p> <p>Discussions with residents and relative confirmed that any issues are addressed, and they feel comfortable to bring up any concerns.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>Residents (one rest home and one hospital) interviewed and six relatives (two dementia and four hospital) stated they were welcomed on entry and were given time and explanation about the services and procedures. Family were very complimentary around communication regarding changes in their family members health status. Residents and relatives receive newsletters that keep them informed on facility matters and upcoming events. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs.</p>

<p>provide an environment conducive to effective communication.</p>		<p>The accident/incident form includes a section to record family notification. All ten incident forms reviewed evidenced family had been notified.</p> <p>Interpreter services are available 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>Dementia Care New Zealand Limited (DCNZ) is the parent company for Millvale Lodge Lindale. Millvale Lodge Lindale provides rest home, hospital (geriatric) and dementia level care for up to 44 residents. Three rooms have been decommissioned since the last audit and are involved in a building extension. There are 20 dual purpose beds in the rest home/hospital home. There are two dementia care units, one with nine beds and the other with fifteen beds. On the day of audit there were 42 residents in total; seven rest home residents including one resident on a long-term support chronic health condition (LTS-CHC) contract, twelve hospital residents including one on an LTS-CHC contract, and 23 dementia level of care residents, including one on an LTS-CHC contract. All other residents were under the age-related residential care (ARRC) agreement.</p> <p>An operations manager and a clinical manager/RN are responsible for the daily clinical and non-clinical operations of the facility. The operations manager has been in the role for three years. The clinical manager has been in the role for just under three years.</p> <p>An organisational operations management leader, national clinical manager, quality systems manager, company clinical advisor, company educator/psychiatric RN and managing directors regularly visit the facility and provide support to the team at Millvale Lodge Lindale. During the days of the audit a managing director was present. The vision and values of the organisation underpin the philosophy of the service. The philosophy of the service also includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states.</p> <p>There is current strategic plan for Millvale Lodge Lindale and a business plan for 2018-2019 in place for all facilities. The 2019 organisational goals have been reviewed by the governance team, company directors, clinical director, national clinical manager, quality systems manager, operations management leader and company educator.</p> <p>The organisation holds an annual training day for all operations managers and all clinical managers. The operations manager and clinical manager have attended at least eight hours of training relevant to their roles.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has</p>	<p>FA</p>	<p>Dementia Care NZ (DCNZ) has policies and procedures to support service delivery. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly. Millvale Lodge Lindale is implementing an organisational wide quality and risk management plan. Progress with the quality and risk management plan is monitored through the monthly quality meetings. The operations manager and clinical manager log and monitor all quality data. There are designated roles including (but not limited to), a resident event analysis nurse, an infection control nurse, a falls coordinator and a behaviour analysis coordinator which support</p>

<p>an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>quality analysis. Data is collected on complaints, accidents, incidents, infection control and restraint use. Benchmarking with other DCNZ facilities occurs on data collected.</p> <p>An annual internal audit schedule is implemented with quality improvements logged wherever compliance is not fully attained. The quality improvement log is reviewed at quality meetings and signed off by management once completed. An annual satisfaction survey from 2018 identified overall satisfaction. Opportunities for improvement from survey comments were discussed at quality meetings and added to the quality improvement log.</p> <p>Quality improvement (QI) reports are provided at the monthly quality meeting. Meeting minutes are maintained and include actions to achieve compliance where relevant. A comprehensive monthly operations quality bulletin is distributed and available to all staff. Staff interviewed confirmed involvement and feedback around the quality management system.</p> <p>Interviews with staff confirmed that quality data such as incident/accident, infection control, restraint, internal audits, concerns and complaints are discussed at staff, activity, clinical, infection control and health and safety meetings.</p> <p>The service has an implemented health and safety management system. There are risk management, and health and safety policies and procedures and annual objectives in place including accident and hazard management.</p> <p>Falls prevention strategies are in place that include assessment of risk, medication review, assessments with physiotherapy input, exercises/physical activities, training for staff on detection of falls risk and environmental hazard awareness. There is monthly 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</p>	<p>FA</p>	<p>There is an accidents and incidents reporting policy. Accidents and near misses are investigated by the resident event analysis nurse and clinical manager and analysis of incident trends occurs. There is a discussion of incidents/accidents at monthly quality meetings including actions to minimise recurrence. Clinical follow-up of residents is conducted by a registered nurse as evidenced in the 10 incident forms sampled. Neurological observations were fully completed where indicated. Discussions with the clinical manager and operations manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. One section 31 notification was completed since the last audit. The notification was for resident with an unstageable pressure injury in May 2019.</p>

