

Burlington Village Limited - Burlington Village Ltd

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Burlington Village Limited

Premises audited: Burlington Village

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

Dates of audit: Start date: 16 January 2020 End date: 17 January 2020

Proposed changes to current services (if any): One wing of 14 rooms were all verified as suitable to be used as double rooms for couples. However, the service is only planning to have four couples at one given time. This will increase bed numbers from 60 to 64 beds.

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

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

Burlington Village opened in April 2019 provides rest home and hospital level care for up to 60 residents. 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, relatives, staff and management.

There is an experienced and appropriately qualified facility nurse manager. She is supported by an experienced aged care clinical nurse manager. They are supported by a team of registered nurses, healthcare assistants and non-clinical staff. Residents and relatives overall commented very positively on the services and care received at Burlington Village.

This certification audit identified shortfalls around food services.

The service has exceeded the required standard around reduction of antibiotic usage and maintaining low infection rates.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Burlington Village 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. Care plans accommodate the choices of residents and/or their family/whānau. 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. 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.
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The facility nurse manager is supported by the clinical nurse manager who is a registered nurse.

Burlington Village continues to implement 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.

Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. They are supported by a team of RNs. There are adequate numbers of staff on duty to ensure residents are safe.

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.		Some standards applicable to this service partially attained and of low risk.
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There is an admission package available to residents and families prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. Care plans demonstrate service integration and were evaluated at least six monthly. Resident files are electronic and included medical notes by the general practitioner, nurse practitioner and allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurse and medication competent healthcare assistants are responsible for administration of medicines. All staff are responsible for medication administration complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three monthly by the general practitioner.

The activity team provide and implement an interesting and varied integrated activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and resident preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site.

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.

The building has a code of compliance, which expires 18 April 2020. There is a planned and reactive maintenance programme in place. Management have planned and implemented strategies for emergency management. There are documented processes for the management of waste and hazardous substances in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Rooms are personalised and all have ensembles. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate.

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.

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 13 residents were using enablers.

Infection prevention and control

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

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

The infection control (IC) team is led by the clinical nurse manager who is supported by representation from all areas of the service. The IC programme is appropriate for the size and complexity of the service. The programme was developed prior to opening and is due for review. Staff are informed about IC practises through meetings, and education sessions. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Burlington Village has exceeded the standard for reducing the number of infections in the facility.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	43	0	1	0	0	0
Criteria	1	91	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Burlington Village 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 in the foyer. 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 and is included in the 2020 in-service education and training planner. Interviews with staff (six healthcare assistants, four registered nurses, and one diversional therapist, one chef and one 2nd cook), reflected their understanding of the key principles of the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. Written general consents for photographs, release of medical information, and medical cares were signed as part of the admission agreement. Discussions with the healthcare assistants and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms.</p> <p>Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated where required. Advance directives for health care including resuscitation status had been completed where residents were deemed to be competent. Where residents were deemed incompetent to make</p>

		a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the family. Resident files show evidence that where appropriate the service actively involve family/whānau in decisions that affect their relative's lives.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	Information on advocacy services through the HDC office is included in the resident compendium that is provided to residents and their relatives 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. Training on advocacy is planned in 2020.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events. Residents and relatives interviewed confirmed open visiting hours. Visitors were observed coming and going during the audit. 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.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The 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.</p> <p>Eight complaints have been logged year to date from opening in 2019 to 2020. All complaints documented a comprehensive investigation, follow-up, and replies to the complainant. Corrective actions are currently in place around food services. One complaint was via the DHB, which has now been closed.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available in the compendium in each residents' room, relatives are encouraged to use email.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p>	FA	Details relating to the Code are included in the compendium (remains in the residents' rooms) which is provided to new residents and their relatives. The clinical nurse manager and registered nurses

