

Metlifecare Limited - Wilson Carlile House

Introduction

This report records the results of a Provisional 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:	Metlifecare Limited
Premises audited:	Wilson Carlile House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 November 2021 End date: 30 November 2021
Proposed changes to current services (if any):	Change of ownership
Total beds occupied across all premises included in the audit on the first day of the audit:	57

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.

General overview of the audit

Metlifecare Limited - the prospective provider, has a sale and purchase agreement with Selwyn Care Limited to purchase Selwyn Wilson Carlile House in Hamilton East. Takeover is anticipated to occur in late February 2022, subsequent to obtaining approval from three regulatory bodies, that is, the Ministry of Health (MOH), the Retirement Village Statutory Supervisor and the Overseas Investment Office. This provisional audit was undertaken to establish the prospective provider's preparedness to deliver residential aged care services and the current owner's level of conformity with the Health and Disability Services Standards (HDSS) and their agreements with the DHB.

Wilson Carlile provides rest home and hospital level care under agreement with their district health board (DHB) for up to a maximum of 59 residents. Metlifecare is a New Zealand company established in 1984 which owns and operates a large portfolio of retirement villages and care homes in the North Island. The company is experienced in delivering aged care services through its ownership of 11 care homes and is purchasing six care facilities from Selwyn Care. Interview with the clinical nurse director provided evidence of knowledge and understanding of the aged care sector and their preparedness to own and operate these additional facilities. Outcomes from the Metlifecare interview, review of the transition plans and the site visits conducted prior to sale

and other due diligence activities, did not identify any areas of concern that potentially impacted on each facility's ability to meet HDSS requirements, or other legislative or regulatory compliance matters.

This audit process included a pre audit review of the prospective provider's policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, the current management, staff and a general practitioner (GP). All the interviewees spoke positively about the care provided.

There have been no significant changes to the services provided or the facility since the previous certification audit in March 2021. The corrective actions required as a result of that audit were confirmed as rectified.

This provisional audit revealed there were no areas that did not comply with these standards.

Consumer rights

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents of Wilson Carlile House when they are admitted, and it is clearly displayed throughout the facility in English and Māori. Opportunities are provided to discuss the Code, consent, and availability of advocacy services at the time of admission and thereafter as required.

Services at Wilson Carlile House are provided in a manner that respects the choices, personal privacy, independence, individual needs, and dignity of residents. Staff were observed to be interacting with residents in a respectful manner.

Care for any residents who identify as Māori is guided by a comprehensive Māori health plan and related policies.

There was no evidence of abuse, neglect or discrimination and staff understood and implemented related policies. Professional boundaries are maintained.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required and bi-lingual staff.

Wilson Carlile House has linkages to a range of specialist health care providers, which contributes to ensuring services provided to residents are of an appropriate standard.

A complaints management process is clearly described in policy. Residents and relatives are advised on entry to the home about the processes for raising concerns or complaints and are given written information about their right to complain and where to access independent support and advocacy if required. The service was managing complaints fairly and openly.

Organisational management

The prospective provider has a documented integration and transition plan which was reviewed and discussed during interview. The plan outlines objectives for a smooth transition and showed that the prospective provider has completed due diligence in considering all necessary matters related to acquiring the facility and its operations. The prospective purchaser demonstrated knowledge and understanding about all the requirements for delivering residential rest home and hospital care to older people under NZ legislation, these standards and funding agreements.

The new provider plan to gradually introduce and transition their quality, risk and human resources systems into the facility. The current business, quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation which are reviewed for progress annually by the owner/operators. The current manager is on site five days a week with at least one other registered nurse (RN) on site to oversee the clinical care of residents.

Selwyn Care Limited have established quality and risk management system which includes collection and analysis of quality improvement data. Staff are involved in monitoring service delivery and feedback is sought from residents and families. There is a system for reporting and documenting adverse events. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery. These were current and are reviewed regularly.

The appointment, orientation and management of staff adheres to good employment practices. A systematic approach to identify and deliver ongoing staff training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained in using integrated hard copy files.

Continuum of service delivery

Resident admission to the facility is appropriate and efficiently managed with liaison evident between Disability Support Links and the clinical team. Relevant information is provided to the potential resident and their family to facilitate admission to the facility.

The residents' needs are assessed by the multidisciplinary team on admission and within the required time frames. Care plans are individualised, based on a comprehensive range of information, and accommodate any new problems that might arise. The residents' files reviewed evidenced that the care provided, and the needs of the residents are reviewed and evaluated on a regular and timely basis. Residents are referred to other health providers as required. Shift handovers and communication sheets promote continuity of care between the shifts in the rest home and hospital.

