# Springlands Senior Living Limited - Springlands Lifestyle Village

## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Springlands Senior Living Limited

**Premises audited:** Springlands Lifestyle Village

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

**Dates of audit:** Start date: 11 November 2019 End date: 12 November 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:** 56

# Executive summary of the audit

## Introduction

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

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

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

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All standards applicable to this service fully attained with some standards exceeded |
|  | No short falls | Standards applicable to this service fully attained  |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some standards applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Springlands Lifestyle Village provides rest home and hospital level care for up to 56 residents. There are also 20 serviced apartments approved to provide rest home level care. On the day of audit there were 56 residents.

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

An experienced and appropriately qualified village manager has been in the position for eight years. She is supported by a clinical nurse leader, Operations Leader and Food Service Leader. Residents and relatives commented very positively on the services and care received at Springlands.

There were no improvements identified at this certification audit.

The service has exceeded the required standard around reduction of falls.

## 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. |

Springlands Senior Living Limited (Springlands) provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers’ rights is provided to residents and families. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

## 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. |

Springlands has fully implemented its quality and risk management system. Services are planned, coordinated, and are appropriate to the needs of the residents. Quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and safety processes.

Adverse, unplanned and untoward events are documented by staff. The health and safety programme meet current legislative requirements.

Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place. The owner/manager is supported by a clinical nurse leader who is a registered nurse who is on site five days a week and is on call when not on site. They are supported by a team of RNs.

There are adequate numbers of staff on duty to ensure residents are safe. The residents’ files are appropriate to the service type.

## 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. |

The Village Manager primary responsibility for managing entry to the service. An information pack is available prior to or on entry to the service. Registered nurses’ complete initial assessments including interRAI assessments, care plans and evaluations within the required timeframes. Care plans are integrated and include the involvement of allied health professionals. Residents and relatives interviewed confirmed they were involved in the care planning and review process. General practitioners review residents at least three monthly or more frequently if needed.

Each resident has access to an individual and group activities programme. The group programme is varied and interesting and includes outings, entertainers and community interactions.

Medicines are stored and managed appropriately in line with legislation and guidelines. Registered nurses and senior healthcare assistants administering medications have completed annual competencies. The general practitioners reviewed the medication charts at least three monthly.

Meals are prepared and cooked on site under the direction of a Food Service Leader. The menus are reviewed by a dietitian. The menu is varied and provides meal options. Individual and special dietary needs are catered for. Residents interviewed were very complimentary about the food service.

## Safe and appropriate environment

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| --- | --- | --- |
| 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. |

The building has a current warrant of fitness. All rooms are single, personalised and have ensuite facilities. The environment is warm and comfortable. There is adequate room for residents to move freely about the home using mobility aids. Communal areas are spacious and well utilised for group and individual activities. The dining and lounge seating placement encourages social interaction. Outdoor areas are safe and accessible and provide seating and shade for residents. There is adequate equipment for the safe delivery of care. All equipment is well maintained and on a planned schedule. All chemicals are stored safely, and the laundry is well equipped. The cleaning service maintains a tidy, clean environment. There is an emergency evacuation plan in place and sufficient civil defence supplies. There is a first aid trained staff member on duty at all times.

## Restraint minimisation and safe practice

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| --- | --- | --- |
| 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. |

Restraint minimisation and safe practice policies and procedures are in place. Staff receives training in restraint minimisation and challenging behaviour management. On the day of audit, the service had no residents using restraint and one with an enabler.

## Infection prevention and control

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| --- | --- | --- |
| 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 (IC) team is led by the clinical nurse leader who is supported by representation from all areas of the service. The infection control policy identifies the roles of the IC nurse and supporting team.
The IC programme is appropriate for the size and complexity of the service. The programme is approved and reviewed annually by the IC coordinator, management and the infection control team. Staff are informed about IC practises through meetings, training and information posted up on staff noticeboards.
The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

## 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 | 45 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 1 | 92 | 0 | 0 | 0 | 0 | 0 |

