

The Lady Bug 2019 Limited - The Lady Bug

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 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: The Lady Bug 2019 Limited

Premises audited: The Lady Bug

Services audited: Dementia care

Dates of audit: Start date: 17 March 2021 End date: 18 March 2021

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: 15

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

General overview of the audit

The Lady Bug 2019 Limited – The Lady Bug is one of three aged related residential care services currently owned by the directors of Kumeu Village Aged Care Limited, and provides care for up to 15 residents (all women) requiring dementia level care. The service opened on the 15 June 2020.

This 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, procedures, residents’ and staff files, observations and interviews with residents, families, a general practitioner, a director, managers and staff.

The eight areas for improvement raised at the last audit related to staff orientation, medicine storage, a food control plan, personal protective equipment/material safety data sheets, a certificate of public use, having grab rails present in each bathroom, cleaning/laundry services, emergency management and security camera signage have been addressed. There are two areas identified for improvement as a result of this audit related to dietitian review of the menu and the assessment of residents following a fall.

Consumer rights

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| 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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Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Personal privacy, independence, individuality, and dignity are supported. Staff interact with residents in a respectful manner.

Open communication between staff, residents, and families is promoted, and confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination.

The service has linkages with a range of specialist health care providers to support best practice and meet resident's needs.

A complaints register is maintained with complaints resolved promptly and effectively.

Organisational management

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| 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 organisation's philosophy, mission and goals/objectives are documented in the objectives and quality improvement plan 2021/2022. The service is utilising the Eden Alternative Principals as the basis of care. The general manager is one of the company owners/directors who works with the other members of the management team including the operations manager, administration manager, quality manager and clinical coordinator/clinical manager that are all based at the Kumeu Village Retirement Home. The clinical nurse manager is responsible for overseeing that the day-to-day services provided at The Lady Bug. The management team work together to ensure the services offered meet residents' needs, legislation and good practice standards. The Lady Bug is located on a separate premise in Coatesville, a short drive from the Kumeu Village facility.

The quality and risk system and processes support effective, timely service delivery. The quality management systems include an internal audit programme, complaints management, incident/accident reporting, corrective action planning, hazard management, and infection control data collection. Quality and risk management activities and results are shared with management and staff. Corrective action planning is well documented. An external consultant develops policies which are reviewed and updated by the quality manager to reflect the service's needs.

New staff have an orientation. Staff participate in regular, relevant ongoing education. Applicable staff and contractors maintain current annual practising certificates. Residents and family members confirmed during interview that all their needs and wants are met. The service has a documented rationale for staffing which is implemented.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

Continuum of service delivery

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| 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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Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. The care plans are reviewed every six months or earlier if required, with input from the resident/family/enduring power of attorney (EPOA) as appropriate. File samples reviewed identified integration of allied health services and a team approach.

The activities programme involves all staff and is led by an activities coordinator. Staff were observed engaging with residents to meet their needs, preferences and abilities.

Medications are managed appropriately in line with accepted guidelines. Medication competencies are completed annually for those involved in the administration of medicines.

Residents' food preferences and dietary requirements are identified on admission and reviewed six monthly. Meals are cooked offsite and delivered in hot insulated boxes from Kumeu Village, a local facility owned by the same organisation.

Safe and appropriate environment

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| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. | | Standards applicable to this service fully attained. |
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Policies and procedures were available to guide staff in the safe disposal of waste and hazardous substances. Appropriate supplies of personal protective equipment were readily accessible for staff use. Staff have been trained on chemical safety.

The building has a current code of compliance. Clinical equipment has current calibration. Hot water is within the required temperature range. There are internal and external security cameras in use.

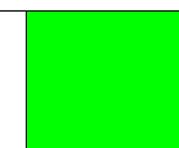
There are 15 single occupancy bedrooms. All have hand washing facilities. There are four bathrooms with a toilet and shower for residents' use. Call bells were present in the bedrooms and bathrooms. Personal space was sufficient for residents, including those who require staff assistance. There is an open plan lounge and dining area, along with two other lounge areas for residents' use.

There is indoor/outdoor flow with a secure deck area and garden area for the residents and their families to use. The facility has adequate heating and ventilation. There is no smoking on site.

Cleaning and laundry services are provided. These services were monitored through the internal audit programme. Residents and family members interviewed confirmed the facility was kept clean and warm.

Emergency policies and procedures provided guidance for staff in the management of emergencies. Staff have current first aid certificates. There is an approved fire evacuation plan and fire evacuation drills are conducted at least six monthly. There were sufficient supplies available on site for use in the event of emergency or an infection outbreak.

Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |
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Restraint and enablers are not used on site as this is a secure dementia service. There were no restraint or enablers in use at the time of the audit. Staff are provided with training on restraint minimisation. Staff have access to education on managing challenging behaviour.