<p>Consumers are informed of their rights.</p>		<p>discuss aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the quarterly resident/family meetings. All ten residents (four hospital and six rest home) and three relatives (two rest home and one hospital) interviewed, reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents were respectful.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>It was observed that residents are treated with dignity and respect. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Electronic residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's 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 on privacy, ethics and professional boundaries.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>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.</p> <p>There were residents who identified as Māori, cultural preferences and iwi affiliation were included in the care plans. The activities programme includes a Māori singer who would assist all residents wishing more Māori culture involvement in the community.</p> <p>Staff receive education on cultural awareness during their induction to the service and is included in the 2020 education planner. 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.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>Burlington Village identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, relatives and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. The 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.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>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 registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries and workplace bullying education sessions have been completed during orientation.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24-hours a day. The service has contracted a nurse practitioner who visits weekly and as required. Resident review's residents identified as stable every three months.</p> <p>Physiotherapy services are provided weekly. There is an in-service education and training programme for staff, and all staff have access to an online training programme with sessions staff are to complete during each month. A podiatrist is on site six weekly. The service has links with the local community and encourages residents to remain independent.</p> <p>A quality indicator folder is maintained with the graphs of monthly collation of data/ clinical indicators including pressure injury, falls, weight loss, wounds medications behaviours that challenge, infections restraint and complaints/ concerns. A paragraph of analysis and corrective action plans is underneath the graphs, this is displayed in the staff room and is discussed at all meetings.</p> <p>Burlington Village have exceeded the standard around decreasing the usage of antibiotics (link 3.5.7).</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>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.</p> <p>Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twelve electronic accident/incident forms reviewed (from January 2020), identified relatives are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. The satisfaction survey result showed 85% of residents felt there was good communication. The manager writes a monthly newsletter for residents and relatives updating on the month and upcoming events.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>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</p>

		the scope of services and any items that are not covered by the agreement.
<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>	FA	<p>Burlington Village is governed by a board of five directors who have experience in owning and building aged care facilities and villages since 1993. Burlington Village has set a number of quality goals include (but not limited to); maintaining a client focus, providing a high standard of care, providing comprehensive orientation and ongoing training opportunities to staff, and promoting a happy and harmonious workplace. The quality goals link to the organisation's 2019-2020 business plan and includes the mission of Health and Happiness for a new generation, with the five core values (respect and equality, integrity, innovation, anti-institutional, and promoting independence) included.</p> <p>Burlington Village provides rest home and hospital (medical and geriatric) level care for up to 60 residents. All rooms have been approved as dual purpose. Sixteen of the rooms are occupied LTO units.</p> <p>On the day of audit, there were 56 residents. Thirty-two rest home residents (five in the LTO units) and 24 hospital level residents (eleven in LTO units) including two YPD, and one resident on an end of life contract. All other residents were under the ARC contract.</p> <p>As part of this audit, one wing of 14 rooms were all verified as suitable to be used as double rooms for couples. However, the service is only planning to have four couples at one given time. This will increase bed numbers from 60 to 64 beds.</p> <p>The facility nurse manager (registered nurse) has been employed with the company since November 2018 and was part of the planning phase. She has a background in management of age care facilities, and small business management.</p> <p>A clinical nurse manager has been in her role since March 2019 and was involved in the transitioning phase from Alpine Care centre and orientation and employment of staff. She has previous experience in mental health services, support registered nurse role, and clinical management.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and</p>	FA	<p>The clinical nurse manager takes on the managers role in the temporary absence of the facility nurse manager.</p>

