

Lyndale Care Limited - Lyndale Villa and Manor

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Lyndale Care Limited
Premises audited:	Lyndale Villa Lyndale Manor
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 19 October 2021 End date: 20 October 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:	46

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
	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

Lyndale Villa and Lyndale Manor are certified to provide residential care for up to 59 residents. Lyndale Villa can accommodate 36 residents at rest home level, this includes eight studios which are rented. Lyndale Manor provides accommodation for 23 residents who require dementia level care.

The facilities are owned by Lyndale Care Limited and are managed by a general manager who is a registered nurse. There have been no significant changes to the service and facilities since the previous audit.

This surveillance audit was undertaken to establish compliance with the Health and Disability Service Standards and the service's contract with the district health board. The audit process included review of residents' and staff files, observations, and interviews with residents, whānau, management, staff, a general practitioner, and allied health professionals.

This audit has resulted in no identified areas requiring improvement. Residents and whānau interviewed spoke positively about the service and care provided.

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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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 whānau with the information they need to make informed choices and give consent.

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

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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Lyndale Care Limited is the governing body for Lyndale Villas and Lyndale Manor. Business and quality and risk management plans include the purpose, vision, values, goals, and objectives of the organisation. Monitoring of the services is provided by the general manager to the directors/owners of Lyndale Care Limited, and this is regular and effective.

An experienced and suitably qualified general manager manages the facility, supported by a clinical manager and the directors/owners of Lyndale Care Limited. The general manager is an experienced registered nurse with previous management experience. The clinical manager is an experienced registered nurse who is responsible for clinical management and oversight of care services. The clinical manager is supported by a team of registered nurses.

The quality and risk management system includes collection and analysis of quality improvement data, identifying trends that lead to improvements. The facility has a system to record and monitor key quality indicators, including complaints, and organisational performance. Staff reported that they are involved in quality and risk processes and feedback is sought from residents and whānau. Adverse events are documented, corrective actions implemented, and there is open disclosure when necessary. Actual and potential risks, including health and safety risks, are identified, and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. Annual practising certification for those who require them were current. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents. All registered nurse and caregiver team leaders hold current first aid certification.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Residents of Lyndale Villa and Lyndale Manor have their needs assessed by the multidisciplinary team on admission within the required timeframes. Verbal handovers at the changeover of shifts and the use of communication sheets, guide continuity of care.

Care plans are individualised, based on a range of comprehensive and integrated clinical information. Short term care plans are developed to manage any new problems that occur. All residents' files reviewed demonstrated that needs, goals, and outcomes are identified and reviewed on a regular basis. Residents and their family members reported being well informed and involved in care planning and evaluation.

The planned activity programmes are run by two diversional therapists supported by a recreational therapist and a diversional therapy consultant. The programmes provide residents with a variety of individual and group activities and maintains the resident's links with the community. A facility van is available for outings.

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

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents and residents' family members verified overall satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Lyndale Manor and Lyndale Villa have appropriate systems in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. There are current building warrants of fitness, and these are publicly displayed.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Lyndale Care Limited has policies and procedures that meet the requirements of the restraint minimisation and safe practice standard. The policy contains a comprehensive assessment, approval, and monitoring process with a requirement for regular review. Use of enablers is voluntary for the safety of residents in response to individual requests.

