

Heritage Lifecare Limited - Palms Lifecare

Introduction

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

The audit has been conducted by The DAA Group 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:	Heritage Lifecare Limited
Premises audited:	Palms Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 9 December 2019 End date: 10 December 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:	111

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Heritage Lifecare Limited – Palms Lifecare provides care for up to 123 residents requiring rest home and hospital level medical and geriatric care.

This surveillance audit was conducted against the Health and Disability Services Standards and the provider’s contract with the district health board. The audit process included the review of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents, family members, the owners/manager, staff, and the general practitioner. Residents and family members interviewed were positive about their involvement in residents care and staff communication.

The five areas requiring improvements from the previous audit related to complaints, staff performance appraisals, staff handover processes, nursing assessment and care planning have been addressed. There is one new area identified for improvement from this audit related to staffing.

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.	Green	Standards applicable to this service fully attained.
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Staff and management are adhering to the principles and practises of open disclosure. Access to interpreters and support for residents who have barriers to communication is provided as required.

Complaints are reported, acknowledged, investigated and responded to in a timely manner.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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The organisation's philosophy, mission and goals statements are identified in the 2019-2020 business and quality and risk management plans. The care home and village manager and the new clinical services manager work together to ensure the needs of the residents are identified and met.

The quality and risk system and processes support effective, timely service delivery. Policies and procedures are developed nationally by Heritage Lifecare Limited. The quality management system includes a comprehensive internal audit programme, compliments, complaints management, incident/accident and hazard reporting, resident/relatives' satisfaction surveys, restraint minimisation, and infection control data collection. Quality and risk management activities and results are shared with the management team and staff. Corrective action planning is documented and monitored for effectiveness.

New staff have an orientation and complete competencies that are relevant to their role. Staff participate in regular and relevant ongoing education. This includes 'toolbox' sessions in response to residents' needs or events. Applicable staff and contractors maintain current annual practising certificates. The service has a documented rationale for staffing. There is always a registered nurse on site and staff with a current first aid certificate.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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The processes for planning, provision of care, evaluation and review of care and exit from the service is provided within the timeframes that safely meet the needs of the resident and meet contractual requirements.

The service is co-ordinated in a manner that promotes continuity of service delivery and encourages a team approach. The care plans described the needs and interventions required to meet identified goals/outcomes. Where progress is different to that expected, the service responds by initiating changes to the care plan or using short term care plans as required.

The service provides planned activities that are meaningful to the residents, encourages independence and develops skills.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses and care staff, all of whom have been assessed as competent to do so.

The residents interviewed stated they enjoyed the support provided by care staff, activities and outings to the community and the food service.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The rest home and the hospital building both have a current building warrant of fitness. There have been no changes required to the fire evacuation plan. Enhancements have been made to the call bell system.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation has implemented policies and procedures that support the appropriate use of enablers and minimising of restraint use. At the time of audit, five residents had enablers in use and three residents had restraints in use. Staff interviewed had knowledge and understanding of restraint and enabler processes, including assessment, consent, care planning, review and monitoring.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Surveillance for infections is undertaken monthly. Results of surveillance are analysed to assist in achieving infection reduction. The surveillance results are appropriately fed back to staff and management in a timely manner.

