

# Millvale House Waikanae Limited - Millvale House Waikanae

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## Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, 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:** Millvale House Waikanae Limited

**Premises audited:** Millvale House Waikanae

**Services audited:** Hospital services - Psychogeriatric services

**Dates of audit:** Start date: 1 December 2021 End date: 2 December 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:** 29

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Dementia Care New Zealand Limited (DCNZ) is the parent company under which Millvale House Waikanae operates. Millvale House Waikanae provides dedicated psychogeriatric level care for up to 30 residents. On the day of audit, there were 29 residents at the facility.

This certification audit was conducted against the Health and Disability Services Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family, management, and staff.

An operations manager and clinical manager manage the service on a day-to-day basis. The operations manager has been in the role for 18 months, having previously worked as a caregiver at another Dementia Care New Zealand (DCNZ) facility. The clinical manager is currently on maternity leave and attended on the days of audit. She is an experienced registered nurse and has been in the role for two years. A relieving clinical manager works across Millville Waikanae and a neighbouring DCNZ facility. The on-site managers are supported by an organisational management team from DCNZ. Staff interviewed and documentation reviewed identified that the service continues to provide psychogeriatric services that are appropriate to meet the needs and interests of the resident group. The families interviewed spoke positively about the care and support provided.

This certification audit identified the service continues to meet the health and disability standards.

The service is commended for achieving continuous improvements in the areas of infection control and quality.

## 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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Millvale House Waikanae provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights such as: privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy, and informed consent. Information about the Code of Health and Disability Services Consumer Rights (the Code) and related services is readily available to families. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. The families interviewed verified ongoing involvement with community.

## 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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Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme are embedded into practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified. Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented and includes in-service education and competency assessments. Registered nursing cover is provided twenty-four hours a day, seven days a week.

## 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.

Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. Sufficient information is gained through the initial support plans, specific assessments, discharge summaries, and the care plans to guide staff in the safe delivery of care to residents. The care plans are personalised, and goal orientated. Care plans are reviewed every six months or earlier if required, with input from the EPOA/family as appropriate. Files sampled identified integration of allied health and a team approach is evident in the overall resident file. There is a review by the general practitioner at least every three months.

The activities team implements the activity programme to meet the individual needs, preferences, and abilities of the residents. The programme encourages the maintenance of community links. There are regular entertainers, outings, and celebrations.

Medications are managed appropriately in line with accepted guidelines. Registered nurses and senior caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and accommodated. All meals and baking are cooked on site. This includes consideration of any dietary preferences or needs. There is a four-week rotational menu that is reviewed by a dietitian. Nutritional snacks are available 24 hours.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. Cleaning and maintenance staff are providing appropriate services. Cleaning and laundry services are monitored through the internal auditing system. Laundry is completed on site.

All resident rooms are single within the facility. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is sufficient space to allow the movement of residents around the facility using mobility aids. There is a spacious lounge and dining area in each home within the facility, and smaller lounges available for quieter activities or visitors. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. The internal areas are ventilated and heated. There is wheelchair access to all areas. The outdoor areas are safe, easily accessible, and secure.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency equipment. There is a staff member on duty on each shift who holds a current first aid certificate.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint policy and procedures are in place. The definitions of restraints and enablers are congruent with the definitions in the restraint minimisation standard. There were two residents using restraints and no residents utilising enablers. A register is maintained by the restraint coordinator/registered nurse (RN). Residents using restraints are reviewed monthly in the registered nurses meeting. Staff regularly receive education and training on restraint minimisation and managing challenging behaviours.

## Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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Millvale House Waikanae has an infection control programme that complies with current best practice. The infection control manual outlines a range of policies, standards and guidelines and defines roles, responsibilities and oversight, training and education of staff and scope of the programme. There is a dedicated infection control nurse who has a role description with clearly defined guidelines. The infection control programme is reviewed annually at organisational level.

The infection control programme is designed to link to the quality and risk management system. Infection control education is provided at orientation and incorporated into the annual training programme. Training records were sighted. Education provided includes an evaluation of the session and content delivered. Records of all infections are kept and provided to head office for benchmarking. There have been two outbreaks since the previous audit which were managed reported and documented appropriately.

## 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)
<b>Standards</b>	0	50	0	0	0	0	0
<b>Criteria</b>	2	99	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>Millvale Waikanae has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Ten clinical staff interviewed (three registered nurses [RNs], four caregivers, one home assistant, one physio assistant and one diversional therapist) were able to describe how they incorporate resident choice into their activities of daily living. Non-clinical staff (one cook, and one maintenance) describe knowledge of the code of rights in relation to their roles. The service actively encourages residents to have choices, and this includes voluntary participation in daily activities as confirmed on interview with care staff and four relatives.</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>There are established informed consent policies/procedures and advanced directives. General consent is obtained for collection, storage, release, access and sharing of information, photograph for identification and social display and consent for outings. All six files reviewed included completed consents. There was documented evidence of discussion with the enduring power of attorney (EPOA) where the general practitioner has made a medically indicated not for resuscitation status. Copies of the residents' advance directive where applicable is on file.</p> <p>All files reviewed had copies of the EPOA scanned into the resident's electronic file. Interviews with staff and families state they have input in care. Care staff interviewed provided examples of situations where residents are given choices on daily basis. Long-term care plans and 24-hour multidisciplinary care plans</p>

