

Millvale Lodge Lindale Limited - Millvale Lodge Lindale

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	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: 29 July 2019 End date: 29 July 2019
Proposed changes to current services (if any):	Addition of a 10-bed dementia wing (wing G) to the end of existing wing B (dementia). This new wing will incorporate two current beds from wing B increasing the bed capacity in the new dementia wing to 12 beds. Wing B (currently dementia level) will be transitioned to 14 bed psychogeriatric (D6) beds. Wing A (rest home/hospital) will reduce in size to 16 beds. The existing door between wings A (rest home/hospital) and wing B (PG) will remain locked until the

current hospital residents vacate their rooms. Wing C (dementia care beds) will remain at the same capacity with 15 beds Total beds will increase from 47 beds to 57 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 43

Executive summary of the audit

Introduction

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

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

General overview of the audit

Dementia Care New Zealand (DCNZ) – Millvale Lodge Lindale currently provides rest home, hospital (geriatric) and dementia care for up to 44 residents. Two rooms have been temporarily decommissioned while a new wing is being built. On the day of audit there were 43 residents.

This partial provisional audit was conducted to assess (i) the facility for preparedness to provide dementia level care in a new 10-bed purpose-built wing (wing G) and (ii) reconfiguration of wing B to provide psychogeriatric care. Interviews with the managing director and key staff, a tour of the facility and review of relevant documentation were completed.

The 10 new rooms attached to their facility were verified at this audit as suitable to provide dementia level care. The existing 14 bed dementia unit is suitable for the provision of psychogeriatric care. Overall beds at Millvale will increase from 47 to 57.

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.

The audit identified the environment, staff roster, equipment ordered, and processes are appropriate for providing dementia level care in the new wing and change to psychogeriatric level care in an existing wing, are suitable to meet the needs of the residents.

This audit identified improvements required around completing the building, interior and landscaping, obtaining a certificate for public use and securing the doors between wings B and G.

Consumer rights

N/A

Organisational management

The service is managed by an experienced management team and there is a current business plan. 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 a well-developed education programme in place that is supported from head office. This includes training packages for all levels of nursing staff. External training is supported. There is a staffing policy and rosters in place. The current staff meet dementia staffing training requirements and are experienced in providing dementia and psychogeriatric care. The existing staff will cover the new wing with support from newly employed staff. The service has recruited registered nurses and will continue to recruit staff to meet rostering requirements. The service has developed proposed rosters for increasing staffing requirements in line with the change in resident acuity.

Continuum of service delivery

The service medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care. The current medication storage will meet the needs of the residents. General practitioners review residents at least three monthly or more frequently if needed. There are regular visits and support provided by the community mental health team and psychogeriatrician. The service will continue to implement the current medication system.

There is a large commercial kitchen and all food is cooked on site. Food services are provided from the main kitchen and are delivered in hot boxes to the small home kitchenettes. The new wing has a dining room adjacent to the kitchenette and food will be served directly from hot boxes. Resident's individual food preferences, dislikes and dietary requirements are met. Nutritional snacks are available over a 24-hour period. There is dietitian review and audit of the menus.

Safe and appropriate environment

The building has a current building warrant of fitness. The new purpose-built wing will be used for current dementia residents and the existing dementia unit (wing B) will change to psychogeriatric level care. The new wing has ten single rooms, eight of which have large full ensuites (including wet area showers) and the other two share a large common bathroom. There is a larger open plan lounge/dining area which has outdoor access that leads to a landscaped pathed area. This continues to the other end of the wing and entry to the building can be made through the second lounge.

The existing wing B has spacious rooms suitable for the provision of psychogeriatric level care.

There is a planned maintenance schedule. All equipment for the current rest home residents will meet the needs of dementia level residents. There is adequate equipment for the safe delivery of care. All equipment is well maintained. All chemicals are stored safely.

Appropriate training, information and equipment for responding to emergencies are provided. Fire evacuations are held six monthly. There is a civil defence and emergency plan in place. The call bell system is installed in all areas with indicator panels in each area. There are staff across 24/7 with a current first aid certificate.