The planned activity programme is delivered by one full time diversional therapist supported by two part time activities assistants, spread across the two clinical areas seven days per week. There is one activities programme for rest home and hospital residents which provides a variety of individual and group activities and maintains the residents' links with the community as the restrictions of COVID-19 allow. There is a facility van available for outings.

Medicines are managed according to the policies and procedures which are based on current best practice and consistently implemented. Medications are administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with any special requirements catered for. There is food available for rest home and hospital residents 24 hours a day. Policies guide the food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents and families verified satisfaction with the meals provided.

Safe and appropriate environment

Waste and hazardous substances are managed safely. Staff have access to protective equipment and clothing and were observed using this. Chemicals are safely stored.

The building is in good order, has a current building warrant of fitness and meets the needs of residents. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating for residents. All areas of the home are well maintained and cleaned to a high standard. Laundry is currently managed offsite at another Selwyn facility.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised.

Residents reported a timely staff response to call bells. Security is maintained.

Communal and individual spaces are maintained at a comfortable temperature.

Restraint minimisation and safe practice

The organisation has implemented policies and procedures that support the minimisation of restraint. There was one restraint use and four residents using enablers on the days of audit. All processes related to these had been completed. Use of enablers is voluntary for the safety of residents in response to individual requests. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes. All engage in ongoing training about prevention of restraint.

Infection prevention and control

The infection prevention and control programme is led by an experienced registered nurse co-ordinator. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when required. Staff demonstrated good principals, 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 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	50	0	0	0	0	0
Criteria	0	101	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Wilson Carlile House has policies, procedures, and processes in place to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). This is displayed throughout the facility in both English and te reo Māori. Residents receive a copy of this in the admission pack. Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is part of the ongoing 'Selwyn Learn' online study for all staff to complete.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and care staff interviewed understood the principals and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form including for photographs and outings. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents is defined and documented, as relevant, in</p>

		<p>the resident's record. Staff demonstrated their understanding by being able to explain situations when this may occur.</p> <p>Staff were observed gaining consent for day-to-day care on an ongoing basis.</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>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the service are on display and available throughout the facility in both English and te reo Māori. Family members and residents spoken to were aware of the Advocacy Service, how to access this and their rights to have a support person. Staff are also aware of how to access the Advocacy Service if this is required. The Chaplin visits the facility weekly and is available for both staff and residents to access.</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>	FA	<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 outings, visits, activities, and entertainment. The facility encourages visits from family and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with the staff.</p>
<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 families on admission and those interviewed knew how to do so.</p> <p>The complaints register reviewed showed that five complaints have been received over the past year and that actions taken, through to an agreed resolution, are documented and completed within the timeframes. Action plans showed any required follow up and improvements have been made where possible. The village and care manager is responsible for complaints management and follow up. There have been no complaints</p>

		<p>received from external sources since the previous audit.</p> <p>The prospective provider has well established complaints management processes and these will be incorporated into their systems for monitoring and reporting. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>When interviewed, the residents and family/whanau of Wilson Carlile House, reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and from discussion with staff. The Code is displayed in English and te reo Māori at the reception and throughout the facility and each resident has a copy of this in the admission folder. Information on how to make a complaint and provide feedback is also available in the admission folder. The prospective purchaser, Metlifecare Limited, demonstrated an understanding and knowledge regarding the Code. This was confirmed by the policy review and discussion about the organisational systems and how these are implemented in the 11 other care homes already operated by Metlifecare Limited</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and their families confirmed that services are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, and choices.</p> <p>Staff understand the need to maintain privacy and were observed doing so throughout the audit when attending to the personal cares of residents, by ensuring resident information is held securely and privately, when exchanging verbal information and during discussion with families. All residents have a private room with communal facilities a limited number of rooms have private ensuite facilities. There are several lounges located throughout providing quiet areas to chat away from the main communal areas.</p> <p>Residents are encouraged to maintain their independence by participating in activities within the facility and outside in the community as COVID-19 restrictions allow. Each resident's care plan includes</p>