There were no residents using a restraint or an enabler at the time of audit. Restraints and enablers have not been used in the facility for the last three years, but staff demonstrated a sound knowledge and understanding of the restraint and enabler processes and are trained in restraint minimisation and challenging behaviour management.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The surveillance of aged care specific infections at Lyndale Villa and Manor is undertaken, with data analysed and trended. Results are reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	0	41	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints/concerns/issues policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and whānau on admission and those interviewed knew how to make a complaint should they wish to do so.</p> <p>The complaints register reviewed showed that two complaints have been received over the past year and that actions taken, through to an agreed resolution, were documented and completed within the timeframes. Complaints related to communication in both cases, one in respect of general communication with a resident’s enduring power of attorney (EPOA) and the second to communication around resident property. Action plans showed any required follow up and improvements have been made in both instances.</p> <p>The general manager (GM) is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required, and the requirement to offer advocacy.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Standard 1.1.9: Communication</p>	FA	<p>Residents and whānau 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 any urgent medical reviews. This was supported in residents’ records reviewed. Staff understood the principles of open</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services are available from the district health board should these be required. There were no residents requiring interpreter assistance during the audit.</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>Lyndale Care Limited is the governing body and is responsible for the services provided at Lyndale Villa and Lyndale Manor. A business strategic plan includes a purpose, vision, values, goals, and objectives. There is regular reporting by the GM to the directors/owners. A sample of quarterly reports to the board of directors/owners showed adequate information to monitor performance is reported including financial performance, risks, and issues (including concerns and complaints), clinical services, housekeeping and food services, recreation activities, staffing and staff education, and maintenance requirements.</p> <p>The facilities are managed by an experienced and suitably qualified manager who is a registered nurse. The GM has been in the role for three years and is supported by a senior management team and the directors/owners.</p> <p>During the audit, there were 54 residents across two sites. Lyndale Manor had 36 residents with 28 receiving rest home level care and eight people occupying privately rented studios. Lyndale Manor, certified to provide 23 dementia level beds, had 18 residents.</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 organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents, accidents and hazards relating to residents and staff, concerns and complaints, audit activities, a regular resident and staff satisfaction survey, and clinical incidents including falls, infections, wounds, and behaviour issues.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators. Related information is reported and discussed at management 'Quiche' (Quality, Infection Control and Health and Safety) meetings, and there are meetings for staff, including for housekeepers, cleaners and kitchen staff. Staff reported their involvement in quality and risk management activities through meetings and audit activities. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Resident and whānau and staff satisfaction surveys are completed annually. The most recent resident/whānau survey undertaken in 2021 showed residents and their whānau were primarily satisfied or very satisfied with the service. The staff satisfaction survey also conducted in 2021 showed that staff were primarily satisfied or very satisfied with their work and work conditions. In both instances, where responses fell below the median, corrective action was developed to address any issues raised.</p> <p>Policies covered all necessary aspects of the service and contractual requirements, including reference to the</p>

		<p>interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies were based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution, and removal of obsolete documents.</p> <p>The GM described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The GM is familiar with the Health and Safety at Work Act (2015) and has implemented requirements.</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>Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported to the directors/owners and to staff across staff meeting forums.</p> <p>The GM described essential notification reporting requirements, including for pressure injuries. They advised there have been no notifications of significant events made to the Ministry of Health since the previous audit nor to other external agencies.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, and validation of qualifications and practising certificates (APCs), where required. Information relating to Covid-19 vaccination status is being held. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review after a three-month period.</p> <p>Continuing education is planned on a biannual basis and delivered annually, including mandatory training requirements. Care staff have the opportunity to access education/training that leads to a New Zealand Qualification Authority (NZQA) qualification, including cleaning staff. There is an education programme to meet the requirements of the provider's agreement with the DHB relating to dementia care. All but two of the staff have completed this training and the two who have not completed this have started it and have been employed for under 12 months. An RN staff member is the internal assessor for the programme.</p> <p>There are sufficient trained and competent RNs who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and</p>

		completion of annual performance appraisals.
<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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. RNs are on-site five days per week and cover on call afterhours and at weekends on a rostered system. Staff reported that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and whānau interviewed supported this. RNs have dedicated time for interRAI, infection control, and education responsibilities.</p> <p>Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence.</p> <p>All RNs and team leaders are certificated for first aid and there is at least one staff member on duty who has a current first aid certificate.</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>The medication management policy at Lyndale Care is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the days 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.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</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 electronic medicine chart.</p>