		demonstrate resident choice as appropriate.
<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>Families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlet on admission. Interviews with family confirmed they were aware of their right to access advocacy. Advocacy pamphlets are displayed in the facility entrance. Advocacy is discussed with families during the admission process.</p> <p>The service provides opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on the resident's family and chosen social networks.</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>Interview with relatives confirmed that visiting can occur at any time and families are encouraged to be involved with the service and care. Residents are supported to maintain former activities and interests in the community if appropriate.</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>Millvale House Waikanae has in place a complaints policy and procedure that aligns with Code 10 of the Code of Rights and is an integral part of the quality and risk management system. Complaint's information is available at the entrance and information is provided to residents and relatives at entry. Management operates an open-door policy. Interview with relatives confirmed an understanding of the complaints process.</p> <p>There is an up-to-date online complaint register. There have been four complaints received for 2021 to date and two complaints in 2020 since the previous audit. All complaints reviewed had noted investigation, timeframes met and corrective actions, including letters of acknowledgement.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There is a welcome pack provided to residents on entry that includes information on how to make a complaint, Code of Rights pamphlet, advocacy, and Health &amp; Disability (HDC) Commission. Relatives are informed of any liability for payment of items not included in the scope of the service. This is included in the service agreement. Family members interviewed confirmed they received all the relevant information during admission.</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>There are policies in place to guide practice in respect of independence, privacy, and respect. Resident preferences are identified during the admission and care planning process with family involvement. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms. Relatives interviewed confirmed staff respect their privacy, and support residents in making choice where able. Staff have completed education around privacy, dignity, and elder protection. Resident files are stored electronically in a secure password protected environment. There are clear instructions provided to residents on entry regarding responsibilities of personal belonging in their admission agreement.</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>	FA	<p>Dementia Care NZ Ltd has a Māori health plan and a cultural safety policy that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e) of the aged related residential care contact (ARRC). Two residents who identify as Māori have this recorded on their electronic file with a specific section of the individual health care plan tailored to meet Māori cultural requirements. Linkages with Māori community groups are available and accessed as required. Dementia Care NZ has a cultural advisor locally, who is available to provide assistance and guidance for any Maori resident.</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>	FA	<p>The resident and family are invited to be involved in care planning and any beliefs or values are discussed and incorporated into the care plan. Care plans sampled included the residents' values, spiritual and cultural beliefs. Six monthly reviews occur to assess if the resident's needs are being met. Discussion with family members confirmed values and beliefs are considered. Family/resident newsletters are provided quarterly. Residents are supported to attend visiting church services held on-site monthly.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial,</p>	FA	<p>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the six staff files sampled. Staff comply with confidentiality and the code of conduct. The registered nurses and allied health professionals' practice within their scope of practice. Management and staff meetings include discussions on professional boundaries and concerns/complaints as they arise (minutes sighted). Interviews with the operations manager, the national clinical manager, registered</p>

or other exploitation.		nurses, and care staff confirmed an awareness of professional boundaries.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Millvale Waikanae policies and procedures meet the health and disability safety sector standards. Staff stated they are made aware of new/reviewed policies.</p> <p>The organisations new Vision and Values have been embedded in practise at Millvale Waikanae. An implemented quality improvement programme includes performance monitoring. A quality monitoring programme is implemented which monitors contractual and standards compliance and the quality-of-service delivery. The service monitors its performance through resident/relative's meetings, quality meetings, health and safety meetings, staff appraisals, satisfaction audits, education and competencies, complaints, and incident management. An environment of open discussion is promoted. Staff report that the operations manager, clinical manager, and head office managers are approachable and supportive.</p> <p>The education programme includes a comprehensive orientation programme with corresponding competency packages. Competencies for all staff include safe food handling, fire and evacuation, cultural safety, safe chemical handling, and restraint. The registered nurses have access to external training. There are clear ethical and professional standards and boundaries within job descriptions. Allied health professionals are available to provide input into resident care.</p> <p>The service has successfully implemented an electronic resident management system and have been successful in reducing urinary tract infections.</p> <p>Resident and relative surveys are completed annually. Family members interviewed spoke very positively about the care provided and were well informed and supported.</p>
Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>There is a policy to guide staff on the process around open disclosure and for residents who do not have any family to notify. The managers and registered nurses confirmed family are kept informed. Relatives stated they are notified promptly of any incidents/accidents. Families receive quarterly newsletters that keep them informed on facility matters and events. Incident and accident forms sampled, and files reviewed evidenced that family are notified following adverse events or when there is a change in resident's condition. A monthly family support group is promoted, and Millvale Waikanae management staff are available to attend as requested. Combined family meetings have not occurred over the last year due to covid restrictions. There is access to an interpreter service as required.</p>
Standard 1.2.1: Governance	FA	<p>Dementia Care New Zealand Limited (DCNZ) is the parent company under which Millvale House Waikanae operates. Millvale House Waikanae is certified to provide psychogeriatric level care for up to 30</p>