safe services to consumers.		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Burlington has fully implemented the quality and risk management programme which has been purchased from an external consultant. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as needed. Monthly health and safety, combined quality/staff meetings, and clinical meetings ensure that quality data is communicated, discussed and issues acted upon. Infection control meetings are held three monthly. Corrective action plans are documented at the end of each set of minutes, detailing actions to be taken and signed off by the facility nurse manager once completed. The corrective action log is discussed at each meeting to ensure the outstanding matters are addressed.</p> <p>The 2019 resident satisfaction survey showed overall satisfaction with the service provided, with 93% of respondents agreeing their needs were being met. Shortfalls were identified around the food services and call bells. Additional training was put in place around the use of the pagers, and a corrective action was in place for addressing issues with the food service. The results of the resident survey were sighted as discussed at the quality/staff meetings and clinical meetings. The corrective action log had corrective actions in place around all areas of lower satisfaction.</p> <p>Responses were still being collated for the relative satisfaction survey; initial responses showed overall satisfaction with the service.</p> <p>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.</p> <p>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</p> <p>Health and safety policies are implemented and monitored by the monthly health and safety committee. Committee members include the health and safety officer/facility nurse manager and three health and safety representatives and two registered nurses. All except one representative have completed stage 2 health and safety course. There are regular manual handling sessions taken by the physiotherapist. The noticeboard keeps staff informed on health and safety meetings. The health and safety committee are developing a social group who already have been on outings for a meal and bowling.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. The service contract a physiotherapist six hours a week who provides exercises and walks. Healthcare assistants interviewed could describe falls prevention strategies as documented in care plans.</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>	<p>FA</p>	<p>Individual electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trending. Results are discussed at the meetings. Twelve resident related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations are conducted for suspected head injuries, relatives were notified following each incident as they wished (discussed on admission when they would like to be notified). Opportunities to minimise future risks were identified where possible.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two section 31 notifications completed for a pressure injury and a sudden death has been referred to the coroner. There have been no outbreaks at Burlington Village.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed (clinical nurse manager, one registered nurse, one diversional therapist, one HCA, one chef, and one housekeeping) evidenced implementation of the recruitment process, employment contracts, completed orientation. Appraisals were not yet due. For staff who transitioned from the Alpine care centre, the appraisal is due one year after commencing at Burlington. A register of practising certificates is maintained.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed.</p> <p>A competency programme is in place. Core competencies have been completed, and a record of completion is maintained.</p> <p>There is an annual education and training schedule being implemented, due to the short time Burlington Village has been opened, they have not yet progressed through all of the compulsory training sessions, outstanding sessions are included in the 2020 planner (sighted). Burlington Village has access to online training, sessions are available for each month for staff to complete. The healthcare assistants are encouraged to undertake aged care education (Careerforce). Currently there are 11 healthcare assistants with level 4 NZQA and 10 with level 3 NZQA.</p> <p>Training for clinical staff is linked to external education provided by the district health board. Registered nurse specific training viewed included: syringe driver, wound care, and first aid. There are nine RNs employed and seven are interRAI trained.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There are policies and procedures to ensure staffing ratios are within guidelines. The registered nurses all have current first aid certificates.</p> <p>There are currently 32 rest home residents and 24 hospital level residents.</p> <p>The facility nurse manager and the clinical nurse manager are available Monday to Friday each week and share on call. They are supported by two registered nurses on the morning and afternoon shifts and one registered nurse on night shift.</p> <p>The morning shift has: 1x RN 7am to 3.30pm and 1x RN 7am to 2.30pm. They are supported by eight healthcare assistants (HCAs); 4x 7am to 3pm and 4x 8.30am to 1.30pm.</p> <p>The afternoon shift has two RNs rostered; 1x 1.30pm to 9.30pm and 1x 3pm to 11.15pm. They are supported by six HCAs; 2x 3pm to 11pm and 4x 3pm to 9.30pm.</p> <p>The night shift is covered by two HCAs who are rostered from 11pm to 7am and one RN from 11pm to 7.15am.</p> <p>Residents, relatives and staff interviewed stated they felt staffing was satisfactory.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The electronic 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 care 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.</p> <p>Residents' files demonstrated service integration. Entries were legible, timed, dated and includes identification of the write (relevant healthcare assistant or nurse), including designation. Electronic systems are password protected.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has</p>	<p>FA</p>	<p>The service has an information pack relating to the services provided at Burlington Village which is available for families and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement.</p>