Infection prevention and control

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| <p>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.</p> | | <p>Standards applicable to this service fully attained.</p> |
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The infection prevention and control programme, led by a trained infection control coordinator, aims to prevent, control/contain, and manage infections. The programme is reviewed annually. Specialist infection and control advice is accessed as required.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, and results reported through to the quality manager. Follow-up action is implemented when needed. The clinical nurse manager has the role of infection coordinator and confirmed that The Lady Bug has a low rate of infections.

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) |
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| Standards | 0 | 43 | 0 | 2 | 0 | 0 | 0 |
| Criteria | 0 | 90 | 0 | 2 | 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) |
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| 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 |
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| <p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p> | FA | <p>The Lady Bug has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). There is also a code of rights for care of pets, care of children and care of plants as part of the Eden Alternative Philosophy. Staff interviewed could give examples of the rights and how they apply them in day-to-day care (eg, knocking before entering a resident's room to show respect). Staff were observed closing doors when commencing cares (privacy). Training on the Code is included as part of the orientation process for all staff employed and in ongoing training. Staff attended training on residents' rights in January 2021. Attendance records were kept to ensure all staff attend this compulsory training.</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</p> | FA | <p>Staff interviewed understood the principles and practice of informed consent and had received education on this in January 2021. Five clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form for such things as release of information, photos being taken, transport for outings with a separate form for influenza vaccinations. Staff were observed to gain consent for day-to-day care. Family/whānau were informed of the importance of having Enduring Power of Attorney (EPOA) in place and activated through the admission information pack. All files reviewed had EPOA signed and accompanied by a Health Practitioner's Certificate of Mental Incapacity.</p> <p>The Lady Bug has cameras throughout the facility including in residents' rooms. Only one of these cameras was</p> |

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| <p>informed choices and give informed consent.</p> | | <p>recording at the EPOA request and facility management agreement.</p> |
| <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> | <p>FA</p> | <p>During the admission process, residents/family members are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were also displayed and available in the facility. Family/whānau members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> |
| <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> | <p>FA</p> | <p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised visits, activities, and entertainment, as confirmed by the activities coordinator.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' family members and friends (depending on the National Covid-19 Alert Level), holding a regular high tea at the weekend for family to attend. Family/whānau members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</p> <p>The facility implements The Eden Alternative Philosophy, which has a strong focus on animal interaction, health, fitness, and overall wellbeing, and have completed eight of the ten principles. Each day staff strive to support the residents in meaningful activities that give them ownership of tasks such as household chores (eg, folding laundry), which has resulted in better outcomes and lifestyle for the residents.</p> |
| <p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and</p> | <p>FA</p> | <p>The Lady Bug implements organisational policies and procedures to ensure complaints processes reflect a fair complaints system that complies with the Code. During interview, family members confirmed they are aware of the complaints process and noted they had no complaints. Complaints and compliments forms are present near the main entrance and include an area for the recording of complaints and compliments. Staff are provided with information on the complaints process during their orientation and as part of the ongoing education programme with the most recent in-service education occurring in January 2021.</p> <p>An electronic complaints register is maintained. Complaints are very infrequent and the two complaints received have been investigated and responded to in a timely manner by the clinical nurse manager and records are</p> |

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| upheld. | | maintained. There have been no complaints received from the Ministry of Health (MOH), Waitemata District Health Board (WDHB) or the Health and Disability Commissioner (HDC) since opening. |
| Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights. | FA | Family members interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) through the admission information provided, discussion with staff and by written information. The Code is displayed in the main foyer together with information on advocacy services, how to make a complaint and feedback forms. Posters are also displayed in a lounge and outside the bathroom. Opportunities are provided for explanations, discussion, and clarification about the Code with the family/whānau, where appropriate, and/or their legal representative, during contact with the service. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | Residents and family members confirmed during interview that they/their relative receives services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. Staff were observed to maintain privacy throughout the audit by closing doors to bedrooms. All residents have a private room, decorated with personal mementos and furniture. Residents are encouraged to maintain their independence by continuing outings with family/whanau, and all residents play a part in household chores such as folding laundry. Care plans included documentation related to the resident's abilities, and strategies to maximise independence, personalised for each resident. Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified on admission, documented and incorporated into their care plan. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and then annually. A training session on this topic was held last in January 2021. |
| Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and | FA | There was one resident at The Lady Bug who identified as Māori. On interview the resident confirmed satisfaction with the way respect was shown and individual needs were met. She reported being happy that her culture, values and beliefs were recognised and respected. She reported no discrimination. Family and residents were involved in the admission process and in developing the care plan. The Māori health plan supports a holistic approach when considering Māori wellbeing and is guided by best practice according to tikanga. Advice was able to be sought from appropriate cultural advisors. Cultural awareness training occurred in January 2021 and is part of the orientation programme for staff. |