<p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>residents in two 15-bed homes. On the days of the audit, there were 29 residents.</p> <p>A clinical manager (RN) and an operations manager are responsible for the daily clinical and non-clinical operations of the facility. The clinical manager has been in the role for two years. The clinical manager is currently on maternity leave and due to return in January and a relieving manager is providing cover. The clinical manager reports to the national clinical manager. The clinical manager attends annual DCNZ National Forums and accesses relevant external training through the DHB. The operations manager (non-clinical) of Millvale House Waikanae has been in the role for 18-months and was previously a caregiver at another DCNZ facility. The operations manager reports to the operational management leader at head office. The operational manager is supported by an organisational quality systems manager, education coordinator, a national clinical manager and a clinical advisor and the owners/directors at head office. The operations manager has attended at least eight hours of professional development including attendance at DCNZ operational manager seminars. Due to Covid restrictions, operational seminars in 2020 have been held via zoom sessions.</p> <p>On the days of audit, the relieving manager was unavailable. The clinical manager and the national clinical manager, educational coordinator/ mental health RN and one of the directors were present.</p> <p>The vision and values of the organisation underpin the philosophy of the service. The philosophy of the service was reviewed in 2018 to incorporate new principles reflecting inclusivity and increasing commitment to support the potential of every person. There is a focus within the organisation to promote independence, to value the lives of residents and staff and this is supported by the vision and values statement of the organisation. DCNZ has an overall 2020 – 2021 business/strategic plan based on a vision to accept all people with kindness and love, to provide peace, comfort, and joy, to be proactive, innovative, and courageous and to enrich each person, the community and the world. The business plan is regularly reviewed.</p> <p>The 2021 quality goals have been reviewed by the governance team, company directors, clinical director, national clinical manager, quality systems manager, operations management leader and company educator.</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</p>	<p>FA</p>	<p>During the temporary absence of the operations manager, the clinical manager covers the operations manager's role. During the temporary absence of the clinical manager a senior registered nurse under the supervision of a neighbouring clinical manager from a sister company of DCNZ located in Lindale. For longer absences such as maternity leave a relief clinical manager is appointed.</p>

timely, appropriate, and safe services to consumers.		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Millvale House Waikanae employs a total of 28 staff. There are human resources management policies in place. Staff orientation policy and procedures includes training and support packages for operations manager, clinical manager, registered nurses, caregivers, activities staff, cook and home assistants?.</p> <p>There are job descriptions available for all positions and staff have employment contracts. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience, and veracity. A copy of practising certificates was sighted for all registered nurses and allied/medical staff.</p> <p>Six staff files were reviewed (clinical manager, one registered nurse, two caregivers, a cook, and a diversional therapist). Job descriptions were evident in all files reviewed. Performance appraisals were up to date. All six files reviewed showed evidence of orientation to roles with competency packages completed. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Four caregivers interviewed were able to describe the orientation process.</p> <p>Competency packages for registered nurses include (but not limited to): restraint minimisation and safe practice; first aid; delirium; syringe driver; medication; neurological conditions; and leadership. Caregivers' competency package includes (but not limited to): restraint minimisation and safe practice; first aid; taking vital signs; safe medication administration; and leadership. All staff also complete safe food handling, chemical safety, safe manual handling (hoist use), bi-cultural awareness and infection control. There is a spreadsheet of all staff and records all completed orientations, competencies and education attended.</p> <p>There is an in-service calendar currently being implemented for 2021. The annual training programme well exceeds eight hours annually. Additionally, all caregivers are supported to complete NZQA courses.</p> <p>There are four registered nurses, three have completed interRAI training.</p> <p>There are 17 caregivers, 14 have completed the required dementia standards and three who have commenced employment in the last twelve months are in the process of completing. The diversional therapist has completed the dementia standards. All RNs have completed first aid training. The organisation has an education coordinator who is a registered psychiatric nurse. The clinical manager and registered nurses are able to attend external training, including sessions provided by the local DHB. The clinical managers within the organisation attend biannual DCNZ National Forums in advanced nursing practice, competency driven (total of 40 hours annually).</p> <p>The service implements the organisations programme called 'best friends" approach to dementia care'. The best friends approach comprises three compulsory one-hour sessions for caregivers, home assistants and registered nurses. The programme is part of the annual education plan and includes promoting the</p>

		<p>development of empathy and uses the focuses on how to walk in the shoes of the resident with dementia. The education package includes group exercises, education on aging, role-playing using first person and discussions on qualities of a best friend to promote improved communication with dementia residents. The course activities are meaningful, and resident focused with an emphasis on exploring inclusiveness and everyday activities. The programme is tied to the vision and values of the organisation.</p> <p>De-escalation and disengagement techniques training is also provided for staff to enable them to safely manage residents with challenging behaviours. This is incorporated in the welcome book and a facilitator or family support person is available to support families by phone. Family members interviewed confirmed that they felt well supported and appreciated the service's provision of education for them around understanding dementia.</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>There is an accidents and incidents reporting policy. An electronic incident/accident register is maintained. The clinical manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at quality improvement and clinical meetings including actions to minimise recurrence. A registered nurse conducts clinical follow-up of residents. Sixteen incident forms reviewed demonstrated that all appropriate clinical follow-up and investigation had occurred following incidents. Neurological observations are completed where possible for unwitnessed falls, or if this is not possible, the resident is closely monitored.</p> <p>Discussions with the operations manager and national clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Notifications were made as required for one missing resident, and the public health team were also notified of an infectious outbreak.</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>Millvale House Waikanae employs a total of 28 staff. There are human resources management policies in place. Staff orientation policy and procedures includes training and support packages for operations manager, clinical manager, registered nurses, caregivers, activities staff, cook and kitchen staff. There are job descriptions available for all positions and staff have employment contracts. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience, and veracity. A copy of practising certificates was sighted for all registered nurses and allied/medical staff.</p> <p>Six staff files were reviewed (clinical manager, one registered nurse, two caregivers, a cook, and a diversional therapist). Job descriptions were evident in all files reviewed. Performance appraisals were up to date. All six files reviewed showed evidence of orientation to roles with competency packages completed. The service has in place a comprehensive orientation programme that provides new staff with</p>