been identified.		
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. Policies and procedures are in place to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. There was evidence that residents and their families were involved for all exits or discharges to and from the service.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in the medication room. Clinical staff who administer medications (registered nurses, and medication competent healthcare assistants) have been assessed for competency on an annual basis and attend annual medication education. Registered nurses have completed syringe driver training. All medication sachets are checked on delivery against the electronic medication charts. There was no resident's self-administering medication on the day of the audit. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent and safe storage of the medications. There are locked drawers available in each resident room.</p> <p>The medication fridge is checked as per policy, and temperatures are maintained within the acceptable temperature range. Medication room temperatures are monitored, and documentation was instigated on first day of audit and sighted completion for the two days of audit. All eye drops sighted in the medication trolleys were dated on opening.</p> <p>Sixteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP /NP had reviewed the medication charts three monthly. 'As required' medications had prescribed indications for use. Controlled drugs (CD) were stored as per legislation and CD registers were checked weekly by two registered nurses.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	PA Low	<p>The food services are overseen by a chef. All meals and baking are prepared and cooked on-site by qualified chef/cook. All food services staff have completed food safety training. There is a current Food Control Plan in place which expires June 2020. The menu has been approved and reviewed by a registered dietitian.</p> <p>The chef receives resident dietary profiles and notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes.</p> <p>The kitchen is in the middle of two dining rooms. All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal</p>

		<p>protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. Food is probed for temperature and transferred to the hot box until serving when it is transferred to the bain marie and served.</p> <p>For those residents having meals in their rooms, meals are plated hot in the kitchen and transported to resident rooms, plates covered by thermal covers. Residents and families interviewed expressed a general dissatisfaction regarding the temperature of the meals on service, in particular the evening meal, stating they were often cold.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The service has an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry is declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Registered nurse completes an admission assessment including relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes. Outcomes of assessments are reflected in the needs and supports documented in the care plans on the electronic system. Other available information such as discharge summaries, medical and allied health notes and consultation with resident/relative or significant others are included in the long-term care plans.</p> <p>A full suite of assessments was completed on admission for the resident on an End of Life contract and reviewed as health status changed, including falls risk, pain, braden skin, continence, mobility, nutritional and clinical assessment.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service</p>	FA	<p>The care plans on the electronic resident file system for all files reviewed were resident focused and individualised. Long-term care plans identify support needs, goals and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. The care plan integrates current infections, wounds or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved.</p>

<p>delivery.</p>		<p>Allied health care professionals involved in the care of the resident included, but were not limited to physiotherapist, wound care specialist nurse, speech language therapist, dietitian, and community mental health services.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP/NP visit or referral to nurse specialist consultants occurs.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The short-term care needs were integrated into the long-term plan.</p> <p>There were twelve wounds (seven hospital and five rest home) and one pressure injury (hospital) being treated on the day of the audit. The wounds comprised of skin tears (six hospital, three rest home), chronic ulcer (one hospital, one rest home), and one surgical wound (rest home). The GP/NP are involved with clinical input for wounds and pressure injuries and the wound care specialist nurse is accessed as required. Pressure injury prevention interventions were documented in the care plans for residents identified at risk of pressure injury.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to) weights, observations included vital signs and PO2, turning schedules and fluid balance recordings</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 programme is provided by two diversional therapists and includes activities from Monday to Friday. Residents receive a copy of the programme which has the daily activities displayed and includes individual and group activities.</p> <p>A resident activity assessment is completed soon after admission. The activity team are involved in the six-monthly review of resident's care plan with the RN. One-on-one activities includes walks, hand massage, library and nail manicure, playing music or singing, and conversation. Group activities include daily exercise groups, music, newspaper reading, board games, quizzes and activities, entertainers, outings, movies, and community visitors include school children, church services, canine friends, and entertainers.</p> <p>The service has a van for outings into the community, this includes to nearby shopping malls and</p>