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<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 resource management policies in place, which 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. Annual performance appraisals are completed. Six staff files were reviewed (one clinical manager, one registered nurse, one cook, one activity coordinator and two caregivers). All evidenced that reference checks are completed before employment is offered. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment.</p> <p>The in-service education plan for 2018 has been completed and the 2019 planner is being implemented. Education is provided by on site sessions and skype sessions. There are six RNs (including one casual RN) and one has completed interRAI training. The clinical manager has also completed interRAI training. Due to a high RN turnover, the service has found it difficult to ensure there are sufficient interRAI trained staff. Clinical staff complete competencies relevant to their role. There are 18 caregivers employed across the dementia units. Fifteen have completed the required dementia unit standards. Three caregivers are in the process of completing and all have been employed for less than 18 months. There is at least one staff member on duty with a current first aid certificate.</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>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The operations manager and the clinical manager are on site full time and available for on call after hours. There is also a registered nurse on duty 24/7 in the dual-service Nikau hospital/rest home unit. The two dementia units (Toetoe and Tanika) are managed on a day-to-day basis by senior caregivers. They are supported by the RNs on each shift in the hospital and the clinical manager. Adequate numbers of caregivers are rostered. The caregivers and family interviewed informed there are sufficient staff on duty at all times.</p> <p>In the 20-bed dual-purpose unit (seven rest home and twelve hospital residents), there are three caregivers (two long and one short shift) and a short shift home assistant rostered on the morning shift, three caregivers (one long and two short shifts) and a short shift home assistant on the afternoon shift and one caregiver on the night shift.</p> <p>In the 15-bed dementia unit (14 residents), there are two caregivers (long shift) and a short shift home assistant rostered on the morning shift, two caregivers (one long and one short-shift) and a short shift home assistant on the afternoon shift and one caregiver on the night shift.</p> <p>In the nine-bed dementia unit (nine residents), there are two caregivers (one long and one short-shift) rostered on the morning shift, two caregivers (one long and one short-shift) on the afternoon shift and one home assistant on the night shift. Extra staff are called on for increased resident requirements.</p> <p>An activity programme is implemented seven days a week with six hours per day in the dual-purpose unit and three</p>

		hours per afternoon in each of the dementia units.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policies and procedures comply with medication legislation and guidelines. Medicines are stored safely. The service uses an electronic medications system. Medication audits evidence that medication administration practice complies with the medication chart. Robotic medication rolls are checked on delivery by the RN on duty. All impress stock and 'as required' mediations are checked regularly for expiry dates. Eye drops are dated on opening. Standing orders are in use and comply with medication legislation and guidelines. There were no residents self-medicating on the day of audit. The medication fridge temperature is monitored daily.</p> <p>RNs administer medications in the hospital/rest home and senior caregivers administer medications in the dementia units. All those administering medications have completed an annual competency and education. There is a main locked medication room in the hospital/rest home where all pharmaceuticals are kept. Medication trolleys for the dementia care 'homes' are kept in a locked area. Ten medication charts on the electronic medication system were reviewed. All charts met prescribing requirements including the indication for use of 'as required' medications.</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>	FA	<p>All meals and baking are done on site by a full-time qualified chef five days per week and a second cook that covers the chef's days off. There is a verified food control plan in place. The four-weekly organisational seasonal menu has been reviewed by a dietitian.</p> <p>The chef receives resident dietary profiles for all residents and notified of any changes such as weight loss. Resident dislikes are known, and alternative foods are offered. Modified diets including pureed meals and fortified foods are provided. All meals are prepared in the main kitchen and transported in hot box containers to the individual units' kitchenettes for serving by the care staff. Hot food temperatures and serving temperatures are monitored daily. Cultural and spiritual needs are met. Lip plates and specialised utensils are available as needed to promote independence at mealtimes. All food sighted in the chiller, freezers and fridges was dated. There is daily fridge and freezer temperature monitoring. There are additional nutritional snacks available for residents.</p> <p>The kitchen staff have completed food safety training. There is special equipment available for residents if required. All food is stored appropriately. Residents interviewed were very satisfied with the quality and variety of food served.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive</p>	FA	<p>When a resident's health changes, the RN initiates a medical visit by the GP or nurse specialist review such as referral to physiotherapist or wound nurse. Short-term care plans are developed to meet the short-term needs and supports of the residents. Changes to a resident's health is communicated to staff on duty and at handovers to oncoming staff. There is documented evidence of relatives being kept informed on the resident health status form</p>