	<p>relevant information for safe work practice. Four caregivers interviewed were able to describe the orientation process.</p> <p>Competency packages for registered nurses include (but not limited to): restraint minimisation and safe practice; first aid; delirium; syringe driver; medication; neurological conditions; and leadership. Caregivers' competency package includes (but not limited to): restraint minimisation and safe practice; first aid; taking vital signs; safe medication administration; and leadership. All staff also complete safe food handling, chemical safety, safe manual handling (hoist use), bi-cultural awareness and infection control. There is a spreadsheet of all staff and records all completed orientations, competencies and education attended.</p> <p>There is an in-service calendar currently being implemented for 2021. The annual training programme well exceeds eight hours annually. Additionally, all caregivers are supported to complete NZQA courses.</p> <p>There are four registered nurses, three have completed interRAI training.</p> <p>There are 17 caregivers, 14 have completed the required dementia standards and three who have commenced employment in the last twelve months are in the process of completing. The diversional therapist has completed the dementia standards. All RNs have completed first aid training. The organisation has an education coordinator who is a registered psychiatric nurse. The clinical manager and registered nurses are able to attend external training, including sessions provided by the local DHB. The clinical managers within the organisation attend biannual DCNZ National Forums in advanced nursing practice, competency driven (total of 40 hours annually).</p> <p>The service implements the organisations programme called 'best friends' approach to dementia care'. The best friends approach comprises three compulsory one-hour sessions for caregivers, home assistants and registered nurses. The programme is part of the annual education plan and includes promoting the development of empathy and uses the focuses on how to walk in the shoes of the resident with dementia. The education package includes group exercises, education on aging, role-playing using first person and discussions on qualities of a best friend to promote improved communication with dementia residents. The course activities are meaningful, and resident focused with an emphasis on exploring inclusiveness and everyday activities. The programme is tied to the vision and values of the organisation.</p> <p>De-escalation and disengagement techniques training is also provided for staff to enable them to safely manage residents with challenging behaviours. Another organisational programme implemented at Millvale House Waikanae is 'orientation for families' and 'sharing the journey' which is designed for dementia residents' families to provide education, understanding and coping with dementia progression, understanding behaviours, and responding to behaviours. This is incorporated in the welcome book and a facilitator or family support person is available to support families by phone. Family members interviewed confirmed that they felt well supported and appreciated the service's provision of education for them around understanding dementia.</p>
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<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. The Millvale House Waikanae roster identifies there is sufficient staffing cover for the safe provision of care for psychogeriatric residents.</p> <p>The service has two, 15-bed psychogeriatric homes.</p> <p>The clinical manager (RN) works full-time Monday to Friday and is available on-call 24/7. Additionally, there is a registered nurse on duty on each shift, seven days per week. In the afternoons and at night the RN oversees both homes.</p> <p>In the Tui home for the current 14 residents.</p> <p>AM shift: One RN is rostered from 7am to 3pm. The RN is supported by two caregivers: (1x 7am to 3pm and 1x 7am-1pm), and one home assistant (8am to 1pm).</p> <p>PM shift: One RN is rostered from 3pm to 11pm, (across both homes), who is supported by two caregivers (1x 3pm to 12am, and 1x 4:30pm-9:30pm), and one home assistant from 5pm-8pm.</p> <p>Night shift across both homes – One RN from 11pm to 7am, one caregiver from 12am to 8am, and one home assistant 12am to 8am</p> <p>In the Kereru home for the current 15 residents.</p> <p>AM shift: One RN is rostered from 7am to 3pm and is supported by two caregivers (1x 7am to 3pm, and 1x 7am to 1pm), and one home assistant from 8am to 1pm.</p> <p>PM shift: There are two caregivers rostered (1x 3pm to 12am, and 1x 4:30pm-9:30pm), and one home assistant from 5pm to 8pm.</p> <p>One diversional therapist is based in the Tui unit and working across both units from 9.30am to 4.30pm, and an additional DT employed in the Kereru unit from 1:30pm to 5pm each day.</p> <p>Staff are visible and available to meet resident's needs, as reported by one hospital resident and family members interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory and that the managers provide good support.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Electronic residents' files are password protected. Informed consent to display photographs is obtained from residents/family/whānau on admission. Sensitive resident information is not displayed in a way that can</p>

