

Waikanae Country Lodge Limited - Waikanae Country Lodge

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Waikanae Country Lodge Limited
Premises audited:	Waikanae Country Lodge
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 31 July 2019 End date: 1 August 2019
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:	54

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Arvida Waikanae Country Lodge is part of the Arvida Group. The service is certified to provide rest home and hospital level care for up to 59 residents in the care centre and up to 20 rest home level of care in the serviced apartments. On the day of the audit, there were 54 residents. There were no residents in the serviced apartments.

This certification audit was conducted against the relevant 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 residents, relative, management, staff and the general practitioner.

The village manager was appointed two weeks ago and had been acting village manager for three months. There is a clinical manager, and both are supported by management at the support office.

The relative and residents interviewed all spoke positively about the care and support provided at Arvida Waikanae Lodge.

There are areas of improvement identified at this certification audit around internal audits and neurological observations.

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.
--	--	--

Staff at Waikanae Country Lodge strive to ensure that care is provided in a way that focuses on the individual, values residents' independence and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights (the Code). Residents' cultural and spiritual needs are met. Care plans accommodate the choices of residents and/or their family/whānau. Policies are implemented to support residents' rights, communication and complaints management. Complaints and concerns have been managed and a complaints register is maintained.

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.		Some standards applicable to this service partially attained and of low risk.
---	--	---

Waikanae Country Lodge is implementing a quality and risk management system that supports the provision of clinical care. Quality activities are conducted which generates opportunities for improvement. Corrective actions are developed and implemented. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
---	--	--

There is an admission package available prior to or on entry to the service. Registered nurses assess, plan, review and evaluate residents' needs, outcomes and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. Care plans demonstrate service integration and were evaluated at least six monthly. Resident files were electronic and included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses (RNs) and the enrolled nurse are responsible for administration of medicines, medication competent carers check administration of controlled drugs. All staff responsible for medication administration complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three monthly by the general practitioner.

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

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
--	--	--

The building has a current warrant of fitness. There is a planned and reactive maintenance programme in place. Staff have planned and implemented strategies for emergency management. Emergency systems are in place in the event of a fire or external disaster.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. There is a mix of bedrooms with own ensuites, and communal toilets/showers. Rooms are personalised. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate.

Documented systems are in place for essential, emergency and security services.

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.
---	--	--

Waikanae Country Lodge has restraint minimisation and safe practice policies and procedures in place. Staff receive training around restraint minimisation and the management of challenging behaviour. During the audit, two residents were using restraints and six residents were using an enabler. The clinical manager is the designated restraint coordinator. Consent, assessments and evaluation processes were completed with family/whānau and general practitioner involvement.

Infection prevention and control

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

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

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	48	0	2	0	0	0
Criteria	0	99	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with care staff (six caregivers, three registered nurses, one enrolled nurse and one diversional therapist) confirmed their familiarity with the Code. Interviews with nine residents (five rest home and four hospital) and one family member of a hospital level resident confirmed the services being provided are in line with the Code. The Code is discussed at staff/quality and clinical meetings.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Informed consent processes were discussed with residents and families on admission. Written general consents for photographs, release of medical information, and medical cares were signed as part of the admission agreement. Specific consent had been signed by resident/relatives for procedures such as the influenza vaccine. Discussions with registered nurses confirmed that staff understand importance of obtaining informed consent for providing personal care and accessing residents' rooms.</p> <p>Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated where required.</p> <p>Advance directives for health care including resuscitation status had been completed where</p>

		residents were deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the family. Resident files show evidence that where appropriate the service actively involve family/whānau in decisions that affect their relative's lives.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interviews with staff and residents informed they are aware of advocacy and how to access an advocate.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, all staff stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/family visiting could occur at any time.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission via the information pack. Complaint forms are available at each entrance of the facility. The village manager is the privacy officer. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is in place (paper-based for 2018 and electronic for 2019). There have been eight complaints made in 2018 and three received in 2019 year to date. The complaints reviewed had been managed appropriately with acknowledgement, investigations and resolved to the satisfaction of the complainant. Residents and family member advised that they are aware of the complaints procedure and how to access forms.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their	FA	There are posters of the Code on display throughout the facility and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if requested. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss on entry to the service. Discussion around code of rights is a set agenda at

rights.		the resident meetings.
<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>The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting resident's privacy and could describe how they manage maintaining privacy and respect of personal property. All residents interviewed stated their needs were met. Spiritual and cultural beliefs are identified during the admission process and documented in care plans. Church services are conducted regularly. Residents interviewed indicated that resident's spiritual needs are being met when required. Staff complete abuse and neglect training through Altura on-line learning.</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>The service has established cultural policies to help meet the cultural needs of its residents. The service has cultural links with the local marae and kaumātua. The diversional therapist is the cultural liaison person available to support residents, family and staff. There was one resident who identified as Māori. The Māori health plan in place identified the resident's Iwi, tribal affiliations, kaumātua and kuia contacts/involvement and cultural values and beliefs. Discussions with staff confirmed that they are aware of the need to respond to cultural differences.</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 service has established cultural policies aimed at helping meet the cultural needs of its residents. All residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment including resident's cultural beliefs and values, is used to develop a care plan in consultation with the resident (as appropriate) and/or their family/whānau.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The facility has a staff code of conduct which states there will be zero tolerance against any discrimination occurring. The abuse and neglect processes cover harassment and exploitation. All residents interviewed reported that the staff respected them. Job descriptions include responsibilities of the position. The orientation and employee agreement provided to staff on induction includes standards of conduct.</p>