<p>adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>including: (but not limited to) GP visits, infections and medications. Relatives and residents interviewed stated resident needs are being met. Interviews with the registered nurses and caregivers demonstrated an understanding of the individualised needs of residents.</p> <p>Staff have access to sufficient clinical supplies including dressing products. Resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessments, monitoring and wound management evaluation plans are in place for five residents with wounds including one resident with a stage 2 pressure injury. A referral has been made to a wound specialist. All wounds have an individual assessment, plan and reviews.</p> <p>Pain assessments are completed for all residents with identified pain and on pain relief. Monitoring forms in use included behaviour monitoring, blood sugar levels, neurological observations (always fully completed) and vital signs. The previous partial attainment has been addressed.</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>Millvale Lodge Lindale employs four activity staff that provide an activities programme in both the rest home/hospital and the dementia units. The programme in the hospital and rest home unit runs 10.00 am to 4.30 pm seven days a week. The programme in the two dementia units totals nine hours a day over seven days. One of the four is a qualified diversional therapist and two of the other three are completing their training. All four have completed dementia training.</p> <p>Group activities reflect ordinary patterns of life and include planned visits to the community, picnic outings and park visits. Community visitors include Irish dancers, guest speakers from the RSA, Alzheimer's society, school children and pet owners. Varying activities occur simultaneously in both dementia units focusing on sensory activities. The rest home/hospital programme reflects resident interests, abilities and skills and includes entertainment, exercises, craft activities, happy hour, news and views. Residents from the dementia units are invited to attend entertainment held in the rest home/hospital 'home' with adequate supervision. Activities staff use the facility van twice per week. All activities staff have current first aid certificates. Each resident is free to choose whether they wish to participate in the group activities programme. There is allocated one-on-one time for residents who choose not to or are unable to participate in group activities. Church services are held every Wednesday and Sunday. Community church and youth groups visit.</p> <p>Activity assessments, activity plans, 24-hour MDT plans, progress notes and attendance charts are maintained. Resident meetings are held monthly. There are regular MDT family meetings. Resident files reviewed identified that the individual activity plan is reviewed at the same time as the care plan review.</p>
<p>Standard 1.3.8:</p>	<p>FA</p>	<p>Initial care plans reviewed had been evaluated by the registered nurses within three weeks of admission. The long-term care plans are evaluated at least six monthly or earlier if indicated for health changes. There is at least a</p>

<p>Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>three-monthly review by the GP. Written evaluations record the residents' progress against the resident goals. Short-term care plans reviewed were evaluated and resolved or added to the long-term care plan if the problem is ongoing as sighted in resident files reviewed. Multi-disciplinary meetings with evidence of family, allied health, care staff, RNs, activities and GP involvement are held at least six monthly in resident files reviewed. Ongoing nursing evaluations occur daily/as indicated and are included within the progress notes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>Millvale Lodge Lindale has a current building warrant of fitness that expires on 16 May 2020. The facility is divided into three 'homes' which are Nikau (20 rest home/hospital beds), Tanika (nine dementia care beds) and Toetoe (15 dementia care beds). The three 'homes' are spacious with wide corridors that allow for the use of mobility equipment.</p> <p>A maintenance man is based at Millvale and manages/ensures reactive and planned maintenance are addressed. Maintenance requests are logged into a maintenance book kept in the nurse's station and signed off when completed. External contractors carry out larger repairs and they are available 24/7 for essential services. Electrical equipment operates through RCD and clinical equipment has been serviced/calibrated annually.</p> <p>Each 'home' has its separate outdoor deck and large, landscaped garden area with safe access. There is seating and shade provided over the summer months. A children's playground is available for visiting families. There is a rural outlook from each 'home' and gardens are designed for interest and to attract residents, especially those with dementia. They include a number of paths and raised gardens for residents to access. The gardens in the dementia 'homes' are safe and are secured. Each 'home' has a large open plan lounge area designed so that space and seating arrangements provide for individual and group activities. There are quiet, low stimulus areas and seating alcoves that provide privacy when required.</p> <p>The two dementia-level 'homes' have secure access. They are adjacent to each other and the door between can be opened for residents to join for activities or other events/occasions.</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</p>	<p>CI</p>	<p>The surveillance policy described the purpose and methodology for the surveillance of infections. Definitions of infections in place are appropriate to the complexity of service provided. Individual infection report forms are completed for all infections and are kept as part of the resident files. Infections are included on a register and the infection prevention and control nurse completes a monthly report. Monthly data is reported to the infection prevention and control, clinical and quality meetings. Staff are informed through the variety of meetings held at Millvale Lodge and the monthly operations quality bulletin. The infection prevention and control programme links with the quality programme. The infection prevention and control officer uses the information obtained through surveillance to determine infection prevention and control activities, resources and education needs within the facility. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in</p>

<p>in the infection control programme.</p>		<p>place are appropriate to the size and complexity of the facility.</p> <p>Benchmarking occurs against other Dementia Care New Zealand facilities. The service is continuing to work on continuous improvements around the management of infections.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which are congruent with the definitions in NZS 8134.0. Interviews with the caregivers and nursing staff confirmed their understanding of restraints and enablers. At the time of the audit there were no residents using restraints or utilising enablers. A register is maintained by the restraint coordinator/RN. Education is provided on restraint minimisation and managing challenging behaviours.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	CI	<p>The surveillance monitoring system includes analysis of trends for all types of infections. The infection control manager, alongside the registered nurses are continually reviewing any trends identified in surveillance analysis and when trends are identified, plans are developed to address these.</p>	<p>Millvale Lodge Lindale has been successful in continuing to implement strategies to minimise urinary tract infection. In mid-2018, the service extended surveillance to identify and communicate oral health infections.</p> <p>Strategies implemented included updating of care plans to guide practise around oral health and communication of all strategies to staff. The challenges involved in oral health were discussed and specific plans of action including identified cleaning agents were published. Caregivers practise around oral health was closely monitored.</p> <p>As a result of these additional interventions, there has been a zero rate of oral infections in 2019 YTD.</p>

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End of the report.