Restraint minimisation and safe practice

Restraint minimisation is practiced. An annual restraint minimisation review has been completed. The clinical manager oversees the restraint process within the facility. There are policies around restraint, enablers and the management of residents who may

exhibit behaviours that challenge. The service remains restraint-free and no enablers are in use. Staff receive training on restraint and managing behaviours annually.

Infection prevention and control

The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service including the increase of dementia and psychogeriatric level care. The infection control coordinator (a registered nurse) is responsible for coordinating/providing education and training for staff. The quality team supports the infection control coordinator.

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	14	0	3	0	0	0
Criteria	0	32	0	5	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Dementia Care New Zealand Limited (DCNZ) is the parent company for Millvale Lodge Lindale. Millvale Lodge Lindale currently 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 the building extension. There are 20 dual-purpose beds across the rest home/hospital wing. There are two dementia care units, one with nine beds and the other with 15 beds. On the day of audit there were 43 residents in total; eight rest home residents including one resident on a long-term support chronic health condition (LTS-CHC) contract, twelve hospital residents including one on a LTS-CHC contract, and 23 dementia level of care residents, including one on a LTS-CHC contract. All other residents were under the age-related residential care (ARRC) agreement.</p> <p>This partial provisional audit was completed to verify (i) the facility for preparedness to provide dementia level care in a new 12-bed wing; and (ii) verifying the preparedness of the facility to provide psychogeriatric care across 14-beds, which currently is used to provide dementia level care. This wing has previously operated as a psychogeriatric wing.</p> <p>The additional ten beds are in a new purpose-built wing off existing wing B (current dementia level care). Two rooms will also be taken from wing B to make up the 12-</p>

		<p>bed dementia unit. The wing was verified at this audit as suitable to provide dementia level care. This will increase certified beds at the facility from 47 to 57 beds. The organisation specialises in providing dementia and psychogeriatric level care.</p> <p>The breakdown of separate wings includes (i) secure 12 bed dementia unit (wing G); (ii) an existing dementia unit of 15 beds (wing C); (iii) one dual-purpose wing of 16 home/hospital beds (wing A) and (iv) a 14-bed PG unit (wing B).</p> <p>Millvale Lodge is one of nine facilities operated by Dementia Care NZ Limited (DCNZ). The nine aged care facilities throughout NZ provide rest home, hospital, medical, dementia and psychogeriatric level care.</p> <p>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.</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 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. There is a current strategic plan for Millvale Lodge Lindale and a business plan for 2018-2019 in place for all facilities.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>During a temporary absence of the operations manager, the clinical nurse manager assumes the role with support from the DCNZ 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>	PA Low	<p>There are human resources policies to support recruitment practices.</p> <p>Additional staff will be employed and complete the DCNZ orientation prior to resident numbers increasing. Six staff files were reviewed (one diversional therapist, two caregivers, one cook and two RNs). Evidence of signed employment contracts, job descriptions, orientation and training, and performance appraisals</p>

		<p>were included in the files reviewed. Current practising certificates were sighted for the registered nurses (RN) and allied health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>An education planner in place covers compulsory education requirements. 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.</p> <p>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. Further caregivers will be employed to meet the staffing numbers required as the psychogeriatric unit occupancy increases.</p> <p>Four additional registered nurses have been appointed to join the Millvale team and will commence staged orientation over the next month. The service is currently interviewing for a diversional therapist or activities coordinator. Existing staff with experience in psychogeriatric and dementia care are available to staff the new wing and additional care staff will be employed to meet roster requirements.</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>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery, including for dementia level care, which is currently provided by the service. The operations manager and the clinical manager are on site full time and available afterhours. There is a registered nurse on duty 24/7 in the dual-service hospital/rest home unit Nikau (wing A). The two dementia units Tanika and Toetoe (wings B & C) 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>Staffing will remain the same 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</p>