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| acknowledges their individual and cultural, values and beliefs. | | |
| <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> | FA | Residents and family members verified that they were consulted on their individual culture, values and beliefs on admission and that this information was used to form the basis of the care plan. Resident's personal preferences, required interventions and special needs were included in care plans reviewed, for example, the request to wear make-up. Family members interviewed expressed that staff are extremely caring and pay attention to detail, meeting their loved one's needs in a respectful manner. |
| <p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p> | FA | Family members interviewed reported they had neither witnessed or experienced any discrimination, coercion, harassment, sexual, financial, or other exploitation. Residents felt safe and reported positively on all aspects of interactions with staff. Education sessions have been held on Code of Conduct and staff were able to explain the process if they suspected any form of exploitation. |
| <p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p> | FA | The service encourages and promotes good practice through evidence-based policies. Input is available from specialised services such as podiatry, physiotherapy and mental health services for the older persons. In January 2021, the organisation began holding block education sessions with Kumeu Village, a local aged related residential care (ARRC) facility affiliated with The Lady Bug, to maximise education opportunities for staff. Attendance is monitored to ensure all staff meet compulsory training requirements. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests. The clinical nurse manager (CNM) is supported by regular visits from the clinical nurse coordinator (who is the acting clinical manager) from Kumeu Village. |

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| <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>Residents and family members interviewed stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and urgent medical reviews. Staff understood the principles of open disclosure and had attended a training session in January 2021 related to this. Open disclosure is supported by policies and procedures that meet the requirements of the Code. Family members confirmed that they are encouraged to approach the clinical nurse manager (CNM) with any concerns.</p> <p>Staff knew how to access interpreter services, although reported this was not required.</p> |
| <p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p> | <p>FA</p> | <p>The objectives and quality improvement plan (2021/2022) detail the purpose, values, scope, goals, and objectives of the organisation. The service implements the Eden Alternative Philosophy of care and is working towards achieving the final two (out of 10) Eden Alternative Principals.</p> <p>The owner / director (and general manager), and the four other members of the Kumeu Village (KV) management team (operations manager, administration manager, clinical coordinator/clinical manager, and quality manager) monitor performance and progress towards achieving the goals. This includes via evaluating occupancy rates, staffing numbers, ongoing education/training, risks and issues, incidents and accidents, concerns / complaints and compliments, health and safety and other data reported via the balanced score card. The organisation's values are documented in staff job descriptions and discussed during staff orientation.</p> <p>The owners have approximately 23 years' experience in providing aged related residential care (ARCC) including dementia care. The Lady Bug is one of three aged related residential care services currently owned by the two directors.</p> <p>The clinical nurse manager works full time at The Lady Bug as an experienced aged care registered nurse and is responsible and is responsible for providing oversight of the clinical care provided to residents and ensuring their day-to-day care needs are met. The clinical nurse manager has worked in The Lady Bug since opening, is being mentored in the management role by the clinical coordinator (who is currently working in the clinical manager role at Kumeu Village on an interim basis), and has attended more than eight hours of relevant education in the past 12 months. The clinical nurse manager reports to the clinical coordinator/clinical manager and the operations manager (appointed in November 2020) at KV.</p> <p>The Lady Bug has an Aged Related Residential Care Contract with Waitemata District Health Board (WDHB) for the provision of dementia care services. There are 15 residents receiving services at dementia level of care, including one resident under the age of 65 who has privately funded care.</p> |

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| <p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p> | <p>FA</p> | <p>The clinical coordinator (currently the clinical manager) at Kumeu Village is responsible for the services provided in the clinical nurse manager's absence. The clinical coordinator visits The Lady Bug most days as verified by staff and managers interviewed and is familiar with the residents, staff and environment.</p> |
| <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> | <p>FA</p> | <p>The Lady Bug has a quality and risk management system which is understood and implemented by service providers. This is linked to the objectives and quality improvement plan, goals, and the 'balanced score card data'. Quality related objectives are identified. The quality and risk programme includes compliments and complaints management, internal audits, satisfaction surveys, incident and accident reporting, hazard management, health and safety, infection control data collection and management. The facility is restraint free. Regular internal audits are conducted, which cover relevant aspects of service, including aspects of care, medication management, documentation, and laundry and cleaning services. There is a high level of compliance in the audit outcomes sighted. A resident satisfaction survey is scheduled to occur in April 2021.</p> <p>Policies and procedures are available for staff electronically. These have been developed by an external consultant and then reviewed and localised to reflect the needs of The Lady Bug. Amended or new policies are circulated to all staff via the electronic patient management system. The quality manager is able to identify whether these are being reviewed by message recipients. The quality manager is responsible for document control processes. Policies and procedures are discussed where applicable during orientation and the staff education programme.</p> <p>A range of quality and risk activities are monitored monthly via the 'balanced score card', with the service identifying targets for aspects including occupancy, some financial aspects of service delivery/staffing, human resources, and care related indicators. The benchmark data is monitored monthly, and results reported via traffic light tables, and includes data for the previous month, and previous three months for comparison. The clinical nurse manager is responsible for reviewing and ensuring action is taken for any clinical variances.</p> <p>If an issue or deficit is found, a corrective action is put in place to address the situation. Quality information is shared with all staff via shift handover as well as via the monthly staff meetings. The minutes of staff meetings are made available to staff electronically. All staff interviewed confirmed they were kept informed of relevant quality and risk information including new or amended policies and procedures. Quality and risk activities and outcomes are</p> |