<p>uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>be viewed by other residents or members of the public. Entries in records are legible, dated and electronically signed by the relevant care staff. Individual resident files demonstrate service integration with only medication charts held on the electronic medication management programme.</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>The service has comprehensive admission policies and procedures in place to safely guide service provision and entry to services. Referring agencies establish the appropriate level of care required prior to admission of a resident. Information gathered at admission is retained in resident's records. Relatives interviewed stated they were well informed upon admission and had the opportunity to discuss the admission agreement with the clinical manager. The service has a well-developed information pack available for residents/families/whānau at entry detailing admission to psychogeriatric (PG) care. Advocacy services are available, and details offered to family. The admission agreement relates to the ARHSS contract. The six admission agreements viewed were signed and dated. Exclusions from the service are included in the admission agreement.</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>	<p>FA</p>	<p>Policy describes guidelines for death, discharge, transfer, documentation, and follow-up. A record of transfer documentation is kept on the resident's file. Residents who require admission to hospital or transfer are managed appropriately and relevant information is communicated to the receiving health provider or service. A transfer form and supporting documentation accompanies residents to the receiving facility and communication with family is documented.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management. There were no residents self-administering on the day of audit. There is one medication rooms on site which is appropriately secured. Medication fridge and room temperature checks are recorded daily and were within normal ranges. All medications were securely and appropriately stored. Registered nurses or senior caregivers who have passed their competency, administer medications. Medication competencies are updated annually. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. There are no standing order medications in use.</p> <p>The facility utilises an electronic medication management system. Twelve medication profiles were sampled. All charts had photo identification and allergy status documented. All medication sheets evidenced three monthly reviews by the GP. Prescribed medication is signed electronically after being administered as witnessed on the day of the audit. Effectiveness of 'as required' medication administered were documented in the electronic prescription.</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>	FA	<p>There is a qualified cook on duty from 7am to 5pm seven days a week. All food services staff and care staff have completed food safety training. There is a current food control plan in place which expires 11 April 2022.</p> <p>All meals are prepared and cooked on site with the main meal in the evening. There is a four weekly menu that has been reviewed by a dietitian on 3 August 2021. The residents have a nutritional profile developed on admission which identifies dietary requirements, likes, and dislikes. This is reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen by the registered nurse or clinical manager. Special diets were noted on the kitchen noticeboard which can be viewed only by kitchen staff. The cook interviewed was knowledgeable around residents' nutritional requirements. Pureed meals and diabetic desserts are provided. Resident likes and dislikes are known, and alternative foods are offered. There were fluids and high protein drinks available and nutritious snacks and foods available over 24 hours.</p> <p>The kitchen is located between the dining rooms of both homes and meals are served from the kitchen. Lip plates and specialised utensils are available as needed to promote independence at mealtimes. There were adequate staff available to assist residents with their meals as observed.</p> <p>On the day audit meals were observed to be hot and well presented. Audits are implemented to monitor performance. Kitchen fridge, food and freezer temperatures were monitored and documented daily; these were within safe limits.</p> <p>Feedback on meals directly is obtained at mealtimes, at meetings and EPOA surveys. Feedback indicates satisfaction with the meals.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The service records the reason for declining service entry to potential residents should this occur and communicates this to potential residents' family/whānau. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred to the referring agency for appropriate placement and advice.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support</p>	FA	<p>Electronic assessment records and long-term care plans (LTCPs) reviewed were comprehensively completed for all six resident files reviewed. The electronic resident management system provides in-</p>

<p>requirements, and preferences are gathered and recorded in a timely manner.</p>		<p>depth assessment across all domains of care. For the six resident files sampled, interRAI assessments and risk assessments were implemented and reflected into the care plans. Risk assessments are completed on admission and reviewed six monthly or when there is a change in residents' condition. Additional assessments for management of behaviour, wound care and restraint were appropriately completed as required.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Care plans reviewed were comprehensive and demonstrated service integration and demonstrated input from allied health. The interRAI assessment process informs the development of the residents' care plan. All six resident care plans were resident centred and documented in detail their support needs including care and support for behaviours that challenge, including triggers, associated risks, and management. Family members interviewed confirmed care delivery and support by staff is consistent with their expectations. Whānau communication and meetings were evidenced in the documentation reviewed. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved. Staff interviewed reported they found the care plans easy to follow. There was evidence of service integration with documented input from a range of specialist care professionals. Psychogeriatrician and mental health team support and advice was evidenced and documented.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Registered nurses (RNs) and caregivers follow the care plan and report progress at each shift handover. All care plans reviewed included documentation that meets the need of the residents and had been updated as residents' needs changed. If external allied health requests or referrals are required, the registered nurse or clinical manager initiate the referral (e.g., wound care specialist, dietitian, or mental health team). The GP (interviewed) spoke of improvements in the service and confirmed of being kept informed of changes in resident condition. Family members agreed that the clinical care is good and that they are involved in the care planning.</p> <p>Caregivers and RNs interviewed stated there is adequate equipment provided including continence and wound care supplies. Wound assessment, wound management and evaluation forms are in place. Wound management, monitoring and reviewing occurred as planned in the sampled files reviewed. All have appropriate care documented and provided, including pressure relieving equipment. Access to specialist advice and support is available as needed. Care plans document allied health input.</p> <p>Interviews with registered nurses and caregivers demonstrated understanding of the individualised needs of residents. Care plan interventions clearly demonstrate that residents' needs are met. There was evidence of two hourly turning charts, monthly weight and vital sign monitoring, food and fluid charts and daily activity check lists. The service regularly engages with a dietician regarding weight management plans for residents with weight loss and this was reflected in the positive outcomes for residents with</p>