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	17	0	1	0	0	0
Criteria	0	40	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>Palms Lifecare implements organisational policies and procedures to ensure complaints processes reflected a fair complaints system that complies with the Code. During interview, residents, family members, the care home and village manager (CH&VM) and staff reported their understanding of the complaints process and this aligns with the facility's policy. The Ministry of Health 'resolving complaints' information is readily available in each unit along with 'complaints' and 'compliments' forms. There is a co-located drop box that the completed forms can be placed in. These are checked daily weekdays by the administration team. Complaints are logged on an electronic spreadsheet as well as logged on a paper based register. The CH&VM is advised of all complaints received in a timely manner.</p> <p>A complaints register is maintained. Eighteen complaints have been received to date in 2019. The six sampled complaints, received since May 2019 were acknowledged, investigated and responded to appropriately in a timely manner. There have been no complaints from the Ministry of Health, or Health and Disability Commissioner since the last audit. A complaint to the HDC, received prior to the last audit is nearing completion. The draft finding from the HDC has been provided to the facility for review. Palms Lifecare demonstrated that changes have already been made to relevant systems and processes. Staff interviewed confirmed they would bring any resident or family member's concerns to the attention of the clinical service manager (CSM), the CH&VM, the unit coordinators, or the registered nurses (RNs). Residents and family members interviewed were aware of the complaints process and confirmed they felt comfortable to raise issues. An example of this was sighted in one resident's file sampled. The shortfall from the last audit has been addressed.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed. One resident is unable to communicate verbally. Staff advised they understood the resident's nonverbal cues. Several other residents can speak English as their second language. Staff could detail how interpreters would be accessed if required and provided a recent example. There are staff employed who can effectively communicate in other languages and do so with applicable residents as required.</p> <p>The family members interviewed confirmed that they were kept informed of their relative's wellbeing including any incidents adversely affecting their relative and were happy with the timeframes that this communication occurred. Communications with families was documented in sampled residents' files.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The business, and quality and risk management plans detail the vision, values, scope, and goals of the organisation. The service is managed by the care home and village manager (CH&VM) who is a registered nurse. The CH&VM started working at Palms Lifecare in February 2019 and is responsible for the services provided on site with support of the clinical services manager (CSM). The CSM commenced working at Palms Lifecare on 4 June 2019. Both the CH&VM and the CSM are appropriately experienced in aged residential care.</p> <p>The CH&VM has exceeded eight hours of education per annum related to managing an aged related residential care facility as required by the provider's contract with Counties Manukau District Health Board (CMDHB). The CH&VM monitors progress in achieving goals via the quality and risk programme, resident and family feedback, and via the monthly report provided to the Heritage Lifecare Limited (HLL) regional operations manager. Three of these reports were sighted.</p> <p>There was a total of 111 residents receiving care at the time of audit. The facility has an Aged Related Residential Care Contract (ARRC) with CMDHB for the provision of rest home and hospital level care services. There were 109 residents receiving care under this contract. This included 52 at rest home level care and 57 at hospital level of care. There is a Long Term Conditions Chronic Health Contract (LTC CHC). Two residents were receiving hospital home level care under this contract. There were no residents under the age of 65 years. Palms Lifecare also has a contract with CMDHB for the provision of a day care services programme. The day programme service was not included in the scope of this audit.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	<p>FA</p>	<p>Palms Lifecare has a quality and risk management system which is understood and implemented by service providers. This included internal audits, satisfaction surveys, incident and accident reporting, health and safety reporting, hazard management, infection control data collection and management, monitoring the number of residents with restraints and enablers in use, and compliments and complaints management. There is a regular</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>newsletter 'What's up at Palms' to help keep the residents and family members informed.</p> <p>Palms Lifecare undertakes an annual resident and relative's satisfaction survey. This occurred in August 2019 with 54 residents and 20 relatives providing feedback. The results have been analysed by HLL nationally and provided to the CH&VM. The results had been displayed in table graph form (developed at Palms Lifecare) in the rest home and both hospital units for resident and family members to review. These graphs were removed when it was identified the service had inadvertently not included the aspects where the respondents had 'strongly agreed' (were very positive) in their responses to the questions. The CH&VM is developing a plan in response to the satisfaction survey findings.</p> <p>Regular internal audits have been conducted, which covered relevant aspects of service including aspects of care, documentation and medicine management. The eight audit results sampled at random (since July 2019) demonstrated when an issue or deficit was found, a corrective action has been put in place to address the situation. In addition, corrective actions have been developed and implemented in response to a complaint, sampled accidents/incidents, discussions during meetings, and reported maintenance issues or hazards. There is monitoring occurring to ensure the actions required have been implemented.</p> <p>Quality information is shared with staff via shift handover as well as via the monthly staff meetings. The minutes of staff meetings are detailed and made available to staff. Staff interviewed verified they were kept well informed of relevant quality and risk information. Opportunities for improvement are discussed, along with the organisation's expectations, policies/procedures, incidents/accidents, restraint/enabler use, staff education/training, the results of internal audits/surveys, feedback from residents' meetings, facility/equipment and maintenance activities. The number and type of incidents are reported monthly as part of the clinical and non-clinical quality indicators (refer to 1.2.4).</p> <p>Quality and risk activities and outcomes have also been discussed at the monthly registered nurse/restraint meeting, the monthly health and safety meetings, the weekly head of department (HOD) meeting, and monthly resident meetings. Operational and quality and risk issues discussed at the various meetings include incident/accident and infection trends, staffing, complaints/compliments, policy and procedure changes, hazards and their controls, the internal audit programme, occupancy, and staff training/education. A least three meeting minutes were sighted for each of these various meetings.</p> <p>Regular meetings have been held with residents to obtain residents' feedback on food, laundry services, staff and the activities programme. The minutes of three meetings were sighted. Feedback from residents has been discussed at the staff meetings.</p> <p>Policies and procedures have been developed by HLL nationally and provided electronically to Palms Lifecare. The CSM forwards the documents to the three unit coordinators. The administration staff are responsible for updating the manuals and document control processes. Policies are available electronically as well as three paper copies of each manual available on site. A copy is located in the administration area, the rest home and the hospital wing for staff access and review. Staff interviewed confirmed they are informed of key changes to policies and procedures.</p>
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		<p>Actual and potential hazards / risks are identified in the hazard register. The hazard register and mitigation strategies were current. The staff health and safety representative has completed appropriate training. Organisation risks are documented in the quality and risk plan and monitored via the monthly CH&VM monthly report. Resident specific risks are evaluated during interRAI assessment and care plan reviews.</p> <p>A communication is sent out monthly from HLL national support office summarising key communications to HLL care home and villages issued in the past month. This includes information on quality and risk, compliance, changes to key policies, processes or personnel and have electronic links to additional information as applicable and appropriate. The CH&CM reported that this overview/summary is a very effective way of ensuring nothing is inadvertently overlooked.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Policy and procedure details the required process for reporting incidents and accidents including near miss events. Staff are provided with education on their responsibilities for reporting and managing accidents and incidents during orientation and as a component of the ongoing education programme.</p> <p>Applicable residents' events have been reported in a timely manner and are reported electronically. Sampled events have been disclosed with the resident and/or designated next of kin. This was verified by residents and family members interviewed, and records of communications maintained in the sampled residents' files.</p> <p>A review of six reported events including unwitnessed falls, a pressure injury, a medication error, and challenging behaviour, demonstrated that incident reports are completed, investigated and responded to in a timely manner. The number and type of events are analysed monthly as part of the clinical and non-clinical quality indicator data. The results are discussed at staff meetings and displayed on the corridor wall outside the staff tearoom.</p> <p>Staff advised they communicate incidents and events to oncoming staff via the shift handover. Events have been discussed with staff at the staff meetings as verified by interview and detailed in meeting minutes sighted and are discussed by the unit coordinators in their regular meetings.</p> <p>Essential notifications have been made to the Ministry of Health and WorkSafe since the last audit. Reported events included a contractor who received a minor electric shock, an episode of challenging behaviour that was reported to the police, residents with a stage three or unstageable pressure injury (on admission or developed during care) and a planned power outage. The care home and village manager and clinical services manager interviewed could detail the other types of events that require reporting including difficulty recruiting registered nurses when applicable. There have been no events that required reporting to the Coroner. The DHB were advised of a resident that was given 21 days' notice to find alternative accommodation.</p>
<p>Standard 1.2.7: Human Resource</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process included completing an application form, interview, referee checks, police</p>