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| | | <p>also discussed at the KV weekly management meetings with the operations manager and the clinical coordinator/clinical manager representing The Lady Bug.</p> <p>Actual and potential hazards/risks are identified in the hazard register. The hazard register and mitigation strategies have been recently reviewed. Organisation risks are documented and reviewed at least annually or sooner where indicated. The general manager/owner discussed the issues related to the Covid-19 pandemic and initiated a range of precautionary measures before these were officially recommended. The general manager/owner is satisfied any concerns or risks about services at The Lady Bug are being identified and communicated in a timely manner.</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 detail 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 events are being reported electronically by staff. The clinical nurse manager is responsible for investigating the reported events and implementing any required care in a timely manner and disclosing the events to the resident and/or designated next of kin. Family members interviewed confirmed they are kept informed in a timely manner of any events or changes in their relative's health status. A review of reported events including for challenging behaviour, safety concerns, falls (with and without injuries), a bruise, and a medication error demonstrated that incident reports are completed, investigated, and responded to in a timely manner. Neurological observations are not occurring post unwitnessed falls as detailed in policy (refer to 1.3.8.2). Staff advise they communicate any incidents and accidents to staff on the next shift during handover. The number and type of reported incidents/events have been discussed with staff at the staff meetings as verified by interview and detailed in meeting minutes sighted.</p> <p>The clinical nurse manager, quality manager and clinical coordinator could identify the types of events that are required to be reported as an essential notification to external agencies including the Ministry of Health. Notifications that have been made were discussed and related to the notification of the change in clinical manager. There have been no other events requiring notification.</p> |
| <p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in</p> | FA | <p>Human resources management policies and processes are based on good employment practice and relevant legislation. Recruitment of new staff is undertaken by the management team at KV. The recruitment process includes staff completing an application form, interviews, conducting reference checks, police vetting, having an employment contract and job description. The employment contract includes a statement advising staff of privacy / confidentiality requirements. Staff are required to read and sign the staff code of conduct / house rules.</p> <p>All employed and contracted registered health professionals have a current annual practising certificate (APC).</p> <p>Staff were provided with an orientation to The Lady Bug before services commenced. The shortfall from the last</p> |

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| <p>accordance with good employment practice and meet the requirements of legislation.</p> | | <p>audit has been addressed. The ongoing staff orientation programme includes all necessary components relevant to the role. This includes spending time with the clinical nurse manager at The Lady Bug and completing an onsite checklist, attending an orientation day with the quality manager at KV who is also responsible for oversight of the staff training programme. These sessions are scheduled when there are five or more new staff employed at KV and The Lady Bug. There is a manual/workbook that staff are provided that includes a checklist of activities to be signed off as completed, and a range of questionnaires to be completed. These are now being completed electronically. Staff reported that the orientation process included a period of being buddied with a senior staff member and this suitably prepared them for their role and responsibilities. The clinical nurse manager has completed a performance appraisal for all staff and verified staff understand The Lady Bug systems, policies/procedures and equipment/environment.</p> <p>There is a comprehensive ongoing education programme that includes the Eden Alternative Philosophy and topics to meet ARRC contract requirements. Topics are booked in block sessions that are repeated several times and staff are booked to attend the mandatory sessions. The education in January 2021 included complaints, open disclosure, advanced directives, infection prevention and control, health and safety, treaty of Waitangi, cultural safety and support, privacy/dignity, enduring power of attorney, abuse and neglect, waste management and quality and risk. The March in-service topic includes infection prevention and control, pandemic planning and fire and emergency procedures.</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>A policy details staffing levels and skill mix requirements and this aligns with the requirements of the provider's contract with WDHB. There were no staff vacancies.</p> <p>The roster for a three-week period was reviewed. The clinical nurse manager (CNM) works weekday mornings on site and is available on call when not on site. The clinical coordinator / clinical manager and quality manager at Kumeu Village share an on-call roster and are also available to provide support to The Lady Bug staff if this is required. The CNM, quality manager and clinical coordinator / clinical manager have current interRAI competency.</p> <p>Breakfasts are provided by care partners, and the lunch and evening meal is cooked and delivered to The Lady Bug by KV.</p> <p>Two care partners work 7am to 3pm, and one care partner from 3pm to 11 pm, and another working from 3 pm to 9pm. When there is one care partner on duty, there is another care partner available on site on call. A care partner facilitates the activities programme five days a week (Tuesday to Saturday) with activities also facilitated by the other care partners. Cleaning and laundry duties are shared by care partners over the 24-hour period, with residents participating as willing under staff supervision as part of the care home activities of daily living.</p> <p>Another designated staff member is responsible for the grounds, building and vehicle management and maintenance. An animal carer is on site daily to assist caring for the resident's personal pets as well as the care home farm animals.</p> |