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

# Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service DeliveryConsumers receive services in accordance with consumer rights legislation. | FA | Springlands Lifestyle Village (Springlands) ensures that all residents and families are informed about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). There is a poster displayed in a visible location. Policies around the Code is implemented, and staff could describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with staff (five healthcare assistants, two registered nurses, one facility manager, one operations manager one clinical nurse leader and two diversional therapists), reflected their understanding of the key principles of the Code. |
| Standard 1.1.10: Informed ConsentConsumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | Informed consent processes are discussed with residents and families on admission. The resident or their enduring power of attorney (EPOA) signs for written general consents including outings and indemnity. Cardiopulmonary resuscitation status has been appropriately signed in the nine resident files reviewed (three hospital including one in serviced apartments and one respite care, and six rest home including one respite resident). Copies of enduring power of attorney where known were included in the resident file. Registered nurses and healthcare assistants interviewed confirmed verbal consent is obtained when delivering care. Family members (one rest home and one hospital) confirmed they were involved in decisions that affect their relative’s lives. All resident files contained a signed admission agreement.  |
| Standard 1.1.11: Advocacy And SupportService providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Information on advocacy services through the HDC office is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services (March 2019). |
| Standard 1.1.12: Links With Family/Whānau And Other Community ResourcesConsumers are able to maintain links with their family/whānau and their community.  | FA | Residents and relatives interviewed confirmed open visiting. Visitors were observed coming and going during the audit. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events. The service provides assistance to ensure that the residents are able to participate in as much as they can safely and desire to do. Resident meetings are held two monthly. Regular newsletters are provided to residents and relatives. |
| Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.  | FA | The complaints procedure is provided to residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Nineteen complaints have been logged year to date for 2019. All complaints documented a comprehensive investigation, follow-up, and replies to the complainant. Complaints all included a section to confirm that the complainant was happy with the outcome. Trends are analysed and have resulted in changes to the meal service and changes to the call bell system.One Health and Disability complaint from November documented discussion with staff in meetings and direct follow-up through the HR process. One other Health and Disability letter concerned the service being asked to provide information regarding a complaint about another provider.Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility.  |
| Standard 1.1.2: Consumer Rights During Service DeliveryConsumers are informed of their rights. | FA | Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The clinical nurse leader and registered nurses discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are held during the resident/family meetings. All seven residents (three hospital and four rest home) and three relatives (two rest home and one hospital) interviewed, reported that the residents’ rights are being upheld by the service.  |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And RespectConsumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | It was observed that residents are treated with dignity and respect. Residents and family interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. There is a policy on abuse and neglect and staff have received training. |
| Standard 1.1.4: Recognition Of Māori Values And BeliefsConsumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs. | FA | The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. The village manager is of Māori origin and has access to a te reo Māori language speaker/teacher.There are two residents who identified as Māori. Both residents have established links to Te Kahui Hauora Trust and Mataa Waka and the service supports this.Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All healthcare assistants interviewed were aware of the importance of whānau in the delivery of care for Māori residents. One resident who identified as Māori was very satisfied with the service, this resident’s file identified the resident’s kaumātua status at a local marae. |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And BeliefsConsumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.  | FA | The service identifies the residents’ personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents’ care plans. All residents and relatives interviewed confirmed they were involved in developing the resident’s plan of care, which included the identification of individual values and beliefs. All care plans reviewed included the resident’s social, spiritual, cultural and recreational needs.  |
| Standard 1.1.7: DiscriminationConsumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | A staff Code of Conduct/house rules is discussed during the new employee’s induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of the healthcare assistants’ role and responsibilities. Professional boundaries are reconfirmed through education/training sessions and staff meetings.  |
| Standard 1.1.8: Good PracticeConsumers receive services of an appropriate standard. | FA | Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24-hours a day. Each resident has their own general practitioner (GP). The GP for each resident review’s residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable. Physiotherapy services are provided as needed following a referral. There is a regular in-service education and training programme for staff. A podiatrist is on site every three to four weeks. The service has links with the local community and encourages residents to remain independent.The clinical nurse leader is a Careerforce assessor who has developed and supported healthcare assistants to achieve qualifications. The service is currently supporting one staff member with level three training and two staff members at level four Careerforce.The food service leader is an assessor for Service IQ. She has recently completed her level four qualification. She is able to assess the kitchen staff to complete on the job training. There are currently three kitchen assistants undergoing ‘Hospitality Savvy’ training.Four of five cleaning staff are trained in level three cleaning. |