		<p>inter-home visits with other rest homes.</p> <p>The service receives feedback and suggestions for the programme through resident meetings, one-to-one interactions and surveys. The residents and relatives interviewed were happy with the variety of activities provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Initial care plans for long-term residents reviewed were evaluated by the registered nurses within three weeks of admission. Long-term care plans have been evaluated by the RN six monthly or earlier for any health changes in the electronic resident files reviewed. Multidisciplinary review meetings are held with the nurse practitioner and case conference notes are kept on the electronic system. Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP and/or nurse practitioner reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the electronic progress notes.</p> <p>Relatives are invited to attend GP reviews, if they are unable to attend, a copy of the interRAI care plan is sent for them to review, and if they are happy this is what is used.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Policies and procedures are in place for exit, transfer or transition of residents. Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Discussion with the registered nurses identified that the service accesses support either through the GP, specialists and allied health services as required. There is evidence of referrals for re-assessment from rest home to hospital level of care.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There is a waste disposal policy and a disinfection and sterilisation policy.</p> <p>Material safety datasheets are to be available in the combined sluice/laundry. Personal protective equipment including gloves, aprons and goggles are available for staff throughout facility. The sluice is located in the laundry in the hospital wing. The sluice/laundry is secure with a keypad. There is a locked cleaner's cupboard.</p> <p>Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a code of compliance which expires 18 April 2020. There is a maintenance request book for repair and maintenance requests, located at the reception. This is checked throughout the day and signed off when repairs have been completed. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment and testing and tagging of electrical equipment. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. Essential contractors/tradespeople are available 24 hours as required.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. Outdoor areas had seating and shaded areas available. There is safe access to all communal areas. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Each resident room has a spacious ensuite with shower. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. There is a mobility toilet near the large communal lounge.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>The wing of 14 studio apartment rooms were all verified at this audit as suitable to be used as double rooms for couples. However, the service is only planning to have four couples at one given time. There are two call bell points in each large bedroom, and a call bell point in the kitchen area of the lounge/ kitchen area. One of the studio apartment rooms was currently being used as a double room occupied by a married couple on the day of the audit.</p> <p>All residents' rooms are spacious and designed for hospital level. Each room allows for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets/bathrooms in all areas. The communal lounge is spacious. Residents requiring transportation</p>

		<p>between rooms or services are able to be moved from their room either by trolley, bed, lazy boy or wheelchair. Fourteen resident rooms are one-bedroom apartments with kitchenettes. There are 14 studio apartments and 32 large hospital rooms. All rooms are suitable to be used as dual-purpose. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>The residents were observed moving around freely with mobility aids.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There is a large centralised communal lounge and two dining rooms. There are other meeting rooms available for whānau/family meetings. There are a number of sitting areas around the facility and a large atrium area that can be used as a communal area. There is safe access to gardens. All communal areas are easily accessible for residents with mobility aids.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are laundry and cleaning policies and procedures. Laundry is outsourced to their sister village. There is also a separate clean laundry/folding room next door to the laundry for folding and storage of clean linen. The laundry room is combined as a sluice/laundry. The room is key padded. The room is narrow with a dirty to clean flow. Processes are in place to ensure that clean laundry (after drying) is placed in a covered clean trolley to transfer to the separate clean laundry room next door as it will need to go back through the dirty area of the narrow laundry. There are also external doors from each laundry room to transport the clean and dirty linen that is being outsourced. The cleaner's trolley is locked away in the cleaner's cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule. Staff have completed chemical safety training.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 3 May 2019. Six monthly fire evacuation drills take place (last in November 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 the nurse's station and civil defence supplies stored in a centrally located cupboard. All supplies including food stores are checked monthly. In the event of a power outage there is a back-up generator and gas cooking. There are adequate supplies in the event of a civil defence emergency including four 750 litre water tanks. Emergency management is included in staff orientation and ongoing as part of the education plan. A</p>