		<p>documentation related to the resident's abilities and strategies to maintain and maximise their independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious, and social needs, values and beliefs have been identified, documented, and incorporated into their care plan.</p> <p>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 be occurring annually.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>There are currently five residents at Wilson Carlile House who identify as Māori. Staff receive annual education to enable them to support residents who do identify as Māori to integrate their cultural values and beliefs. This is evident throughout with the use of te reo Māori by one staff member when greeting the resident. For those residents who enjoy watching the Māori news this is integrated into part of their daily routine.</p> <p>The principals of the Treaty of Waitangi are incorporated into day-to-day practice with a copy of the treaty on display in the reception area. The importance of whānau and Māori values was evident in the resident's care plan reviewed. There is a current Māori health plan and guidance on tikanga best practice is available and there are staff who identify as Māori in the facility and can act as a resource</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>Residents and their families verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Staff can access an external interpreter service for residents if required and several staff members are bi-lingual. The chaplain was on site and available for interview confirming residents' spiritual needs are met. Residents' personal preferences required interventions and special needs were included in all care plans that were reviewed. For example, likes and dislikes and attention to preferences around activities of daily living.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Residents and family members interviewed, confirmed that residents were free from discrimination, harassment or exploitation and felt safe. The facility's general practitioner who was interviewed also expressed satisfaction with the standard of services provided to the residents. The induction process for staff includes education related to professional boundaries and expected behaviour to support good practice. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service provides and encourages good practice. This is demonstrated through evidence-based policies, input from external specialist services and allied health professionals, for example, the hospice, older persons mental health service, dieticians, podiatrist, and education for staff. The GP confirmed that the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported that they receive management support for external education and access their own professional networks. Ongoing yearly training for RNs and care staff is provided both in house (Selwyn Learn) study days and from education provided by external providers.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents and family members stated they were kept well informed about any changes to their own or their relative's status, they are advised in a timely manner about any incidents or accidents and the outcomes of regular or urgent medical reviews. This was clearly documented in the residents' records that were reviewed. There was also evidence of resident/family input into the care planning process and the multi-disciplinary meetings. Staff understood the principals of open disclosure, which is supported by policies and procedures that meet the requirements of the Code. Staff knew how to access an interpreter should this be required, and several staff members are bi-lingual.</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 current provider has a five year strategic plan which outlines the purpose, values, scope, direction and goals of the organisation. These are reflected in the Wilson Carlile business plan. Annual business goals are linked to the strategic plan and reflect regular reviews. A sample of monthly reports to the organisations head office contained adequate information to monitor performance including occupancy, staff levels, emerging risks and issues.</p> <p>Selwyn Wilson Carlile has a maximum occupancy for 59 residents. Thirty beds are certified for rest home level of care and twenty-nine beds as dual-purpose (hospital or rest home level care). On the days of audit there were 57 residents on site. Thirty two were receiving rest home level care and 25 receiving hospital care services. All were under the age related residential care (ARRC) agreement with Waikato District health Board. All residents had signed admission agreements.</p> <p>The service is managed by a village care manager (VCM) who is an experienced RN. This person used to be the manager at the Wilson Carlile and returned to the role two months ago. Responsibilities and accountabilities are defined in their job description and individual employment agreement. The VCM confirmed knowledge of the sector, regulatory and reporting requirements. This person has maintained at least eight hours of professional development education related to managing an aged care facility.</p> <p>Metlifecare is an established New Zealand company which owns and operates a large portfolio of retirement villages and care homes. Governance is provided by a six person board of directors. Day to day operations and leadership is provided by an experienced executive team. The team includes a CEO and a clinical nurse director who have many years' experience in the NZ aged care sector. A sale and purchase agreement for Metlifecare to acquire six Selwyn villages / care facilities was signed on 24 November 2021. The change of ownership is anticipated to occur by the end of February 2022. This is dependent on the outcomes from the provisional audits and on obtaining approvals from the Ministry of Health, the Overseas Investment office and the Retirement Village Statutory Supervisor.</p> <p>The prospective purchaser has developed and documented integration plans which demonstrate the extent of due diligence completed prior to</p>
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		<p>offering a sale and purchase agreement. Each site has been visited, and Metlifecare have identified all areas where the two organisations are the same, similar or different. An integration team has been appointed to facilitate a smooth transition for staff, residents and relatives at each site.</p> <p>Interview with the clinical nurse director confirmed their knowledge and understanding of the contractual and sector responsibilities and requirements for the provision of residential age care services. Metlifecare are in receipt of the current funding agreements for each of the facilities they are acquiring and understand their role and responsibilities in upholding these agreements. Each DHB and the MoH have been informed about the pending change of ownership.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The Selwyn care homes have established systems for covering senior staff and management absences. Interview with the prospective purchaser confirmed there is no intention to implement changes in service management in the short to medium term. Metlifecare have qualified and experienced facility managers who can cover unexpected staff absences.</p> <p>When the VCM is absent, the senior RN or the appointed clinical quality manager carries out all the required duties under delegated authority. During absences of key clinical staff, clinical management is delegated to the next most senior clinician able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</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>Selwyn Care has a quality and risk management plan which is aligned to their strategic and business plans. This clearly describes the systems for service monitoring, review and quality improvement. Service goals are documented in the facility's annual business plan which is monitored for progress by senior management.</p> <p>Interview with the quality clinical manager confirmed the service policies are reviewed at a national level every one to three years with more frequent reviews if changes are required.</p> <p>Review of the documented outcomes from internal audits and incidents</p>