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| | | <p>A staff member with a current first aid certificate and medicine competency is on duty at all times. The CNM advised that additional staff hours are allocated to meet the care needs of the residents as and if required.</p> <p>The family members interviewed confirmed their residents care needs are being well met.</p> <p>Two care partners have completed an industry approved qualification in dementia care, and one staff member is undertaking this training. The CNM and the quality manager are aware of the ARCC contractual requirements to ensure all care partners complete an industry approved qualification within 18 months of employment.</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> | FA | <p>All necessary demographic, personal, clinical and health information was fully completed in the five residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database.</p> <p>Records were legible with the name and designation of the person making the entry identifiable. The Lady Bug uses an electronic system for all documentation. Each staff member has a unique password to maintain privacy and only have access to sections relevant to their position. The only paper information is consents signed on admission which are scanned into the system. These paper documents are stored in a locked filing cabinet in an area with no access by residents.</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 been identified.</p> | FA | <p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission. A tour of the facility provides opportunity to view vacant rooms, meet staff and ensure needs would be met. All residents are required to have an activated EPOA prior to admission. Specialist referral to the service was confirmed.</p> <p>Family members confirmed they were satisfied with the information process and the information that had been made available to them on admission. The five files reviewed contained complete demographic detail, assessments, and signed admission agreements in accordance with contractual requirements.</p> |
| <p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers</p> | FA | <p>Exit, discharge or transfer is managed in a planned and co-ordinated manner. Family are first asked to accompany the resident, but if unavailable, a staff member will act as an escort. The service prints off transfer information from the electronic system, including contact information and care plan and recent medical notes, GP contact details and any medication given to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family/whānau. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. If transferring to another</p> |

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| <p>experience a planned and coordinated transition, exit, discharge, or transfer from services.</p> | | <p>facility, a verbal handover is given.</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>A safe system for medicine management (using an electronic system) was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. Medication competency evaluations were sighted.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy and stored in the locked medication trolley in a locked room. Medication competent staff check medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are not in use at The Lady Bug, but appropriate storage and procedures are available should they be required. The controlled drug register had no entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range. The shortfall from the last audit has been addressed.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>It was not appropriate for residents to be self-administering medications at the time of audit.</p> <p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. A medication error made since last audit had been handled appropriately.</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</p> | <p>PA Low</p> | <p>Meals are prepared off site at Kumeu Village by a team of four cooks and kitchen staff, led by a chef manager, who have all completed appropriate food safety training. Breakfast is made up of cereal and toast which is made on site at The Lady Bug. Lunch and dinner meals are transported in insulated hot boxes and placed in the preheated oven if not being served immediately. The evening meal is stored in the fridge and heated later in the day. Recordings were sighted at point of service and were within recommended temperature levels. There is provision on site for staff to prepare additional food if required at any time.</p> <p>The menu follows summer and winter patterns. At the time of audit, evidence was unable to be sighted that the menu has been approved by a qualified dietitian as being in line with recognised guidelines for older people. This</p> |

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| <p>service is a component of service delivery.</p> | | <p>was raised during the audit for Kumeu Village and is now under review.</p> <p>There is an approved food control plan with Auckland City Council that is current until March 2022. All aspects of food procurement, production, preparation, storage transportation, delivery and disposal comply with current legislation and guidelines.</p> <p>On admission, a nutritional assessment is completed and dietary profile developed incorporating personal preferences, required texture, and modified cutlery. A mealtime observed during the audit showed a calm atmosphere and residents being assisted in a dignified manner with sufficient time to eat their meal in an unhurried manner. Residents and family interviewed expressed satisfaction with the meals. Birthday and special occasions were celebrated.</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> | <p>FA</p> | <p>The Lady Bug is a unique facility in that it only accepts female residents who suffer from dementia. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and family/whānau. The CNM gave an example of a resident requiring a higher level of care. In consultation with the resident, family/EPOA and GP a reassessment was undertaken and the resident transferred to an affiliated facility.</p> |
| <p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p> | <p>FA</p> | <p>Information is documented using validated nursing assessment tools such as, a pain scale, falls risk, skin integrity, nutritional screening and behaviour/mood/depression, as a means to identify needs for initial care. The interRAI assessments are then completed within 21 days and incorporated into the long-term care plan. The sample of care plans reviewed had an integrated range of resident-related information. All residents had a current interRAI assessment completed by the CNM the trained interRAI assessor on site. The quality manager and clinical manager also have current interRAI competency. Residents and families confirmed their involvement in the assessment process.</p> |
| <p>Standard 1.3.5:</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</p> |