		<p>There were no residents self-administering medications at Lyndale Care at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner if required.</p> <p>Medication errors are reported to the RN and CM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used at Lyndale Care.</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>	<p>FA</p>	<p>The food service at Lyndale Care is provided on site by a qualified chef and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns was reviewed by a qualified dietitian in July 2021. Recommendations made at that time have been implemented.</p> <p>Recent changes to the food services included the main meal being provided in the evening rather than at lunchtime. The food services at the Villa are now being provided from the kitchen at the Manor, whereby in the past there were two kitchens operating. Resident and family interviews expressed satisfaction with the food services being offered.</p> <p>An up-to-date Food Control Plan is in place. A verification audit of that plan occurred on 20 April 2021. One area requiring corrective action was identified, regarding the thermometer checking the temperatures being too slow. The thermometer was replaced. The food control plan has been verified for eighteen months.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. Food temperatures, including for high-risk items, are monitored appropriately, and recorded as part of the plan. The chef has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There are sufficient staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</p> <p>Residents in the secure unit have access to food at any time night or day.</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>Documentation, observations, and interviews verified that the care provided to residents in both the Villa and Manor 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.</p> <p>Behaviour management strategies were documented in the care plans of residents who displayed episodes of behaviours that challenge. Behaviour monitoring evidenced the effectiveness of these strategies with a decrease in the number of events occurring.</p> <p>Monitoring of residents ongoing actual and potential medical problems was captured in the care plans, progress notes and recording records. Activity records detailed the individualised strategies that enabled residents in the secure unit to reminisce about past pleasures (eg, sound, smell, touch, and actions).</p> <p>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. A range of equipment and resources were available, suited to the types of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The different activities programmes provided in each of the two areas, the Villa, and the Manor, are provided by a diversional therapist, five days a week. Additional support is provided by a recreational therapist. The recreation team have oversight by a diversional therapy consultant. The programmes are offered seven days a week, though at weekends the programme is provided by care staff. The programmes in each area are specifically designed to address the residents' needs at the time.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities, and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal care plan review every six months</p> <p>The planned monthly activities programme sighted matched the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Activities in the Villa include exercises, gardening, news, reminiscing through storytelling, crosswords, quizzes, and movie afternoons.</p> <p>Activities in the Manor, include a range of activities that enable the resident to reminisce and recapture past experiences and events. A sensory room promotes sensory stimulation. Family members use the room, to play familiar music, stimulate the senses, sing, dance and participate in activities with the resident that trigger pleasant experiences from the past. This room is also used when residents become a little distressed as it provides an environment of calmness, surrounded by items that trigger memories. Residents in the secure unit have a twenty-four-hour activity plan in place.</p>

		<p>A resident newsletter gets published monthly and includes residents' memoirs, word searches, puzzles in addition to updates on the activities to be held at Lyndale</p> <p>Theme days are held each month, these are used to keep in contact with the outside world. Van outings continue to occur twice a week, however with Covid-19 restrictions only include scenic drives. Visiting groups and entertainers have been stopped during Covid-19 restrictions.</p> <p>A previous area recognised as one of continuous improvement at the last audit remains ongoing, however has been put on hold due to the limitations imposed by Covid-19 restrictions. The residents are still growing their vegetables and providing the kitchen with fresh vegetables for meals. They are also putting the vegetables into the food pantry at the gate for the community to help themselves to; however, this has not been well supported during lockdown. Another area of continuous improvement recognised at the previous audit, was the Lyndale Lappers walking programme to improve fitness, this has also slowed due to Covid-19 restrictions and the cooler weather over winter.</p> <p>The activities programme is discussed at the monthly residents' meetings. Minutes indicate residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with activities. Resident and family meetings are held at the Manor, each quarter. The meeting is usually a social get together with a guest speaker speaking on topics of interest. Residents and their family members when interviewed confirmed they find the activities programmes offered in both areas meets their/there relatives needs.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care at Lyndale Care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Short-term care plans are reviewed daily for infections, pain, weight loss and medication changes. Progress is evaluated as clinically indicated. Wound management plans were evaluated each time the dressing was changed. Behaviour plans were reviewed each time there was an event.</p> <p>Residents and families/whanau of residents interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.4.2: Facility Specifications</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. A current building warrant of fitness is publicly displayed, expiry date 30 June 2022.</p>

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		
<p>Standard 3.5: Surveillance 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 of infections at Lyndale Care is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The infection control nurse reviews and discusses all infections at the weekly clinical meeting and the monthly quality and staff meetings. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Evidence was sighted of a gradual reduction in infections over the past three years. There have been no norovirus outbreaks at Lyndale Care since 2019. All residents have been vaccinated against Covid-19. A Covid-19 pandemic plan is in place and Covid-19 scenario training has been ongoing and supported by the Wairarapa District Health Board.</p> <p>A good supply of personal protective equipment was available.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator, who is an RN, and the CM, provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her/his role and responsibilities.</p> <p>On the day of audit, no residents were using restraints or enablers, restraints and enablers have not been used in the facility for three years.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.