	<p>reported since the previous recertification audit in March 2021 confirmed the quality and risk system as effective and compliant with this standard. Discussions with the VCM and staff confirmed their involvement in quality and risk management processes. The system monitors and reports on all aspects of service delivery. This includes collecting and analysing a range of quality data such as resident falls, infections, pressure injuries, medication errors, restraint use, incidents, and skin tears. This data is benchmarked against other Selwyn Care facilities and externally with other large providers of aged care. Results are utilised for service improvements. Internal audits are conducted according to an annual internal audit schedule. Staff are kept informed via meetings and during handovers. There is a current risk management plan which is reviewed at least annually and updated when required. All potential and actual risks are mitigated and monitored at governance and senior executive level.</p> <p>Staff document corrective actions for any service shortfalls identified through internal audits, incidents, complaints or feedback from residents or relatives. Evidence of corrective actions being implemented was confirmed by interviews and information contained in the records of internal audits, incident review forms and staff meetings. The improvement required at the March 2021 audit related to documenting corrective actions has been addressed.</p> <p>Resident meetings occur monthly. Minutes from these meetings confirmed that residents are consulted about service delivery and are kept informed. Resident and relative satisfaction is formally surveyed annually and the results of these showed high satisfaction. The residents interviewed stated they were kept informed and consulted about services in ways that they understand.</p> <p>The service understands the requirements of the Health and Safety at Work Act 2015 including notifying staff when changes in practice or policies have occurred. Selwyn Wilson Carlile has two staff nominated health and safety representatives. Both have completed relevant training for the role, and one interviewed confirmed knowledge of current legislation and requirements. External contractors and new staff undergo health and safety orientation.</p> <p>Metlifecare plans to gradually introduce their quality and risk system and sector standardised policies. A pre audit review of their policies and</p>
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		<p>procedures showed these meet the current legislative and sector regulated requirements. Metlifecare has established processes for reviewing and updating policies as required. They have access to the Selwyn group's policies and procedures and these are currently being reviewed and compared with the Metlifecare policy set to determine areas of excellence, where policies are the same or where these can be merged. The intention is to gradually introduce all staff to the reviewed Metlifecare policies over the first six months of ownership.</p> <p>Metlifecare has established quality and risk management systems which demonstrate a commitment to continuous quality improvement. This includes the development and review of quality and risk management plans and determining measurable quality indicators. These systems which include gathering and analysing site specific quality data such as reportable events, infections, complaints and resident/relative feedback will be implemented over time. Regular internal audits using the Metlifecare tools will also be phased in. Monthly summaries of quality data is benchmarked against other Metlifecare sites. The organisation also compares its overall quality data with five other New Zealand age care providers, one of whom is Selwyn Care. This sharing of performance information between Selwyn Care and Metlifecare senior executive team members conducting site visits prior to the signing of the sales and purchase agreement, confirms that the purchaser is fully informed about the positive and potential growth areas for each site.</p> <p>Metlifecare has documented transition plans that include communication strategies about the change of ownership to all involved parties and allocates responsibilities to key personnel for identifying and managing areas of concern or gaps that require immediate attention. The organisation is proactive in ensuring a smooth change of ownership and identifying areas that can be improved upon in each facility.</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</p>	<p>FA</p>	<p>Staff document adverse and near miss events on an accident/incident form and/or enter this straight into the electronic system. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a</p>