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| <p>Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p> | | <p>plans reviewed. Residents requiring behaviour monitoring had these well documented with effective de-escalation strategies in place.</p> <p>Care plans evidence service integration with progress notes and medical notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff through hand over, progress notes, and short-term care plans as required. The electronic system has a tick box labelled handover that generates notations requiring further input for the next shift. All staff read these at the start of each shift. Residents and families reported participation in the development and ongoing evaluation of care plans.</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> | FA | <p>Documentation, observations and interviews verified the care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. With the small number of residents all staff work very much as a team and everyone helps out in any way they can. 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> | FA | <p>There is an activities coordinator who guides the programme and documents the day's activities on a board in the open planned lounge/dining area. All staff are actively involved in helping the residents with household chores, such as setting the table and helping clean up after meals if they are happy to do so. Staff are continually interacting with residents and lots of laughter was observed during the audit. Shorter and more frequent activities are held to maintain involvement. During the day, residents are free to move around the facility as they wish but are all encouraged to regather in the lounge for meals and morning/afternoon teas and then have another activity. There is easy access to a secure outside area where residents are free to walk and exercise their pets. There is an animal carer who cares for the miniature horses, goats, chickens/ducks and staff take the residents over to help feed the animals and groom them. Two of the residents have their own dogs on site and are assisted to care for them. Van outings occur twice a week in a twelve-seater vehicle visiting local sites, going to the park, stopping for an ice-cream. Each resident has an activity plan covering the 24-hour period with triggers and effective deescalating strategies, using aspects from residents' past routines where appropriate.</p> |
| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service</p> | PA Low | <p>Resident care is evaluated on each shift and reported in the progress notes. If there is an area of concern it is flagged in the electronic system and is presented at shift handover ensuring further action is taken. If any change is noted, it is reported to the CNM.</p> |

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| <p>delivery plans are evaluated in a comprehensive and timely manner.</p> | | <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress is different from expected, the service responds by initiating changes to the intervention of care. An example of a short-term care plan being consistently reviewed and progress evaluated as clinically indicated was noted for a resident's wound. Unresolved problems are added to long term care plans. Families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p> <p>Monitoring was observed for such things as challenging behaviour, fluid balance, regular monthly weights and vital signs; however, for four unwitnessed fall incidents reviewed there was no evidence of consistent neurological monitoring for the required time frame as set out in the organisation's policies.</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> | <p>FA</p> | <p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor' residents may choose another medical practitioner. If the need for non-urgent services are indicated or requested, the GP sends a referral to seek specialist input. The CNM gave an example of referral to the mental health services for older people which was well documented in the resident's file. The resident and the family/whānau are kept informed of the referral process, as verified by interviews with family/whānau. Any acute/urgent referrals are attended to immediately, such as sending the resident to the emergency department in an ambulance if the circumstances dictate.</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</p> | <p>FA</p> | <p>Policies detail how waste is to be segregated and disposed. The policy content aligns with current accepted practice.</p> <p>Chemicals sighted were stored in designated and secure areas. Safety data sheets were sighted for chemicals in use. Staff have been provided with training on chemical safety and handling during orientation.</p> <p>Appropriate personal protective equipment (PPE) was available on site including disposable gloves, aprons, masks, and eye protection. The shortfall from the last audit has been addressed.</p> <p>Staff advised they would report inadvertent exposures to hazardous substances and blood and body fluids to the manager. Staff confirmed receiving education on handling chemicals and waste as part of the orientation and ongoing education programme.</p> |