| Standard 1.1.9: CommunicationService providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Eleven accident/incident forms reviewed (from October 2019), identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member’s health status changes. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.  |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Springlands Retirement Village provides rest home and hospital (medical and geriatric) level care for up to 56 residents and up to 20 licence to occupy serviced and independent apartments (upstairs). Eleven of the licence to occupy rooms (upstairs) are approved as dual-purpose and nine rest home only. All rooms in the hospital and rest home wings are dual-purpose (downstairs). There is a total of 76 beds.On the day of audit, there were 56 residents. There were three rest home and one hospital level residents in the serviced apartments (upstairs). There were 52 residents in the rest home/hospital (downstairs). There was a total of 25 residents at hospital level, and 31 residents at rest home level (upstairs and downstairs), including one respite resident. All residents were under the ARC contract.A philosophy, mission statement and key values are documented. The business plan (2018-2019) is regularly reviewed by the village manager and managing director. The village manager and managing director reported that they meet regularly. The service is overseen by a board of directors. The village manager documents quarterly reports to the board and shareholders quarterly, and monthly reports to the managing director. The village manager (and shareholder) has been in the position for nine years. She has a New Zealand Diploma in Management. A clinical nurse leader is employed to oversee the running of the rest home and hospital. The clinical nurse leader has been in the role for six years and has previous management experience; she has completed a master’s degree in nursing and is a Careerforce assessor. |
| Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.  | FA | The service employs a clinical nurse leader/registered nurse (RN) who is employed full time. The clinical nurse leader takes on the managers role in the temporary absence of the village manager.  |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | Springlands has fully implemented the quality and risk management programme which has been purchased from an external consultant. Internal audits, data collection, collation of data are all documented as taking place with remedial actions as needed. Staff meetings, weekly management meetings, three monthly infection control and health and safety meetings, as well as two monthly clinical meetings ensure that quality data is communicated, discussed and issues acted upon. The clinical meetings include resident care studies and reflective practice as a learning and development process for the RNs.The 2019 survey was in progress at the time of audit. A review of the 2018 audit documented an overall improvement from 2017. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff. Springlands collates and evaluates a comprehensive range of quality and risk data. There is an audit schedule in place, with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented for audits as needed. The service collates incidents and accidents and infection control outcomes and implements action plans when the service falls outside the industry norm limits set by the electronic data base. Springlands has falls prevention strategies in place and this has resulted in a reduction in falls for the service. A health and safety system is in place with identified health and safety goals. Hazard identification forms and an up-to-date hazard register is in place.  |
| Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.  | FA | Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is collated online and benchmarked across comparable services. Eleven resident related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Incidents are benchmarked and analysed for trends. Neurological observations are conducted for suspected head injuries. The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. There has been one notification to Public Health – December 2018 regarding a suspected outbreak. Following discussion with Public Health it was not registered as an outbreak. |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | FA | There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Nine staff files reviewed (food service team leader, three HCAs, two DTs, two RNs and the clinical nurse leader) evidenced implementation of the recruitment process, employment contracts, completed orientation and annual performance appraisals. A register of practising certificates was maintained.The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed.A competency programme is in place. Core competencies are completed annually, and a record of completion is maintained (signed competency questionnaires sighted in reviewed files included: restraint, manual handling, hand hygiene, cultural safety and medication). There is an annual education and training schedule being implemented. The healthcare assistants undertake aged care education (Careerforce). Education and training for clinical staff is linked to external education provided by the district health board. RN specific training viewed included: syringe driver, wound care, and first aid. |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is a staffing rational and policy, staffing levels meet contractual requirements. The management team includes: the village manager Monday to Friday, the operations leader (managing gardening and maintenance staff), Food Service leader and the clinical nurse leader. The clinical nurse leader is on call after-hours with other registered nurses. Staffing includes:Registered nurses; AM - one RN hospital and one RN rest home. PM and night - one RN for each shift.Healthcare assistants: Wisteria wing: The hospital wing where there were 22 hospital level residents and one rest home level.AM - two long shifts and two short shifts, PM - two long shifts and one short shift, night - one HCA.Willowmeade wing and upstairs: There were two hospital level residents and 28 rest home level downstairs and three rest home level residents and one hospital level upstairs.AM - One long shift and two short shifts, PM - one long shift and two short shifts and one HCA at night.Interviews with the residents and relatives confirmed staffing overall was satisfactory.  |
| Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents’ files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas.Residents’ files demonstrated service integration. Entries were legible, timed, dated and signed by the relevant healthcare assistant or nurse, including designation. |
| Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | The service has admission policies and processes in place. There is an enquiry pack that outlines services able to be provided. The admission pack included information on the code of rights, advocacy service complaint process and admission agreement. Residents and relatives interviewed confirmed they had the opportunity to discuss the admission agreement with the manager or clinical nurse leader. The admission agreement form in use aligns with the requirements of the ARC contract.  |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.  | FA | There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives are notified if transfers occur. |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All medicines are stored securely. Registered nurses and senior HCAs complete annual medication competencies and medication education. Medication reconciliation occurs against the robotic rolls (for regular medications) and blister packs (for as required medications). There were no standing orders or hospital impress stock. Records of medication reconciliation are entered into the electronic medication system. Any discrepancies are fed back to the supplying pharmacy who are available after hours if required. There were two rest home residents self-medicating with current self-medication competencies. The medication fridge temperature and medication room temperature are being monitored daily and both were within acceptable limits. All eyedrops were dated on opening. Seventeen medication charts on the electronic medication system were reviewed. One paper-based medication script was reviewed for the rest home respite resident. All charts had photo identification and allergy status documented. The effectiveness of ‘as required’ medications were recorded in the electronic medication system. All long-term medications charts had been reviewed by the GP three monthly. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | All meals are prepared and cooked on site at Springlands Lifestyle Village. The food service level is supported by cooks and kitchenhands. There is a four-weekly seasonal menu which has been reviewed by a nutritionist. The service changed to the main meal at 5 pm in May 2019. Dietary needs are known with individual likes and dislikes accommodated. The menu offers a second meal option. Pureed meals (using moulded shapes), mince and moist and vegetarian meals are provided. Resident dislikes and food allergies are known and accommodated. Meals for residents in the rest home are plated from the bain maire and served to residents in the adjacent dining room. Meals are plated and delivered in hot boxes to the hospital dining room. A meal supervisor (HCA) is employed from 7am to 3pm in the hospital level for the supervision of food and fluids to hospital residents. Staff were observed assisting residents with their meals and drinks. A food control plan has been verified and expires April 2020. There are daily chiller, fridge and freezer temperatures taken and recorded. End-cooked food temperatures are taken. Cleaning schedules are maintained. Dishwasher rinse and wash temperatures are monitored. All food services staff have completed food safety and hygiene and chemical safety.Residents have the opportunity to feedback on the food services through resident meetings and surveys. Residents and relatives commented positively on the meals provided.  |
| Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.  | FA | The service has an accepting/declining entry to service policies. The referral agency and potential resident and/or family member would be informed of the reason for declining entry. Reasons for declining entry would be if there are no beds available or the service cannot provide the assessed level of care. The referring agency, family and resident would be notified.  |
| Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | Files reviewed indicated that all appropriate personal needs information was gathered during admission in consultation with the resident and their relative where appropriate. An initial assessment was completed on admission including a health status and clinical risk assessment. Relevant risk assessment tools were completed including falls, pressure injury risk, pain assessment, nutritional risk and continence assessment. The outcomes of risk assessments were included in the initial assessment and long-term care plans. The first interRAI assessment had been completed for long-term residents within 21 days of admission and six monthly as part of the six-monthly care plan evaluations. Risk assessment tools were reviewed at least six monthly or when there was a change to a resident’s health condition.  |
| Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | The long-term care plans are generated within the resident management system and printed off and placed within the resident file which is readily available for care staff. The long-term care plans reviewed described the support required to meet the resident’s goals and needs and identified allied health involvement in the care of the resident. The interRAI assessment process informs the development of the resident’s care plan. Residents and their family/whānau interviewed reported that they are involved in the care planning and review process. Short-term care plans are in use for changes in health status and either resolved or transferred to the long-term care plan as an ongoing problem.  |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Care plans reviewed were goal orientated and met the resident needs. Residents and relatives interviewed stated their needs are being met. If a resident’s condition changes the RN initiates a GP consultation or nurse specialist referral. There were 22 wounds (11 in the rest home and 11 in the hospital) including skin tears, surgical wound, lesions and abscess at the time of the audit. Wound assessments had been completed for all wounds including a body map, sizes and photos as required. Evaluations and change of dressings had occurred at the documented frequency. Chronic wounds had been linked to the long-term care plan. One hospital level care resident on respite had a community acquired stage two pressure injury of the spine. The RNs can access advice and support from the district nurses and wound nurse specialist at the DHB. There was sufficient pressure relieving devises in use and available. There is specialist continence advice as required. Monitoring records sighted included weights, vital signs, neurological observations, bowel records, food and fluids, blood sugar levels, pain, two hourly repositioning charts, fluid balance and challenging behaviour monitoring charts. Resident weights were noted to be monitored monthly or more frequently if necessary.  |
| Standard 1.3.7: Planned ActivitiesWhere specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | FA | The service employees a qualified diversional therapist (DT) 8.30 am - 3.30 pm four days a week to implement the activity programme in the rest home and another qualified DT from 9 am – 4 pm in the hospital from Tuesday to Friday. The hours for the hospital DT have been increased providing more supervision in the lounge with ongoing activities (link CI 1.2.3.6). The weekend programme is delivered by care staff and volunteers. Each resident has a weekly activity calendar which has the weekly menu printed on the back.Each DT implements the resident programme in their area and includes (but not limited to); exercises, discussions, yoga, newspaper reading, quizzes, craft, ball games, walks, poetry and story hour. Activities meet the cognitive, physical and emotional abilities of the residents. Individual activities are provided in resident’s rooms for residents who choose not to participate in the group activities. There is a weekly knit ‘n knatter group. The monthly men’s shed (on site) is facilitated by the maintenance person. Celebrations and festive occasions are celebrated. There are regular community visitors including church groups, the village singing group, RSA, pet therapy and entertainers. The community centre in the village hosts the bridge club and other community events such as the Christmas market day. There are regular outings and scenic drives to cafés, picnics and places of interest. The service hires a wheelchair mobility van for hospital level residents for outings. The DT completes a resident profile on or soon after admission and takes a social history. This information is then used to develop a diversional therapy plan which is evaluated six monthly as part of the interRAI and care plan review/evaluation process. Residents have the opportunity to feedback on the programme through resident meetings and annual surveys. Residents and relatives interviewed were complimentary of the activities offered. |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | The initial care plan is evaluated in consultation with the resident/relative and long-term care plans developed. Long-term care plans reviewed had been evaluated six monthly or earlier for any changes to health. The resident/relative are invited to attend the multidisciplinary review (MDT) with the RN and DT. There is a written evaluation against the resident goals that identifies if the goals have been met or unmet. Long-term care plans are updated with any changes to meet the resident goals. Short-term care plans were evident for the care and treatment of short-term problems for residents and these had been evaluated, closed or transferred to the long-term care plan if the problem was ongoing.  |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.  | FA | The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. There was evidence of referrals to the need’s assessment team for reassessment of a resident level of care from respite to rest home and for rest home to hospital level of care.  |
| Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Chemicals are stored safely in locked areas. Chemicals sighted were labelled correctly and safety data sheets and product information is readily available to staff. Gloves, aprons and goggles are available, and staff were observed wearing personal protective clothing while carrying out their duties. Staff have completed chemical safety training. A pest control programme is maintained by the operations manager and there is a focus on using pest control products that are not harmful to wildlife. |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The facility has a current building warrant of fitness that expires 19 April 2020. There is a maintenance person four days a week who reports to the operations leader. The operations leader does one day a week maintenance duty and has overall responsibility for building compliance. There is a maintenance and repairs request book at the front entrance that is checked daily and signed as repairs are completed. The planned maintenance programme has been completed to date, including electrical testing and tagging of electrical equipment, calibration and testing of clinical equipment, monthly call bell audits and monthly hot water temperatures. Hot water temperatures in resident areas are maintained below 45 degrees. Essential contractors are available 24-hours. The physical environment allows easy access/movement for the residents and promotes independence for residents with mobility aids. There is ramp access to the outdoors with landscaped gardens and raised garden beds. There is outdoor seating and shade provided. The RNs and HCAs interviewed stated they have all the equipment required to deliver safe resident care.  |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | All rooms in the rest home and hospital have ensuite facilities and all apartments have their own bathroom. There are communal toilets located close to communal lounges and dining areas with privacy locks. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.  |
| Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.  | FA | All resident’s rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.  |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | There are dining rooms in the hospital, rest home and apartment areas. The main dining room in the rest home is adjacent to the kitchen area. There are separate lounges in the rest home and dining room. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the resident group. Residents were seen to be moving freely within the communal areas throughout the audit.  |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | There are dedicated laundry and cleaning staff. All linen and personal clothing is laundered on site in a well-equipped laundry. The laundry operates from midnight to 8 am daily. The laundry has a clean/dirty flow, entry and exit doors. The chemical provider monitors the effectiveness of laundry processes. The cleaners’ trolleys are stored in a locked cleaners’ cupboard when not in use. Chemical bottles sighted on the cleaner’s trolley were labelled. Protective wear including plastic aprons, gloves and goggles were available in the two sluice rooms and laundry. Staff observed on the day of audit were wearing correct protective clothing when carrying out their duties. Residents expressed satisfaction with the cleaning and laundry services provided.  |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | FA | A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Six monthly fire evacuation drills take place (last in May 2019). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are emergency folders with specific information held in each nurse’s station and civil defence supplies in back packs. All supplies including food stores are checked monthly. There are adequate supplies in the event of a civil defence emergency including a water tank. Emergency management is included in staff orientation and ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. There are call bells in the residents’ rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. The building is secure after hours.  |
| Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | General living areas and all resident rooms are appropriately heated and ventilated. All rooms and communal areas have external windows that open allowing plenty of natural sunlight.  |
| Standard 3.1: Infection control managementThere is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.  | FA | The infection control coordinator (IC) is the clinical nurse leader with a defined job description that outlines the role and responsibilities. The infection control team which includes representatives from each area of the service meet quarterly. The IC programme is appropriate for the size and complexity of the service. The programme is approved and reviewed annually by the IC nurse, management and through two monthly staff meetings. Meeting minutes are available to all staff and infection control is an agenda topic at staff meetings. There are adequate hand sanitisers placed throughout the facility. Residents and staff are offered the influenza vaccine.  |
| Standard 3.2: Implementing the infection control programmeThere are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | The clinical nurse leader provides an IC report to the infection control team meeting, management, staff and registered nurse meetings. The IC coordinator has completed MOH on-line education November 2018. She is a member of the Canterbury infection control group and receives minutes and newsletters. The IC coordinator can access the DHB IC nurse specialist, Southern Laboratory microbiologist, GPs and public health advice when required. |
| Standard 3.3: Policies and proceduresDocumented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. | FA | Springlands has infection control policies and an infection control manual through an external provider, which reflect current practise and have been regularly reviewed. |
| Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | All new staff receive infection control education at orientation, including hand washing and an infection control questionnaire. Infection control education is included in the annual education planner. There is an infection control flip chart in the nurse’s station for quick reference for any infection control events. Resident education occurs as part of care delivery.  |
| Standard 3.5: SurveillanceSurveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Infection monitoring is the responsibility of the IC coordinator (the clinical leader). All infections are entered into the electronic database, which generates a monthly analysis of the data and includes benchmarking against other similar services. There is an end of month analysis with any trends identified and corrective actions for infection events above the industry key performance indicators. There are monthly and annual comparison of infection events. Outcomes are discussed at the infection control team meeting, registered nurse, staff and management meetings. The GPs also monitor and review the use of antibiotics. There was a suspected gastroenteritis outbreak December 2018 and the service implemented outbreak management precautions. The case logs were reviewed by public health who declared there was no outbreak.  |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | FA | The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation of any restraint and enablers is reviewed through internal audits, RN and facility meetings. Interviews with the staff confirmed their understanding of restraints and enablers. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, there were no residents with restraint and one resident with a lap belt enabler. The resident’s file included the enabler, any risks associated with its use, and monthly review of the enabler. Two hourly checks were documented as charted.  |