		<p>shift and one caregiver on the night shift.</p> <p>Staffing also remains the same for the existing Toetoe dementia unit (wing C). 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>A proposed roster has been developed which meets staffing requirements. All staff from the existing Tanika (wing B) with 10 current residents will transfer to the new dementia unit (wing G) with 12 beds. Staffing for wing G (dementia) will be 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.</p> <p>A proposed roster to staff the 14-bed wing B (psychogeriatric level care) includes a registered nurse on duty 24/7, two caregivers on full morning shift, one home assistant from 8 am to 1 pm. On afternoon shift there will be one caregiver and two short shift home assistants and one caregiver on night shift. An activities coordinator/diversional therapist will be rostered on from 1.30 pm to 4.30 pm, seven days a week.</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>The medication system currently in use will not change with the addition of ten dementia beds in wing G and the current transfer of ten beds in wing B to psychogeriatric level care. The medication management policies and procedures comply with medication legislation and guidelines. A secure room is available in the new dementia wing to store an existing spare medication trolley. The medication room in the dual-purpose wing will continue and be shared with the PG unit.</p> <p>Medicines are appropriately stored in accordance with relevant guidelines and legislation. Resident's medicines are stored securely in the medication room and nurses' station. Caregivers administer medications in the dementia care units. All staff that administer medicines are competent and have received medication management training. The facility uses a robotically packed medication management system for the packaging of all tablets. The RN on duty reconciles the delivery of the robotic packed medication and documents this. An electronic medication documentation system has recently been implemented. There is a monthly review of antipsychotic medication use. Standing orders were in use and</p>

		the practices comply with all contractual and legal requirements.
<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>The addition of ten beds and change to psychogeriatric level care will not require any change in capability for the kitchen. The kitchen is large enough to cater for the increased capacity and is familiar with the dietary requirements of dementia and hospital level care residents. The kitchen has previously catered for psychogeriatric residents.</p> <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. There is a kitchen service manual located in the main kitchen, which covers all aspects of food preparation, kitchen management, food safety, kitchen cleaning and kitchen procedures. All kitchen staff have attended food safety and hygiene, chemical safety and relevant in-service training. Meals are transported in hot boxes to kitchenettes in each wing and meals are served to residents.</p> <p>The chef receives a nutritional assessment for each new resident and is notified of any changes, special diets or weight loss. Pureed and normal diets are provided. Resident likes and dislikes are known, and alternative foods are offered. Cultural and spiritual needs are met. There is daily monitoring of hot food temperatures, fridge and freezer temperatures, dishwasher rinse temperatures and delivery temperatures for chilled/frozen goods.</p> <p>The dry goods store has all goods sealed and labelled. Goods are rotated with the delivery of food items. The cook was observed wearing appropriate personal protective clothing.</p> <p>There is evidence that there are additional nutritious snacks available over 24-hours for the dementia unit residents.</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>	FA	<p>The activity team includes a diversional therapist (DT), two DTs in training and an activities assistant. They provide an activities programme for part of each day, in each area. All activities team members have attained NZQA dementia standards. This will continue when the new wing G is occupied. In the proposed psychogeriatric unit, a new diversional therapist will be employed for this area (link</p>