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| hazardous substances, generated during service delivery. | | |
| <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> | FA | <p>A code of compliance certificate for the building was issued on 17 June 2020. The shortfall from the last audit has been addressed. The facility has two levels. The upper level is used by staff only. The resident care area is on the ground level. A safety gate prevents residents from going upstairs.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. Calibration of bio medical equipment was current as confirmed in documentation reviewed, and observation of the environment. Hot water temperatures are monitored monthly on a rotating basis in resident care areas and are within the required range. The environment was hazard free, residents were safe, and independence is promoted. Grab rails are present in all the bathrooms and where the hallway has an incline. This now meets the standards.</p> <p>The facility is using tank water supply. There are processes in place for the regular refilling of water supplies. The water supply has filters and a UV lamp installed between the tank and point of use. The maintenance staff monitor when these are due for changing. The septic tanks are emptied by a contractor as required.</p> <p>The facility vehicle has a current registration and warrant of fitness and is serviced regularly.</p> <p>External deck and garden areas are safely maintained and were appropriate to a secure dementia service.</p> <p>Staff confirmed they know the processes they should follow if any repairs or maintenance is required, that any requests are appropriately actioned and that they are happy with the environment. The maintenance book verified that timely action is taken to address any facility or equipment related maintenance requests.</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</p> | FA | <p>There are adequate numbers of bathroom facilities throughout the facility. Privacy locks are present on the doors. Staff can override these if required for resident safety. Hand basins are present in each resident's bedroom. Appropriately secured handrails are provided in the toilet/shower areas. There are separate toilet facilities for staff to use.</p> |

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| requirements or receiving assistance with personal hygiene requirements. | | |
| <p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p> | FA | <p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms are single occupancy. Rooms are personalised with furnishings, photos and other personal items displayed. Residents were sighted mobilising inside and outside the facility independently or with staff support.</p> <p>The staff interviewed advised there is sufficient space for the residents to mobilise inside and outside the building, including when assistance was required and to safely exercise their pets. The family members interviewed confirmed this.</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 an open planned lounge and dining room, and two other smaller lounges for residents' use. One of the smaller lounges has a television. There are multiple external garden and deck areas that has appropriate furniture and shade. The residents and family members interviewed confirmed they enjoy the space available.</p> |
| <p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services</p> | FA | <p>Policies and activity lists detail how the cleaning services are to be provided. All laundry including resident's personal clothing is washed daily by the caregivers, with willing residents assisting as part of the activities of daily living programme. There is one washing machine and one clothes drier on site in a designated laundry building. Chemicals are stored safely. This now meets the standards.</p> <p>The residents and family members interviewed confirmed the facility is kept clean and tidy and residents' laundry is normally washed and returned in a timely manner. Audits of cleaning and laundry services were undertaken as</p> |

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| <p>appropriate to the setting in which the service is being provided.</p> | | <p>scheduled and reports demonstrated a high level of compliance with the service requirements.</p> <p>Three care partners interviewed confirmed being provided with training on the safe handling of chemicals and had written instructions, and safety instructions readily available on the use of products and required cleaning processes/activities. There is a cleaning schedule to ensure all residents' bedrooms gets a full clean at least twice a week and spot cleaned in between, and bathrooms are cleaned after use and at least daily. The other living areas are cleaned at least daily.</p> <p>Instructions for managing emergency exposures to chemicals is readily available to staff.</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> | <p>FA</p> | <p>Policies and guidelines for emergency planning, preparation and response are known by staff. These include reference to the special needs of residents in a secure dementia service.</p> <p>A fire evacuation plan was approved by the New Zealand Fire Service with a letter to the provider verifying this sighted; dated 12 April 2020. A trial evacuation takes place six-monthly. The most recent fire drill was conducted on 7 December 2020. The orientation programme includes fire and security training, and staff were provided with training on the fire and emergency procedures before The Lady Bug opened for residents. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including dry food for three days, water, blankets, continence products, other commonly used consumables, and meet the requirements for up to 15 residents. There are two water tanks that are linked to the fire safety systems only and not used for day-to-day activities. There are other water tanks which are used for the day-to-day water supplies and these are monitored and refilled by water tankers as required. There is a new generator on site, and this is tested monthly. The maintenance staff member advised there is sufficient diesel readily available to provide power to all areas of the facility for longer than eight hours.</p> <p>Call bells alert staff to residents requiring assistance. This includes bells that alert staff that a resident is trying to get out of bed. They alert via an audible sound and notification of the room number / location through to a centralised panel. A call bell and emergency bell tested at random were fully functioning.</p> <p>Appropriate security arrangements are in place. Each resident's bedroom has a magnetic door lock, and residents have a wrist band that unlocks their bedroom door when they are standing in the corridor outside their bedroom door. This protects residents' personal space from other wandering residents. These doors are not locked when residents want to open them from inside the bedroom, are linked to the fire evacuation procedures and automatically unlock when the fire safety systems are activated. Staff have universal access devices that enable access to any room/area. External doors and windows are locked at a predetermined time. Staff are required to regularly check residents including overnight. External and internal security cameras are in use monitoring public areas and these cameras are recording. The images are retained for three weeks. There are also security cameras present in each resident's bedroom. They display in real time to a central monitor and enable staff to monitor</p> |