# 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.

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| --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 1.2.3.6Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers. | CI | The clinical nurse leader reviews all incidents and accidents on a regular basis and reports trends to a variety of meetings. The incidence of falls is reviewed at the quality meetings and the clinical meeting. The meetings noted a high incidence of falls with an increasing trend between January and April 2019. A plan was implemented to address the high incidence of falls. | During January to April the incidence of falls increased from 19 a month (January) to 52 a month (April). A process was put in place to reduce falls and improve resident safety. This included: the publication of a falls calendar to provide a visual prompt to staff of the number of falls each day, including the number of ‘falls free days”. The registered nurses have developed specific falls prevention plans for residents who were at a high risk of falls (or who were frequent fallers). The individual falls plans, as well as a falls overviews became a fixed agenda item at the health and safety meetings and the clinical meetings.The service reviewed the activities hours and increased the number of hours for the activity person (diversional therapist). This has enabled the DT to provide directed activities for residents’ who have an identified need (restless residents and high falls risk residents as examples). The increased activities have also attracted residents to the lounge allowing a higher level of supervision by staff.The service introduced a tea assist person after lunch. This freed up the care staff to focus on care and falls prevention after lunch.Additional training was provided including follow-up and discussion of falls at staff meetings. Falls have reduced in September to 23 with an overall downward trend since May. |

End of the report.