<p>Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>vetting, and validation of qualifications and practising certificates (APCs), where required. The job description/employment contract was present in sampled files along with a confidentiality agreement. A sample of staff records reviewed confirmed that policies are being consistently implemented and records retained.</p> <p>All employed and contracted registered health professionals have a current annual practising certificate (APC). Copies of the APCs were on file. The clinical services manager is an approved assessor for caregivers who are completing and industry approved qualification. There is one caregiver currently enrolled to complete a level two qualification, and one staff member who is booked to start a level four qualification in early 2020.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared new staff for their role and responsibilities. Staff records reviewed showed documentation of completed orientation and the competency assessment's applicable for each role, or the staff member's orientation was still in progress. The CSM provides a four-hour orientation to new staff and this includes key policies and procedures, the facility, emergency procedures, and the new employee completes some of the required mandatory competencies. The staff member is then buddied with a designated staff member for 'on the job' training. The CSM has recently developed a formalised orientation programme for agency staff.</p> <p>A comprehensive staff education programme is in place with in-service education identified and multiple opportunities and topics are provided every month. Records of education attendance were maintained. In addition, 'tool box' education sessions are provided in response to residents' care needs, audit findings, or reported incidents. Records are also retained of these sessions. There is also a documented framework detailing what competencies are required to be completed for each role, and the applicable timeframes. Some competencies are required to be completed once only during orientation, or within three months of employment, or if applicable to their role / responsibilities. Other competencies including medication competencies are required to be subsequently completed annually for applicable staff.</p> <p>A performance review is undertaken within three months of a staff member being employed and an annual performance appraisal is required for all staff. These were current in all applicable sampled staff files reviewed. A list is maintained of the staff due appraisals each month. Staff are required to complete the annual competencies prior to their annual performance appraisal. This is actively monitored by the CH&VM and the CSM. The shortfall from the last audit has been addressed.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from</p>	<p>PA Low</p>	<p>There is a documented process for determining staffing levels and skill mixes in order to provide safe service delivery, 24 hours a day, seven days a week (24/7). An afterhours on call roster is in place that is shared week about by the three unit coordinators. Staff advise the CH&VM is contacted for non-clinical events. Staff confirmed that access to advice is available when needed. Family members, residents and staff interviewed noted that on occasions there are insufficient staff on duty, and on occasions a delay in answering call bells. Residents were observed waiting prolonged timeframes to be assisted with meals in the hospital unit on the first day of audit. This is</p>