		weight loss.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>Millvale House Waikanae employs a qualified registered diversional therapist (DT) from 9.30am to 4.30pm Monday, Thursday, Friday, Saturday, and Sunday. Plus, a qualified caregiver/activity reliever for the same hours Tuesday and Wednesday. There is also an additional four hours a day from 1.30pm to 5.30pm seven days per week.</p> <p>Caregivers also incorporate activities into their role. The DT is supported by DTs from other facilities and there is monthly 'zoom' meetings with the national educator.</p> <p>A social profile is developed on admission and each resident has an individual activity plan and 24-hour multi-disciplinary team (MDT) plan that includes de-escalation strategies including one on one activities.</p> <p>The service provides a flexible activity programme designed to meet the needs of psychogeriatric residents. There are morning activities held in each home with integrated afternoon activities held in Tui home by both diversional therapists. There are plentiful resources available for activities such as arts and crafts, foot spas, nail care and pampering. Varying activities occur and are focused on sensory and household activities and reflect on daily activities of living such as exercises (balloon/ball), crafts, flower arranging, musical DVDs, karaoke sing-a-longs, puzzles, crosswords, walks, gardening, watering plants, barbeques, baking and folding washing. One-on-one time spent with residents includes (but not limited to) pampering, reading and garden walks.</p> <p>Festive occasions and themes are celebrated. Entertainers visit monthly. Other community visitors include cultural groups, Japanese students, and church services weekly. There are weekly canine visits on Sundays. Residents (as able) and under supervision have outings to the market day on Saturdays. The service shares a wheelchair hoist van with other facilities for outings and scenic drives.</p> <p>There are six-monthly MDT family meetings and resident/relative meetings. Relatives interviewed were satisfied with the activities offered. On the day of audit, residents in all areas were observed being actively involved with a variety of activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans reviewed identified a six-month evaluation of care and activities by the MDT including input from care staff, RN, DT, GP, and other allied health professionals as relevant. Family are invited to attend the MDT meetings. There is a written evaluation that identifies if the goals of care have been met or not. Short-term care plans reviewed were either resolved or if an ongoing problem, added to the long-term care plan. There is at least a three-monthly review by the medical practitioner. Ongoing nursing evaluations occur daily/as indicated and are included within the progress notes.</p>

<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals in conjunction with the clinical manager and specialist referrals are made through the GP. There was evidence of where a resident's condition evidenced a progressive physical deterioration, and the resident was being reassessed three-monthly for different level of care. Discussion with the registered nurses identified that the service has access to a wide range of support either through the GP, mental health team and contracted allied services.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are policies related to chemical safety and waste disposal. Management of waste and hazardous substances is covered during orientation and staff have attended chemical safety training. There is a secure sluice room and chemical store with all chemicals sighted being clearly labelled with manufacturer's labels and stored in the locked areas. Safety datasheets and product sheets are available. Hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff. The registered nurse and care staff interviewed could describe the safe management of hazardous material.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>Millvale Waikanae has a current building warrant of fitness that expires on 12 June 2022. The facility is divided into two psychogeriatric homes of 15 beds each (Tui and Kereru) with multiple living and lounge areas. There is push button access between the two areas. There is secure access to the entrances of each psychogeriatric home. There is call bell access outside of office hours.</p> <p>Residents are able to move freely around the entire facility. Doors from the internal dining rooms and lounges open out onto a safe internal courtyard, gardens, and shaded seating areas. There are a number of safe walking paths that lead back into communal lounges and conservatory areas of either home. The external grounds are fully fenced and secure. Fences are high, and care has been taken to ensure that residents are not able to use furniture etc to climb fences, including that outdoor furniture is bolted down. There has been one section 31 reported since the previous audit for a missing resident who exited following a visitor and was quickly relocated (within 15 minutes). Corrective actions had been implemented to prevent any further reoccurrences.</p>

		<p>The operations coordinator oversees day to day operations for the facility. One owner/director at head office is responsible for building maintenance. There is a maintenance person who covers three facilities and is on site at least once a week. Minor maintenance requests and repairs recorded in the logbook are addressed and signed off. The maintenance person completes a monthly compliance schedule. External contractors are available 24/7 for essential services. Electrical equipment has been tested and tagged and clinical equipment has been serviced/calibrated annually (next due September 2022). Hot water temperatures in resident areas are monitored weekly and were within the acceptable range.</p> <p>Staff interviewed reported that all equipment required to meet residents' needs is available.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All bedrooms are single, have hand basins and share communal toilet/shower facilities. There are adequate numbers of showers and toilets within the facility. All communal bathrooms allow for mobility equipment. Fixture's fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets are available and contain flowing soap and paper towels. Communal toilets and bathrooms have appropriate signage, locks on the doors and shower rooms have privacy curtains. There are appropriately placed handrails in the bathrooms and toilets.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Residents' rooms are of sufficient space to allow services to be provided and for the safe use, mobility aids and hoist if necessary. The bedrooms are personalised as observed on the days of audit. The bedrooms are uncluttered to promote safe mobility. Electric beds or ultra-low beds are available for use. There is a mix of bedrooms with carpet and lino flooring. Wardrobes are securely fixed to walls as a safety measure. Staff interviewed reported that they have adequate space to provide cares to residents.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation,</p>	FA	<p>Each home, Kereru and Tui, have spacious dining and lounge areas with access to the outdoor areas. Other small seating alcoves can be accessed from internal and external walking pathways. A smaller activity/whanau/quiet room is available for use. Activities take place in the dining room or lounge area of each home dependent on the type of activity, and they are all large enough to not impact on other residents not involved in activities. Seating and space are arranged to allow both individual and group activities to occur. There is adequate space to allow maximum freedom of movement while promoting safety for those that wander.</p>