		<p>1.2.7.3). Care staff on duty are involved in individual activities with the residents, as observed on the day of audit. There are resources available for staff for activities.</p> <p>The existing dementia programme, that will be implemented in the new dementia wing G is focused on household/meaningful tasks, reminiscing and sensory activities such as manicures and pampering activities, baking, garden walks, chats, music and sing-alongs, board games, café style afternoon teas, bowls and happy hours. Regular entertainment is scheduled.</p> <p>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>Caregivers provide activities outside of the activities staff hours.</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>There are implemented policies in place to guide staff in waste management. Personal protective equipment is available. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety datasheets are available. Management of waste and hazardous substances will not change with the addition of ten dementia beds. There is a sluice room in Wing B which is adequate to meet the needs of psychogeriatric residents.</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>PA Low</p>	<p>Millvale Lodge Lindale has a current building warrant of fitness that expires on 16 May 2020. The facility is currently divided into three 'homes' which are wing A (Nikau - 20 rest home/hospital beds), wing B, (Tanika -10 dementia care beds, minus two decommissioned beds) and wing C (Toetoe- 15 dementia care beds). The three 'homes' are spacious with wide corridors that allow for the use of mobility equipment. 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 new dementia wing (wing G) and external areas are not yet fully completed. This area includes the installation of kitchen appliances, doors securing the wing and locks securing the medication storage room. The ten spacious rooms are complete with the exception of floor coverings and curtains. There is a large combined dining room lounge area, a smaller lounge and smaller seating areas. Corridors are wide enough to allow residents to pass each other safely with access to communal areas and outdoor areas. A certificate of public use has not yet been issued and hot water has not yet been turned on and monitored.</p> <p>The reconfigures (PG) Wing B has fourteen large single rooms. Each of the rooms have wide doors and all rooms are large enough to accommodate mobility equipment. The rooms either have large, ensuite bathrooms or access to communal bathrooms. The rooms open onto wide corridors.</p> <p>Planned and reactive maintenance systems are in place. All hoists have been serviced, electrical equipment tested and tagged, and medical equipment calibrated. Equipment has been purchased for the new wing and delivery is expected before the new wing opens.</p> <p>There are two entrances to the dementia units –through the existing wing B through secure doors and from a secure courtyard accessed from the (wing C) Toetoe dementia unit.</p> <p>There is a path that creates a circuit between the two lounge areas (one at each end of the wing). This garden/path area has a bus stop seating area and is</p>
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		<p>secured with a fence along the edge. Further outdoor and secure garden spaces are available through the adjoining courtyard between the existing and new dementia units.</p> <p>Wings B, C and G (the two dementia-level 'homes' and the proposed psychogeriatric home), have secure access. Wings G and C in close proximity and the access to the courtyard between the two units can be opened for residents to join for activities or other events/occasions.</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 nurses' 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. There is adequate and safe storage of medical equipment.</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>	FA	<p>The new dementia unit (wing G) has a communal toilet and shower and is situated in the middle of the wing and is of an appropriate design to meet the mobility needs of residents. Communal toilet facilities have a turn knob locking system that indicates if it is engaged or vacant. Eight of the new beds have full ensuites. Two single rooms share a large communal bathroom. Communal toilets are in close proximity to the communal lounge. Handrails are appropriately positioned.</p> <p>The existing Wing B (PG) has a mix of fully ensuited, partially ensuited and standard rooms. There are adequate numbers of communal showers and toilets. All communal toilets/showers have identifiable signage, privacy locks and privacy curtains. Fixtures, fittings and floor and wall surfaces are made of accepted materials for meeting hygiene and infection control practices and resident safety. There are appropriately placed handrails in the bathrooms and toilets.</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>	FA	<p>All resident's rooms in wing G (dementia) are of an appropriate size to allow dementia level care to be provided and for the safe use and manoeuvring of mobility aids. Residents and families are encouraged to personalise their rooms.</p> <p>All residents' rooms in wing B (PG) rooms are of sufficient space to allow psychogeriatric services to be provided and for the safe use of mobility aids and</p>

		hoist if necessary. The bedrooms are able to be personalised. Electric beds or ultra-low beds are available for use.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas within the new wing G (dementia unit) include a large combined lounge dining room that is large enough to be utilised by twelve residents. There is a smaller lounge at the end of the wing which opens out onto a deck and garden area. New lounge and dining furniture have been purchased and is safe and suitable for dementia level care.</p> <p>Wing B (PG) has a spacious open plan dining and lounge areas with access to secure outdoor areas. There is a smaller seating area that is readily accessible to residents. Activities take place in the dining or lounge area of each unit dependent on the type of activity.</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>	FA	<p>All linen and personal clothing is laundered on site in a large well-equipped laundry. Adequate linen supplies were sighted. The cleaning cupboard containing chemicals is locked. All chemicals have manufacturer labels. The cleaning trolleys are well equipped and stored in locked areas when not in use. Cleaning staff were observed to be wearing appropriate personal protective equipment. The resident environment on the day of audit was clean and tidy. Cleaning and laundry processes will not change with the addition of ten beds or the change of Wing B to psychogeriatric level care.</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>	PA Low	<p>The fire evacuation plan has been updated to include the new wing and an application has been lodged with the New Zealand Fire Service. A trial evacuation is planned on opening of the unit.</p> <p>The new wing G (dementia unit) has call bells installed in the bedrooms, bathrooms and lounge/dining room areas. The standard call button alerts the wing only. The emergency button alerts whole site. Call bell lights are in the corridor above each room, a sounder in the hall and lounge and enunciators are in the main lounge.</p> <p>Wing B (PG) has existing an existing bell system with call bells in all ensuites, communal bathrooms and toilets, bedrooms and lounge/dining room area.</p> <p>There are emergency management plans in place to ensure health, civil defence</p>