<p>suitably qualified/skilled and/or experienced service providers.</p>		<p>an area requiring improvement.</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>Medication policies and procedures are developed and implemented which cover all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system was observed for medicine management (using an electronic system) on the day of the audit. The staff member observed demonstrated good knowledge and had a clear understanding of the role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. The unit co-ordinators and the CSM are responsible for this process. Medication management education is ongoing and is recorded onto the training spreadsheets and competency lists are developed for each service area.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RNs check medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacy input is provided six monthly as part of the internal audit system and as required. There are three pharmacy/medication rooms and the medicine trollies are stored in the locked rooms when not in use. Medication fridges are temperature monitored and the temperatures are recorded. Vaccines are not stored on site.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six monthly stock checks and accurate entries. An imprest system has been developed and implemented since the previous audit for stock medicines and controlled drugs by the CSM and this system is working well.</p> <p>The GP interviewed ensures the medications are checked on each visit and as part of the three monthly reviews. Standing orders are not used. All requirements for pro re nata (PRN) medicines are met.</p> <p>There are two residents in the hospital who self-administer inhalers and three residents in the rest home who self-administer medicines. Processes are in place to ensure this is managed effectively and in a safe manner.</p> <p>There is an implemented process for analysing any medication errors as part of the adverse events reporting system.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	<p>FA</p>	<p>The food service is provided on site by three teams of kitchen staff. This is a newly implemented initiative of one cook and two kitchen hands per team. The food service is provided in line with recognised guidelines for older persons. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. In addition to the food service provided on site, the organisation has contracted an external company to provide appropriate foods using the</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>international dysphagia diet standardisation initiative (IDDSI) in conjunction with a speech language therapist and dietitian. This system was introduced on 2 July 2019 and is working effectively as stated by the cook interviewed on the day of the audit. Food is prepared in correct textures, for example pureed, minced or moist and delivered in frozen form with moulds being used to create shape and colour. Also interviewed was the owner/director and the dietitian of the company who visit monthly to assess the progress or to address any concerns the staff have in preparing the food. The cooks have orientated kitchen staff for this project.</p> <p>The service operates with an approved 'A' grade food safety control plan which expires 31 July 2020. All staff who work in the kitchen have completed food safety training. Nutritional information is still sought from all residents on admission regarding likes, dislikes and any special preferences or diets and these are taken into consideration by the cook when planning meals daily. Evidence of resident satisfaction with meals was verified during resident/family/whanau interviews.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Information is documented using validated electronic nursing assessment tools such as a pain scale, falls risk and post falls risk assessments, skin integrity, nutrition, screening and depression scale and other tools as needed for each individual resident. These tools are used as a means to identify any deficits and to inform the care plan. The sample of electronic care plans reviewed had an integrated range of resident-related information. All residents have current interRAI assessments completed by one of 13 trained interRAI assessors on site. The clinical services manager (CSM) is also an approved assessor for caregivers who are completing an industry approved qualification. This was an area requiring improvement from the previous audit which has now been addressed. Residents and families confirmed their involvement in the assessment process.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Plans reviewed reflected the support needs of residents and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed. The electronic records reviewed included activities notes, progress records, medical and allied health professionals' notations clearly documented, informative and relevant. Any change in care required was documented and verbally passed onto to relevant staff. A short term care template has been developed since the previous audit and can be accessed by staff electronically in (work log). Families are notified should this be required and entered into family/progress notes to verify the family have been contacted. Residents and families reported participation in the development and ongoing evaluation of care plans. This was an area for improvement at the previous audit and has been addressed.</p>
<p>Standard 1.3.6: Service</p>	<p>FA</p>	<p>Documentation, observations and interviews verified the provision of care provided to residents was consistent with their identified needs, goals and plan of care. The attention to meeting a diverse range of resident's individualised</p>