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| | | <p>residents including overnight while minimising the potential disruption to the resident's rest. The cameras can be activated for the recording of images. This only occurs at the EPOA's request and with management agreement, and a specific written consent form is required to be completed. The EPOA of one resident confirms they have requested the cameras be activated and recording and this is occurring. The other family members interviewed confirmed being informed of the presence of cameras in the residents' bedrooms and purpose (not recording) and are fully supportive of these arrangements. Signage alerts visitors that security cameras are in use. The shortfalls from the last audit have all been addressed.</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 residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light and opening external windows. Heating is provided by wall mounted heat pumps in each bedroom and lounge/recreation areas. Staff are responsible for ensuring the temperature is maintained at a comfortable level. Areas were at an appropriate temperature and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p> <p>There is no smoking on site.</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 service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff, and visitors. The programme is guided by a comprehensive and current infection control manual. The infection control programme and manual are reviewed annually (last in May 2020).</p> <p>The CNM is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to quality meetings.</p> <p>QR Signage at the main entrance to the facility requests anyone who is visiting the facility to scan in for COVID-19 tracking purposes. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</p> |

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| <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> | <p>FA</p> | <p>The IPC coordinator has appropriate skills, knowledge and qualifications for the role, and has been in this role since The Lady Bug opened. She has attended relevant study days as verified in training records sighted. Additional support and information are accessed from the infection control team at Kumeu Village, the DHB, the community laboratory, the GP and public health unit, as required. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC coordinator confirmed the availability of resources to support the programme and any outbreak of an infection. The CNM confirmed sufficient stock of personal protective equipment was on hand during recent COVID-19 restrictions and was able to explain the facility's response at the different pandemic response lockdown levels.</p> |
| <p>Standard 3.3: Policies and 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>FA</p> | <p>The infection prevention and control policies reflect the requirements of the infection prevention and control standard and current accepted good practice.</p> <p>Care partners perform the tasks of cleaning, laundry and food service, and staff were observed following organisational policies, such as appropriate use of hand-sanitisers and good hand-washing technique. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p> |
| <p>Standard 3.4: Education</p> | <p>FA</p> | <p>Interviews, observation and documentation verified staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is provided by the quality manager and CNM. Content of the training is documented and evaluated to ensure it is relevant, current and understood. IPC training occurred in</p> |

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| <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p> | | <p>August 2020 and March 2021. A record of attendance is maintained to ensure all staff complete compulsory sessions.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing and encouraging residents to remain in their room if they are unwell.</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, soft tissue, fungal, eye, gastro-intestinal tract and the upper and lower respiratory tract. The IPC coordinator reviews all reported infections and these are documented on the electronic system. New infections and any required management plan are discussed at handover and documented in progress notes to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated, graphs are formulated and discussed, identification of possible trends, possible causative factors and required actions are discussed. This data is analysed and developed into bar graphs, so comparison can be made month to month. Any trends observed are followed up. This information is shared with the quality manager and feedback given to staff and used as an opportunity to remind staff of preventative measures, such as hand hygiene.</p> <p>There have been no outbreaks at The Lady Bug since its opening and they have a low rate of infection.</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 Lady Bug has a policy and procedure available for staff on the use of restraint and enablers. Definitions of restraint and enablers aligns with the standards. The policy notes restraint is not used at The Lady Bug. Staff are provided with training on the restraint and enabler policy during orientation and as part of the ongoing education programme and confirm restraints and enablers are not used. Staff have also been provided with training on managing challenging behaviours and were observed to engage with residents in a meaningful way with activities, diversion, and distraction where applicable. Family members interviewed confirmed staff interact with their family member in a respectful manner.</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) |
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| <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 | The menu, while providing a variety of food for the residents, has not been reviewed by a qualified dietitian since January 2019. This was raised as a finding in the facility where the food is prepared in a recent audit but sign off was not able to be sighted on the day of this audit. | The menu has yet to be signed off as suitable and in line with recognised nutritional guidelines for older people. | <p>The menu in use is assessed as meeting the needs of the residents by a qualified dietitian.</p> <p>180 days</p> |
| <p>Criterion 1.3.8.2</p> <p>Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards</p> | PA Low | Post fall management of unwitnessed fall requirements as set out in the organisation’s policies were not being carried out in four incidents reviewed. Incident reports were completed, families notified all other documentation was detailed and accurate, but neurological recordings were inconsistently | The frequency of neurological observations is not being undertaken in accordance with the organisation’s policy and procedure following an | Ensure monitoring is undertaken of residents following a fall in accordance with policies and |

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| meeting the desired outcome. | | completed. | unwitnessed fall. | procedures. 180 days |
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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.

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End of the report.