		<p>and other emergencies are included. Six monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back-up power for emergency lighting is in place.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms in the psychogeriatric wing (wing B) and the new dementia wing (wing G) have external windows that open, allowing plenty of natural sunlight. Wing G has heat pump ceiling cassettes in each room which can be individually adjusted. Larger ceiling heat cassettes provide heating in communal areas.</p> <p>Wing B is centrally heated controlled by thermostat with ceiling heat pump cassettes in communal areas and individual heating in resident rooms.</p>
<p>Standard 3.1: Infection control management 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>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service including the additional ten dementia beds in Wing G and the change to Psychogeriatric level care in Wing B. It is linked into the incident reporting system. A registered nurse is the designated infection control coordinator with support from the infection control team. Meetings are monthly and minutes are available for staff. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually.</p> <p>The IC programme plan and IC programme description are available. There is a job description for the IC nurse and clearly defined guidelines and responsibilities for the infection control committee at service and organisational level.</p> <p>The facility has access to professional advice within the organisation, from GPs and from Southern Community Laboratories.</p> <p>Hand hygiene notices are in use around the facility. There is a staff health policy</p>

		and staff infection and work restriction guidelines.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Restraint minimisation is practiced. An annual restraint minimisation review has been completed. The clinical manager oversees the restraint process within the facility. There are policies around restraint, enablers and the management of residents who may exhibit behaviours that challenge. The service remains restraint-free and no enablers are in use. Staff receive training on restraint annually. There is a restraint policy that guides staff should restraint be required.</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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>Four additional registered nurses have been appointed to join the Millvale team and will commence staged orientation over the next month. The service is currently interviewing for a diversional therapist or activities coordinator. Existing staff with experience in psychogeriatric and dementia care are available to staff the new wing and additional care staff will be employed to meet roster requirements.</p>	<p>Existing staff with experience in psychogeriatric and dementia care are available to staff the new wing and additional care staff will be employed to meet roster requirements for both the new wing and the PG wing.</p>	<p>Ensure there are sufficient staff to cover the roster</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The new wing is expected to be ready for use by the facility late August or September. Carpets and window furnishings, installation of handrails and painting are currently being completed. The medication trolley storage cupboard is designed and planned, and an existing trolley is ready for use. Outdoor areas are planned with paths and</p>	<p>(i) The building of the new wing is not yet completed, so painting, floor and window coverings, and installation of grabrails has not yet occurred in all bathrooms.</p> <p>(ii) Hot water has not yet been turned on, so temperature</p>	<p>(i) Ensure the building is completed and the interior finished including installation of grabrails in all bathrooms.</p>

		seating installed but not landscaped. The courtyard fencing has yet to be completed although temporary fencing is in place. Hot water is installed but not yet turned on. The door between the existing dementia unit wing B and the new unit wing G requires the installation of secure doors.	<p>requirements have not been tested.</p> <p>(iii) A certificate for public use has not yet been issued for the new wing.</p> <p>(iv) The medication storage cupboard has not yet been fitted with security locks.</p> <p>(v) The connecting door between wing B and the new wing G have not yet been fitted with security locks.</p>	<p>(ii) Ensure hot water is turned on and the temperature monitored to ensure it is within the safe range.</p> <p>(iii) Ensure a certificate for public use has been issued.</p> <p>(iv) Ensure the medication trolley cupboard is fitted with security locks.</p> <p>(v) Ensure the doors between wing B and wing G are fitted with security locks.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	The plan for the finished complex includes landscaped areas around the new building. Paths have been developed, but not all areas have been completed.	External areas and landscaping have not yet been completed.	<p>Ensure safe external areas are completed.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include</p>	PA Low	Staff receive annual training on fire safety and emergency information is readily available. A trial evacuation is planned on opening of the new unit.	A trial evacuation has not yet been held for of the new dementia wing.	Ensure a trail evacuation is held before residents occupy are moved to the new dementia wing.

fire safety and emergency procedures.				Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	The fire evacuation plan has been updated to include the new wing and has been lodged with the fire service	The fire evacuation plan has not yet been approved	Ensure the fire evacuation plan is updated to include the new wing. 60 days

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.