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>needs was evident in all areas of service delivery. The GP interviewed verified that medical input was sought in a timely manner, that medical orders and/or instructions are followed. The appointment of the three unit coordinators has increased the GP's confidence in relation to the medical orders being carried out. Caregivers interviewed confirmed that care was provided to residents as outlined in the care plans. A range of equipment and resources was available suited to the levels of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities calendar is provided by three staff including two diversional therapists (DTs) holding the national certificate in Diversional Therapy and one activities coordinator. The activities coordinator is currently completing level four training to be a diversional therapist.</p> <p>A social assessment 'About Me' and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The activities calendars are developed and displayed for each service being the rest home, the hospital upper and 'lower levels'. The residents' activity needs are evaluated six monthly and is part of the six monthly formal care plan review.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group and regular events are offered. Outings are encouraged regularly in the rest home van. A list of designated drivers was sighted. The van can accommodate two wheelchairs with a hoist being available. Residents and families/whanau are involved in evaluating and improving the programme through satisfaction surveys and resident meetings held monthly. Residents were seen to be enjoying the activities in both the rest home, the lower hospital floor and upper level hospital at different times of the day. Residents interviewed enjoyed the programme provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Residents' care is evaluated on each shift and reported on the progress records. If any changes are noted it is reported by the care staff to the RN on duty or to the unit coordinator.</p> <p>Care plan evaluations occur every six months in conjunction with the six monthly interRAI re-assessments or as residents' needs change the care plan is updated. Examples of short term plans being utilised and reviewed to ensure progress was occurring was noted. The short term care reviews occur in a clinically appropriate timeframe and are recorded. When necessary and for unresolved issues these are added to the long term care plan. Residents and families are involved as needed.</p>
<p>Standard 1.4.2: Facility Specifications</p>	<p>FA</p>	<p>There was a current building warrant of fitness (BWOFF) with an expiry 28 September 2020 in the hospital building and an expiry date of 31 May 2020 for the rest home building. There have been no changes to the approved fire</p>