		<p>minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents can choose to have a call bell pendant if they wish, staff carry pagers to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. The building is secure after hours.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All bedrooms and communal areas have ample natural light and ventilation. There are underfloor heating and heat pumps throughout the facility. The temperature in each room can be individually set. There is plenty of natural light in the rooms and all have sliding doors.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control coordinator (IC) is the clinical nurse manager 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 three monthly. The IC programme is appropriate for the size and complexity of the service. The programme was developed as part of the electronic quality system purchased and is due for review in April 2020. Meeting minutes are available to all staff and infection control is an agenda topic at staff meetings.</p> <p>There are adequate hand sanitisers placed throughout the facility. Residents and staff are offered the influenza vaccine.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator (clinical nurse manager) provides an IC report to the infection control team meeting quality/staff and registered nurse meetings.</p> <p>The IC coordinator has attended a DHB infection control study day, and can access the DHB IC nurse specialist, Southern Laboratory microbiologist, GPs and public health advice when required. The infection control coordinator described utilising the Altura online training, health learn (online) and MOH sites.</p>
<p>Standard 3.3: Policies and</p>	FA	<p>Burlington Village has a suite of infection control policies and an infection control manual provided</p>

<p>procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>through an external provider, which reflect current practise and have been regularly reviewed.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>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. Additional tool-box talks are provided as infection control issues arise.</p> <p>Resident education occurs as part of care delivery.</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>CI</p>	<p>Infection monitoring is the responsibility of the IC coordinator (the clinical nurse manager). All infections are entered into the electronic database, which generates a monthly analysis of the data. 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 comparisons of data. Outcomes are discussed at the infection control team meeting, registered nurse, quality/staff and management meetings. The service has exceeded the standard in reducing the number of urinary tract infections.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which 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.</p> <p>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. The service has identified they have 13 residents using bed loops. The service has classified these as enablers.</p>

		Healthcare assistants interviewed were able to describe the differences between restraint and enablers.
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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 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	PA Low	Food is transferred to hot boxes set at 90 degrees Celsius at end of cooking and kept until transfer to bain marie. Records show the temperature on transfer to bain marie is 80 degrees Celsius. Temperature at plating is not recorded. Residents and family’s interviewed stated that the evening meal was often cold on service	Residents and family’s interviewed stated that the evening meal was often cold on service. Temperature at plating is not recorded.	<p>Record and monitor temperature of meals at service to ensure they are served hot.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	CI	<p>The infection control coordinator identified there was a high rate of infections in the previous six months at the Alpine View care centre (residents transferred to Burlington Village from Alpine View care centre).</p> <p>Infection control data from the care centre where residents transferred to Burlington Village from, was found to</p>	<p>Prior to Burlington Village opening, and investigation was held into why there were such high numbers of residents with infections (a total of 43). Housekeeping practices and processes were reviewed, and changes made including colour coded cleaning cloths, individual toilet brushes for each room, increasing the number of hand sanitizers around the facility. Education was provided around contributing factors of infections in particular respiratory and urine infections. A review was also carried out of the cleaning agents used. There has been a decrease of 60% of infections from the first three months of opening to the last three-month period. The service is now looking at reducing the number of wound and skin infections.</p> <p>The infection control officer (clinical nurse manager) identified all infections identified were treated with antibiotics. A discussion was held with the nurse practitioner around trialling a supplement which had been researched and proven to be beneficial in reducing the reoccurrence of urinary tract infections. Residents with recurring urinary tract infections were selected and commenced on the natural supplement which inhibits the ability for bacteria to attach to the lining of the bladder, decreasing the bacterial load and therefore the symptoms of bacteria in the bladder. Education was provided to staff and residents around the contributing factors to urinary tract</p>

		<p>have 19 urinary tract infections from November 2018 to May 2019.</p>	<p>infections, hand hygiene, personal cares and encouraging adequate fluid intake of all residents</p> <p>Five residents who had recurrent urinary infections were commenced onto the supplement. Only one resident (with co-morbidities and an indwelling urinary catheter) has experienced a urine infection. Other residents identified had reduced symptoms of 50% or no symptoms at all in the last three-month period.</p>
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End of the report.