<p>manner.</p>		<p>timely manner. Adverse event data is collated, analysed and electronic reports are generated monthly. These reveal clear descriptions of each event. Another report graphs all events to reveal any trends over a 12 month period.</p> <p>The VCM and the clinical quality manager 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, no police investigations, coroner's inquests, and issues based audits or other notifications to regulatory bodies since the previous audit in March 2021. This audit did not reveal any areas of concern that potentially impacted on each facility's ability to meet HDSS requirements, or other legislative or regulatory compliance matters</p> <p>Metlifecare have well established systems for reporting and recording adverse events. Interview with the clinical nurse director and review of company documents confirmed the purchaser understands their responsibilities for preventing, managing and reporting notifiable events to relevant regulatory bodies.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>The prospective provider demonstrates knowledge and understanding about NZ employment legislation Metlifecare will introduce their human resources management systems for recruitment, performance management, and professional development and payroll services after takeover. All existing staff will be offered an employment agreement. Additionally, an 'Integration Team' is being set up to assist Selwyn staff to transition to the 'Metlife way'. It was stated that there will be a focus on clinical services and reinforcing clinical governance.</p> <p>Selwyn Care staff management procedures 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. 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</p>

		<p>orientation and a performance review after 30 and 90 days of commencing employment. Annual performance appraisals are occurring.</p> <p>Continuing education is planned annually and includes mandatory training requirements according to the 'Selwyn Learning' schedule. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Of the 25 carers employed, nine have achieved level 4 of the national certificate in health and wellbeing, 14 are at level 2 and 3 and the two carers who have not engaged in the programme are long term employed.</p> <p>All of the six registered nurses employed are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There 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). Wilson Carlile adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting 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 family interviewed supported this. Observations and review of a three weekly roster confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. Agency staff are being utilised for three caregiver shifts per week and one RN shift each month, on average.</p> <p>Two RNs are rostered on each morning shift, one RN in the afternoon and one at night. Eight carers are rostered for each morning shift, six in the afternoon and two at night. Two cleaners work six hours each day from Monday to Friday and one cleaner on the weekend for slightly reduced hours. Activities staff (one diversional therapist and two activities assistants) are employed for sufficient hours and are on site seven days a week. This team is supported by volunteers.</p> <p>A sole maintenance person is employed for 30 hours a week to carry out planned and reactive maintenance and the gardens. The day to day</p>

		<p>demands on this person's time often exceeds the hour's available (as evidenced by the maintenance request book, interview and discussion about workload). There was a second part time person available until earlier this year. This does not warrant a corrective action, but a review of this person's workload is suggested.</p> <p>At least one staff member on duty has a current first aid certificate.</p> <p>Metlifecare have identified any individuals employed by Selwyn Care who hold positions which already exist in their organisation that may result in two people having the same role and responsibility. At this time there is no stated intention to downsize or eliminate key personnel after taking over ownership.</p> <p>The sale and purchase agreement includes a safety clause about the number of RNs employed for each site. Metlifecare have recently recruited a clinical workforce strategist to proactively focus on the mitigation of aged care workforce shortages.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the 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 the Momentum electronic database. Records are legible with the name and designation of the person stamped beside the entry.</p> <p>Archived records are held securely on site and are readily retrievable and held for the required period before being destroyed. No personal or private resident information was on display during the audit.</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>	<p>FA</p>	<p>Residents are admitted to Wilson Carlile House following assessment from the Disability Support Links Service, as requiring the levels of care that Wilson Carlile House provides. Prospective residents and their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. All residents are admitted to the facility in accordance with current MOH and COVID guidelines.</p>

		<p>Family members interviewed stated that they were happy with the admission process and the information that had been provided to them. Files reviewed contained the completed demographic information, assessments, and signed admission agreements in accordance with the contractual requirements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge, or transfer is managed in a planned and co-ordinated manner. The service uses the DHB 'Yellow Envelope' system to facilitate the transfer of residents to and from acute care settings; this is managed in accordance with COVID 19 restrictions. There is open communication between all services, the residents, and the family. At the time of transition between services, appropriate information, including medication records and the care plan, is provided for ongoing management of the resident. All referrals are documented in the progress notes.</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 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 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.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The registered nurse on night shift signs in the medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided as required. There were 18 electronic medication charts reviewed which met the legislative prescribing requirements. Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries</p>