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>evacuation plan since the last audit. The call bell system has been enhanced (refer to 1.2.8.1).</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, fungal, eye, upper and lower respiratory tract, skin infections and gastro-intestinal infections. The infection prevention and control coordinator reviews all reported infections, and these are documented. Any new infections requiring management are discussed at handover to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated by the national quality and compliance team and reported through the senior management team to the GM and board of HLL. The results are sent back to the CSM and forwarded to the unit coordinator/ICC and fed back to the staff through staff meetings and at staff handover. Graphs are produced that identify trends for the current year and comparisons against previous years and this is reported to the CSM.</p> <p>The staff stated that there have been no infection outbreaks since the last audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The nominated restraint coordinator is one of the two hospital unit coordinators. The restraint and enabler register noted three hospital level care residents are using a form of restraint (bedrails), and five residents are using enablers (bedrails). The details for assessment, consent or approval, monitoring and review for the residents were consistent with the organisation's policy as observed in the two sampled files. The use of enablers and restraints is reviewed monthly as a component of the registered nurse meetings and numbers change over time. Enablers are used only to aid a resident's freedom of movement and at the residents' request.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service</p>	PA Low	<p>The CH&VM advised there has been re-engineering of the caregiver’s rosters in the hospital units since the last audit. This was undertaken with involvement of the union. Caregivers working in the hospital units now are employed on a four day on and two day off fixed roster with the roster commencing 16 September 2019. The caregivers work either morning, afternoon or night shift. Caregivers in the rest home continue to have a flexible roster as is the case for the ten registered nurses and the one enrolled nurse working rostered shifts. In addition, there is a unit coordinator in each of the three units, the CSM and CH&VM who are all registered nurses. Caregivers are working in teams. There is a staff member on duty at all times with a current first aid certificate. Thirteen staff have current interRAI competency. This comprises nine of the ten registered nurses, the three unit coordinators and the clinical services manager.</p> <p>The CH&VM advised there are three full time caregiver roles</p>	<p>Work has been undertaken to re-engineer rosters (September 2019) and improve call bell response (last week of November 2019). Residents, and family interviewed however advised on occasions there are insufficient staff on duty with some delays in staff responding to call bells. Recent improvements to enhance the timeliness of call bell response times have been undertaken, however, but there has not been sufficient time to evaluate the effectiveness/impact of these changes. Staff advise on occasions, including the afternoon shift in the rest home, that there are insufficient staff on duty with three caregivers available to provide care and one other caregiver primarily</p>	<p>Continue to implement the rostering changes and staff engagement strategies. Review the call bell response times as planned to monitor whether the improvements made to the call bell system have improved the timeliness of staff responding</p>