activity, and dining needs.		
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The service has in place policies and procedures for effective management of cleaning and linen practices. All laundry is completed on site by home assistant staff who when interviewed could describe how they maintain a “dirty” to “clean” flow.</p> <p>The cleaner’s chemical system is kept within a locked area. The cleaner’s equipment and chemicals are not left unattended when carrying out the cleaning duties. Protective equipment is available in the laundry and sluice room. Feedback on the service is received through internal audits, meetings, and surveys. The chemical supplier completes regular audits on the laundry and cleaning practices, efficiency of equipment and effectiveness of chemical use. Relatives/EPOAs interviewed were happy with the laundry and cleaning services provided.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. New Zealand Fire Service has approved the evacuation scheme. Fire safety training has been provided, and six-monthly fire drills are conducted (last held 23 July 2021). Smoke alarms, sprinkler system and exit signs were in place. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. There is a trained person with a first aid certificate on each shift.</p> <p>A civil defence kit is stocked and checked monthly. Water is stored, sufficient for at least three days. Alternative heating and cooking facilities are available. Emergency lighting is installed. Staff conduct checks of the building in the evenings to ensure the facility is safe and secure. There is a civil defence cupboard, pandemic/outbreak supplies and civil defence kit available and the emergencies supplies (sighted) are checked monthly. There are call bells in the residents’ rooms, and lounge/dining room areas.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and resident rooms are appropriately heated with under floor heating. There is bathroom heating. Bedroom windows open safely. Family members interviewed stated the home environment is comfortable. Residents have access to natural light in their rooms and there is adequate external light in communal areas.</p>
<p>Standard 3.1: Infection control</p>	FA	<p>The infection control programme and its content and detail are appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the infection control coordinator</p>



<p>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>		<p>(registered nurse) with clearly defined guidelines. There is an established and implemented infection control programme that is linked into the risk management system. The DCNZ clinical governance group is responsible for the development of the infection control programme and its annual review.</p> <p>Visitors are asked not to visit if they are unwell. The majority of residents (4 families declined) and all staff working in care have received both doses of the Pfizer Covid-19 vaccine. Residents and staff are offered the influenza vaccine. Covid-19 scanning/manual sign in is mandatory on entry to the facility and the use of face masks is required as part of level 2 restrictions. Covid-19 education has been provided for all staff, including hand hygiene and use of PPE. The facility has adequate signage and hand sanitizers at the entrance. Notices for visitors asking them not to enter if they have been in contact with infectious diseases have been ordered to place at the entrances.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>Millvale House Waikanae infection control nurse is responsible for the implementation of the infection control programme and the evaluation of the programme's objectives. There are infection control meetings held regularly that comprise of the infection control nurse, facility manager, cook and care staff. There are adequate resources to implement the infection control programme. An infection control meeting is held monthly with results then cascaded to staff, clinical and quality meetings. The IC nurse has completed training in infection control. External resources and support are available through the IC consultant, Public Health Unit, GP's and the DHB infection control nurse specialist.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control manual outlines a comprehensive range of current policies, standards and guidelines and includes defining roles, responsibilities and oversight, the IC nurse role, training and education of staff, Covid-19, and a pandemic plan. Policy development involves the organisation's IC nurses, expertise from the national clinical managers, quality and systems manager, and consultant microbiologist. Policies are updated regularly and directed from head office.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control nurse is responsible for co-ordinating/providing education and training to staff and is supported by the facility manager. There are internal and external sessions available for training. The orientation package includes specific training around hand hygiene and standard precautions. The IC nurse has attended a study day at the DHB. The clinical manager has completed Ministry of Health online infection control education. Consumer education (where possible) is expected to occur as part of the daily care.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control nurse uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Effective monitoring is the responsibility of the infection control nurse. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data including trends, analysis and corrective actions/quality are discussed at staff and clinical meetings.</p> <p>Infections are documented on the infection monthly register. Corrective actions are established where trends are identified. The IC programme is linked with the quality and risk management programme. The service benchmarks with other DCNZ facilities. Infection control data is reviewed at DCNZ clinical governance and action taken in response to potential service gaps.</p> <p>There have been two respiratory outbreaks (June 2020 and March 2021). Both were appropriately managed with public health input and notification to MOH (sighted).</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with caregivers and nursing staff confirmed their understanding of restraints and enablers. There were no residents using enablers on the day of audit. There were two residents using restraint (one t-belt and one with bed rails). A register is maintained by the restraint coordinator/RN. Staff regularly receive education and training on restraint minimisation and managing challenging behaviours. The RN/restraint coordinator (FM) is involved in the assessment process along with the family and GP.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for</p>	<p>FA</p>	<p>Responsibilities and accountabilities for restraint are outlined in the restraint policy and include roles and responsibilities for the restraint coordinator (RN) and approval group. A restraint approval group meets six-monthly. The group includes the restraint coordinator, clinical manager, operations manager, DT,</p>