		<p>with controlled drugs signed in. All registered nurses are competent with syringe drivers.</p> <p>The records of temperatures for the medicine fridge were reviewed and were within the recommended range. The medication room also had evidence of temperature records taken at the time of the audit.</p> <p>Good prescribing practices were noted, these included 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. There are standing orders but no verbal orders. Vaccines are not stored on site. Residents and staff have received the required COVID-19 vaccines.</p> <p>There is a documented process for any residents self-medicating; this is decided in conjunction with the GP, RN and the resident. Self-medication documentation is completed by the GP and a copy is placed in the notes. Of the files reviewed there were two residents self-medicating.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</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 is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was reviewed by a qualified dietitian in April 2021.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the Ministry of Primary Industries (valid until 24th March 2022). At the time of the audit, the kitchen was observed to be clean. The cleaning schedule was maintained. Food temperatures, including for high-risk items, are monitored, and recorded as part of the plan using a paper base recording system.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. Any special diets and</p>

		<p>modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. The kitchen provides a varied menu which supports residents with specific cultural food requirements. Special equipment to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and families/whānau interviews, satisfaction surveys and in residents' meeting minutes. There are snacks available twenty hours a day for residents. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided. The main meal is served in the evening in accordance with the wishes of the residents.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>If a referral is received, but the resident does not meet the entry criteria, there are no vacancies, or the referral has been declined from the service due to inappropriate referral from the Disability Support Links service, there is a process to ensure that the prospective resident and family are supported to find an appropriate level of care. Examples of when this may occur were discussed with the senior registered nurse.</p> <p>If the needs of the resident change and they are no longer suitable for the services offered a referral for reassessment is made to Disability Support Links and a new placement is found in consultation with the resident and the whanau/family.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>On admission, residents of Wilson Carlile House are assessed using a range of nursing assessment tools, such as pain scale, falls risk, skin integrity, cognition and behaviour, nutrition, and activities, to identify any deficits and to inform initial care planning. Within three weeks of admission, residents are assessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI tool, in conjunction with additional assessment data, occurs every six months or more frequently as residents' changing conditions require.</p> <p>Interviews, documentation, and observation verified the RNs are familiar with requirements for reassessment of a resident using the interRAI</p>

		<p>assessment tool when a resident has increasing or changing needs.</p> <p>All residents had a current interRAI assessments completed by one of the trained interRAI assessors on site. InterRAI assessments are used to inform the care plan.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans at Wilson Carlile House are documented on a computerised patient documentation system. When reviewed this reflected the support needs of the residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular, the needs identified by the interRAI assessments were reflected in the care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities note, medical and allied health professionals' notations clearly documented, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and family/whanau 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 with residents and families verified that the care provided to the residents was consistent with their needs, goals, and plan of care. Samples of the files reviewed demonstrated attention to meeting a diverse range of residents' needs in all areas of service provision. It was confirmed that the previous corrective actions required around monitoring and documentation of neuro-observations following unwitnessed falls was occurring, external health providers are documenting in the files and pressure settings on air mattresses continue to be checked by staff.</p> <p>The GP interviewed confirmed that medical orders are carried out in a timely manner and staff are very proactive at contacting the GP should a resident's condition change. Care staff confirmed that care was provided as outlined in the documentation.</p> <p>A range of equipment and resources were available and suited to the levels of care provided and in accordance with the resident's needs.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by one full time qualified diversional therapist who is supported by two activities assistants to provide a full activities calendar seven days per week across the rest home and hospital.</p> <p>An activities assessment is completed on admission to ascertain the resident's needs, interests, abilities, and social requirements. Activities assessments are regularly reviewed to help formulate a plan that is meaningful to the resident. The activities are evaluated daily and documented two to three times per week in the activities plan which populates into the progress notes. This also forms part of a six-monthly multidisciplinary care plan review.</p> <p>There are five residents who identify as Māori, and they are greeted in their native tongue and support is given for activities culturally appropriate for them. They have completed a six-week flax weaving course which the DT has continued to deliver during COVID "lockdowns". It is the aim of the diversional therapist and activities assistants to get the residents engaging in the community as much as possible. There is a facility van available for drives two times per week and more frequently if there are three activities assistants working.</p> <p>Activities reflected the residents' goals, ordinary patterns of life and included normal community activities, regular church services, 'Housie', daily exercises and visiting entertainers as COVID-19 has allowed. There is individual, group and gender specific activities for female and male residents. Hospital and rest home residents have the same weekly activities programme. There are several lounge areas, as well as the individual's bedrooms where they can watch their own television or listen to the radio. The Activities Calendar is on display and each resident is given a copy of the weekly activities available for them to participate in. It emphasises and celebrates cultural beliefs on a regular basis.</p> <p>Residents and families can evaluate the programme through day-to-day discussions with the activities co-ordinator and by completing the yearly resident satisfaction survey and the six monthly multi-disciplinary meeting. Residents interviewed confirmed the programme was interesting and varied.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care is evaluated each shift and reported on in the progress notes. If any change is noted, it is reported to the RN. Formal care plan evaluations occur every six months in conjunction with the six monthly InterRAI reassessment and the multi-disciplinary team meeting, or as the residents' needs change. The RN documents evaluations. Where progress is different from that expected, the service responds by initiating changes to the plan of care.</p> <p>Short term care plans are consistently reviewed for infections, pain, weight loss, and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans, were evaluated each time the dressings were changed. Residents and families/whanau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</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. If the need for other non-urgent services is indicated or requested, the GP sends a referral to seek specialist input. Copies of referrals were sighted in the residents' files. The resident and the family/whanau are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as ringing an ambulance if the situation dictates.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. A fully equipped spill kit was sighted.</p>