<p>delivery.</p>		<p>vacant, as well as part time caregiver roles for the shorter shifts, two registered nurse positions and the domestic support worker positions. The domestic support worker roles are new and includes assistance with serving meals and making beds. The management team interviewed an RN during audit and were making an offer of employment. The CH&VM advised there have been challenges in recruiting new staff and have undertaken a number of initiatives to aid recruitment. This included two of the unit coordinators recently completing a preceptorship training programme so Palms Lifecare can offer clinical placements to nursing students on the competency assessment programme (CAP). Some of Palms Lifecare staff have offered accommodation for CAP students to aid placement accessibility.</p> <p>The CH&VM is actively working with Work and Income New Zealand (WINZ) for caregiver recruitment.</p> <p>The roster is developed by the CSM and made available for staff. A unit coordinator (experienced registered nurse) works weekdays in each of the two hospital wings and the rest home. In addition, the CH&VM and the CSM work weekday mornings. Staff are rostered to work in designated units. There is a minimum of four caregivers and two registered nurses rostered on duty at night, with additional staff rostered on morning and afternoon shifts. Staff in the rest home are required to attend urgent callouts in the village after 'business hours'. This occurs very infrequently with two events logged (both on morning shifts) since 19 September 2019. The village coordinator attends village resident calls during the weekday mornings. Caregivers also assist with routine medication administration where applicable for identified village residents. In the afternoon shift, there are four caregivers rostered on duty in the rest home. One caregiver is designated to undertake the medicine rounds of the rest home and for applicable village residents. Staff, residents and family members noted there are not enough staff available.</p> <p>In addition to an RN and unit coordinator, there are four</p>	<p>responsible for administering medications. Medication administration throughout the facility and including some residents in the villa is reported to take almost the entire shift for the caregiver who has this responsibility. Hospital residents needing assistance with meals were observed waiting a prolonged time (up to 25 minutes with food in front of them) for assistance with their breakfast and their lunch on the first day of audit.</p>	<p>to call bells. Review staffing to ensure timely service delivery including assistance with meals for applicable residents. Evaluate and monitor the time taken each day to provide care to village residents and factor this into the staff acuity decisions.</p> <p>90 days</p>
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		<p>caregivers rostered on duty for all or part of the morning shift in each hospital unit. A domestic support worker is rostered in each unit between 7.15 am and 12.15 pm. These positions are currently being recruited. In the interim, the shift is being covered by caregivers or agency staff. On the first day of audit, applicable residents in the hospital units were observed waiting prolonged times to be assisted with their meals (both breakfast and lunch).</p> <p>Residents and family members interviewed advised there are delays at times with their call bells being answered, and this was also documented in early November 2019 as a concern by family in a care review meeting in one of the randomly sampled hospital level care resident's notes. The CH&VM was aware of this concern/complaint and has recently updated the call bell system. This upgrade occurred during the last week in November 2019. When the call bells are activated these alert to all the caregivers pagers, and escalates to the registered nurse pager if the call bell is not answered within three minutes, and to the unit coordinator if the call bell was not answered within a five minute timeframe during weekdays. The RNs and unit coordinator now carry pagers. The CH&VM can run reports of the timeliness of call bells being answered. At the time of audit, this is hindered due to technical issues with some call bells not able to be turned off immediately when staff attend thereby giving some incorrect results. This problem was observed during audit when a unit co-ordinator was observed liaising with unit staff about a call bell that had not appeared to have been answered and was advised the call bell had been attended to but would not turn off. The CH&VM had also undertaken a number of initiatives to ensure pagers are being worn by staff, and to ensure pagers are in working order. Due to the recentness of the call bell interventions the service has not formally evaluated if the issues with the call bell response time was due to staffing numbers or staff / equipment processes.</p> <p>The CSM / unit coordinator or RN on duty is responsible for arranging staff cover if there are unplanned absences. Palms</p>		
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		<p>Lifecare utilises agency staff who are familiar with the facility and residents. For the current weeks roster there are three RN shifts and 14 caregiver shifts that are being filled by agency staff.</p> <p>There are three catering teams that comprise a cook and two kitchen assistants in each team. The kitchen teams work a fixed rotating roster with a team in the rest home and one in the hospital units each day.</p> <p>There are two diversional therapist (DT) and an activities coordinator employed. Activities are scheduled in each unit from 8.30 or 9 am to 3.30 or 4pm weekdays.</p> <p>Additional hours are rostered for gardening, administration, and maintenance, laundry and cleaning services.</p>		
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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.