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.		company educator and a family representative.
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	Assessments are undertaken by the restraint coordinator/RN in partnership with the resident and their family. Restraint assessments are based on information in the care plan, family, staff, and GP consultation and during observations. Two files sampled for residents with restraint demonstrated that the restraint assessment tool is completed for residents requiring an approved restraint for safety. There is provision for emergency restraint if required for safety of the residents, other residents/staff.  Ongoing consultation with the family and staff is evident through multidisciplinary meetings and facility meetings. Two restraint files reviewed included completed assessments that considered those listed in 2.2.2.1 (a) - (h).
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	The service has a restraint approval process that is described in the restraint minimisation policy. Monitoring and observation are included in the restraint policy. The restraint coordinator is a registered nurse and is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.  Restraint authorisation is in consultation/partnership with the family, restraint coordinator and GP. Internal audits are completed three-monthly, ensuring all restraint processes are completed as per the restraint policy and procedures. The restraint coordinator reports that each episode of restraint is monitored at predetermined intervals, depending on individual risk to that resident. Monitoring is documented on a specific restraint monitoring form (sighted).  A restraint register is in place providing an auditable record of restraint use. This has been completed for all residents requiring restraints.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations occur monthly in the registered nurses meeting and six-monthly as part of the multi-disciplinary review for the resident on restraint. Families are included as part of this review. A review of two files of residents using restraints

		identified that evaluations were up to date.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	At the monthly facility quality meetings, RN meetings, staff meetings and six-monthly restraint meetings, restraints are discussed and reviewed. Any incidents of emergency physical restraint (which are infrequent and documented and investigated through the incident reporting system) are also reviewed at these meetings. Meeting minutes include a review of the restraint and challenging behaviour education and training programme for staff. Staff receive orientation in restraint use on employment. There is internal benchmarking.

## Specific results for criterion where corrective actions are required

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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
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	Benchmarking reports are generated throughout the year and an annual review of the data is completed. Quality improvement forms are utilised at Millvale House Waikanae and document actions that have improved outcomes or efficiencies in the facility. The service continues to collect data to support the implementation of corrective action plans. Responsibilities for corrective actions are identified. There is also a number of ongoing quality improvements identified through meeting minutes and as a result of analysis of quality data collected. The service is proactive in developing and implementing quality initiatives. Meetings include feedback on quality data where opportunities for improvement are	<p>The service is active in analysing data collected monthly, around accidents and incidents, infection control, restraint etc. As a result of quality data collected, the clinical manager feeds back monthly to staff at handover and staff meetings, issues arising and identified trends or issues. Any identified common themes around incidents/infections etc. results in further education and updates at handovers between shifts and meetings. Documentation reviewed identified that strategies are regularly evaluated. Millvale House Waikanae focused on falls prevention in 2020 – 2021 year to date.</p> <p>The service implemented the following strategies that have included (but not limited to): (i) closer communication with families on the associated risks and outcomes, (ii) use of falls mapping to analyse and identify high risk times of the day and development of strategies to prevent falls at these times, (iii) additional focus by diversional therapist to offer meaningful activities to reduce the desire to mobilise, (iv) collaboration with the physiotherapist and the psychogeriatric team to establish strategies for at risk residents (v) close liaison and input from the national</p>

		identified.	mental health nurse from head office to modify and effect behaviour management related to falls risk, (vi) purchase of equipment, for example, sensor mats, and (vii) close monitoring of medication and input at multi-disciplinary meetings to ensure a balance between behaviours, symptoms of cognitive change and risk of falls. As a result of the strategies implemented, the facility has consistently remained below the average remained below the organisational average rate of 11.09 per 1000 bed days. In 2020 the average fall rate per 1000 bed days over a 12-month period was 6.22. In 2021, year to date this has decreased further to 2.4 per 1000 bed days.
Criterion 3.5.7 Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.	CI	Infection events are collated monthly and areas for improvement are identified and corrective actions developed and followed-up. The facility is benchmarked against other DCNZ facilities and benchmarking results are fed back to the infection control nurse and used to identify areas for improvement. Surveillance results are used to identify infection control activities and education needs within the facility. The service has successfully reduced incidences of all infections with a particular focus upon urinary tract infections (UTIs).	<p>The service identified that over the last 12 months overall infection rates have trended downwards, falling from 4.59 incidents/1000 bed nights to 1.14 incidents/1000 bed nights. This is less than half the average of that experienced by other DCNZ facilities. Urinary tract infections (UTIs) have fallen from 1.10 incidents/1000 bed nights to zero incidents/1000 bed nights and there have been no UTIs at Millvale House Waikanae since July 2020.</p> <p>The service has implemented and maintained a focus of staff training in this area, particularly relating to perineal hygiene, regular toileting, and fluid maintenance. The service has successfully reduced and maintained the incidence of UTIs in the psychogeriatric resident population below the organizational average (1.51 per 1000 bed days) for UTI's.</p>

End of the report.