		There is ample provision and availability of protective clothing and equipment, and staff and visitor were observed to be using these.
<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 current building warrant of fitness (expiry date 01 December 2021) is publicly displayed. The Covid lockdown in the Waikato region has created some delays in getting this renewed and inspection is scheduled to occur the week following the audit.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. Visual inspection revealed the environment is hazard free, and that residents are safe, and independence is promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting.</p> <p>Residents confirmed they know the processes they should follow if any repairs or maintenance is required, and that they are happy with the environment.</p> <p>There is a lot of obsolete financial records being held on site and various items of furniture and equipment waiting to be discarded. Again, the recent lockdown has prevented disposal, and staff stated these would be cleared as soon as practicable.</p> <p>Metlifecare have stated an intention to increase the aged care complement within their retirement village group. They are committed to ensuring that each facility complies with building and environmental regulations and that planned and reactive maintenance continues to occur.</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</p>	FA	There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Each bedroom has its own toilet and hand basin and 16 of the hospital rooms have full ensuite bathrooms. There are additional staff and visitors' toilets located throughout the facility. There

<p>personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>is an adequate numbers of showers in each area of the home for the number of residents who use these. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely.</p> <p>The hospital and dual purpose bedrooms are large enough to accommodate lifting equipment and two staff to assist residents. All bedrooms are for a single occupant.</p> <p>Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheelchairs and mobility scooters. Staff and residents reported the adequacy of bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>A range of communal areas are available for residents to engage in activities. There is a large recreation on site where the majority of activities take place. A large dining area and lounges are allocated to hospital residents. The rest home areas are separated into three wings which accommodate on average 10 residents. Each wing has its own dining and kitchen serving/clean up area and lounge area. All dining and lounge areas are spacious and easily accessible for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs</p>
<p>Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Laundry services are provided at another Selwyn facility in Auckland. A part time laundry person is on site two hours a day to receive, fold/iron and return clean laundry to each resident. Care staff demonstrated a sound knowledge of dirty/clean flow and handling of soiled linen. There have been two complaints about missing items of residents clothing this year otherwise the residents and family interviewed said the laundry</p>

		<p>services are satisfactory and that residents' clothes are returned in a timely manner.</p> <p>Each of the designated cleaners have attended education on the safe handling of chemicals. Bulk chemicals were stored in a lockable cupboard, cleaners decant these into appropriately labelled containers. Cleaning trolleys are securely stored when not in use.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme and through resident and family satisfaction surveys. The previous certification audit identified a need for improvement in laundry services in standard 1.2.3. The organisation has implemented quality improvement processes but has not always prevented loss of clothing. Eight families have mitigated this risk by laundering their relative's clothing themselves.</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 displayed and known to staff.</p> <p>Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The service has an approved fire evacuation scheme. Fire evacuation training and drills are conducted six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 19 March 2021. The September drill could not occur due to Covid lockdowns, but this is booked to occur on 02 December 2021. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for a maximum of 59 residents. This meets the Ministry of Civil Defence and Emergency Management recommendations for the region. Apart from the 324 (1.5 litre) bottles of stored water, there is 2,000 litres of water available from the hot water cylinders.</p> <p>Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits</p>

		are completed on a regular basis and residents and families reported staff respond promptly to call bells.
<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	All resident areas are provided with plenty of natural light and good ventilation. Residents and families said the home is maintained at a safe and comfortable temperature.
<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>Wilson Carlile Housel implements an infection prevention and control programme to minimise the risk of infection to residents, staff and visitors. A comprehensive and current infection control manual is available to staff and managers. There was evidence that formal reviews of the programme are completed annually.</p> <p>The registered nurse is the designated infection prevention and control co-ordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the Village & Care Manager and Clinical Quality Manager. Infection prevention and control matters are also discussed at registered nurse meetings, staff handovers and staff meetings.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. 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 and confirmed this had been further reinforced since the COVID-19 pandemic emerged with a documented process for each of the alert levels.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	The ICN has the appropriate skills, knowledge, and qualifications for the role. Additional support and information can be accessed from the infection control team at the DHB, the community laboratory, the GP and the public health unit, as required. The co-ordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.

		There is a COVID-19 management plan in place which details all the actions required by the service stream within the facility in response to each of the alert levels as per the Ministry of Health guidelines. The ICN confirmed the availability of resources to support the programme and any outbreak of an infection.
<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>	FA	The IPC policies reflected the requirements of the IPC standard and current accepted good practice. Policy review is ongoing and clearly documented on a spreadsheet the next review date. Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand-washing technique and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers are distributed around the facility. Staff interviewed verified knowledge of infection control policies and practices.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	Interviews, observation, and documentation verified staff have received education on infection prevention and control at orientation and in ongoing education sessions. Education is provided by suitably qualified RNs and the IPC coordinator. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of attendance is maintained.
<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>	FA	<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, respiratory tract and skin infections. When an infection is identified, a record of this is documented in the resident's clinical record. The IPC coordinator reviews all reported infections, and these are documented. New infections and any required management plans are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff at staff meetings and</p>

		during shift handovers. A good supply of personal protective equipment was available. Wilson Carlile House has processes in place to manage the risks imposed by COVID-19 in accordance with Ministry of Health guidelines.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Restraint interventions are only used where clinically indicated and justified, and alternative strategies have been ineffective. Restraint minimisation policies and procedures are comprehensive and include definitions, processes and use of restraints and enablers.</p> <p>There was one hospital resident who required a bed rail as a restraint and four rest home residents using bed rails as enablers at the time of the audit.</p> <p>Staff training around restraint minimisation and enablers, falls prevention and management of challenging behaviours occurs regularly.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator (a registered nurse) and for staff are documented and understood. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>Assessments for the use of restraint were documented and included all requirements of the Standard. An RN undertakes the initial assessment with the restraint coordinator's involvement, and input from the resident's family/whānau/EPOA. The RN/restraint coordinator interviewed described the documented process. Families confirmed their involvement. The general practitioner is involved in the final decision on the safety of the use of the restraint. The assessment process identified the underlying cause, history of restraint use, cultural considerations, alternatives and associated risks. The desired outcome was to ensure the resident's safety and security. Completed assessments were sighted in the record of the one resident with a restraint in place.</p>

<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>The use of restraints is actively minimised, and the restraint coordinator described how alternatives to restraints are discussed with staff and family members (for example, the use of sensor mats, and low beds). The service has succeeded in reducing the number of restraints by 50% (from two to one) since the previous audit. Reassessment and trial of using a low bed with fall out mattress, enabled the removal of bed rails for one resident.</p> <p>When restraints are in use, frequent monitoring occurs to ensure the resident remains safe. Records of monitoring had the necessary details. Access to advocacy is provided if requested and all processes ensure dignity and privacy are maintained and respected.</p> <p>A restraint register is maintained and reviewed and updated every month. The register was reviewed and contained the resident currently using a restraint and sufficient information to provide an auditable record.</p> <p>Staff have received training in the organisation's policy and procedures and in related topics, such as positively supporting people with challenging behaviours. Staff spoken to understood that the use of restraint is to be minimised and how to maintain safety when in use.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>Review of the one resident's file showed that the individual use of restraints is reviewed and evaluated during care plan and interRAI reviews, and at six monthly restraint evaluations. Families interviewed confirmed their involvement in the evaluation process and their satisfaction with the restraint process.</p> <p>The evaluation covers all requirements of the Standard, including future options to eliminate use, the impact and outcomes achieved, if the policy and procedure was followed and documentation completed as required.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their</p>	<p>FA</p>	<p>A restraint quality review occurs each year at organisation-wide restraint coordinators meetings. Restraint activity is also discussed at RN meetings and monthly staff meetings. All staff complete restraint</p>

use of restraint.		education and training annually via the Selwyn Learning programme. Internal restraint audits are completed monthly.
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Specific results for criterion where corrective actions are required

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

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

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

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.