<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service has policies to guide practice that aligns with the health and disability services standards, for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend an orientation day with on-site and on-line training. Residents and relative interviewed spoke positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the new management team. The clinical team is supported by Arvida locum managers and a national quality manager. The gerontology nurse practitioner visits the facility two monthly or sooner as required. Arvida Waikanae Lodge is part of a pressure injury, prevention and management pilot project for the prevention of pressure injuries in aged care. The clinical manager is a representative for Waikanae Lodge who was selected to take part in the trial.</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 relative interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Fifteen incident/accidents reviewed had documented evidence of family notification. There are two monthly resident and relative meetings and newsletters that keep residents/relatives informed on the service and facility matters. Interpreter services are available as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Waikanae Country Lodge is owned and operated by the Arvida Group. The service provides care for up to 79 residents with 59 dual-purpose beds (rest home/hospital) and up to 20 serviced apartments certified to provide rest home level care. On the day of the audit, there were 54 residents in total. There were 24 residents at rest home level, including one private paying respite resident and 30 residents at hospital level care including one funded by ACC. There were no rest home residents in the serviced apartments. All other residents were admitted under the age-related residential care contact (ARRC).</p> <p>The village manager was appointed as the interim village manager three months ago and formally appointed as the village manager two weeks ago. The DHB and HealthCERT had been notified of the appointments (temporary and permanent). He has worked many years in social work management and human resource management. He is supported by a clinical manager who has been in the position 18 months and has aged care experience. The village manager and clinical manager are supported by the general manager of wellness and care and a national quality manager. A relieving clinical manager and the national quality manager were on site during the audit to support the management team and staff</p>

		<p>Arvida has an overall business/strategic plan. The organisation vision, mission and values are included in the business plan. Waikanae Country Lodge has a four-year business plan that is reviewed regularly for progress against quality goals. The village manager provides a monthly report on a variety of operational issues to the support office. Goals for 2019 is to implement the household model of care and reduce falls.</p> <p>The village manager has commenced induction specific to the role (including leadership and health and safety training) and has been supported by a relieving clinical manager and national quality manager. The clinical manager has maintained clinical training and competencies and has attended Arvida leadership programmes.</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>	FA	<p>In the absence of the village manager, the relieving clinical manager or clinical manager is in charge with support from the general manager of wellness and care.</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>	PA Low	<p>There is a business plan that includes quality goals and risk management plans for Waikanae Country Lodge. Interviews with staff confirmed that there is discussion about quality data at various staff meetings. The village manager is responsible for providing oversight of the quality programme on site, which is also monitored at organisational level. The quality and risk management programme are designed to monitor contractual and standards compliance. New/updated policies are set at support office and forwarded to the service. Staff interviewed are informed of new/reviewed policies and are required to read these. All policies and procedures are available on the Arvida intranet.</p> <p>Data is collected in relation to a variety of quality activities including accidents/incidents, infections, concerns/complaints, pressure injuries, restraint, and internal audits. Facility meetings minutes (staff/quality, RN and enrolled nurse, infection control and health and safety) meetings evidence discussion around quality data. There is an internal Arvida audit schedule in place. Audits are allocated to the relevant person/group to complete. Not all internal audit corrective actions have been completed, signed off and followed up.</p> <p>Residents/relatives are surveyed annually in March to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The overall service result for the</p>

		<p>resident/relative satisfaction survey completed in March 2019 increased for food service and activities from the previous year's result. Residents and relative interviewed were satisfied with the services provided at Waikanae Lodge.</p> <p>Health and safety goals are established and regularly reviewed. Risk management, hazard control and emergency policies and procedures are implemented and are monitored by the Health and Safety Committee at the monthly health and safety meeting. A RN is the health and safety representative who has completed health and safety training. Staff have the opportunity to participate and raise any health and safety concerns. Meeting minutes are posted on the health and safety board in the staff room. Hazard identification forms and an up-to-date hazard register are in place. Staff receive health and safety training at the staff orientation day and ongoing as part of the annual training plan. The physiotherapist provides hoist and safe manual handling training for staff.</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</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. The clinical manager investigates accidents/incidents and analysis of incident trends occurs. There is a discussion of incidents/accidents at staff meetings including actions to minimise recurrence. Fifteen accident/incident forms were reviewed on the electronic register and resident files for June 2019. A registered nurse (RN) conducts clinical follow-up of residents following incidents including notification of relatives, however not all neurological observations had been completed for unwitnessed falls (link 1.3.6.1).</p> <p>Discussions with the village manager and clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been two section 31 incidents reported for facility acquired stage three pressure injuries (September and October 2018) and one Section 31 for a police investigation (June 2018). The regional public health was notified for an outbreak in July 2018.</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</p>	FA	<p>There are human resources management policies in place. This includes that the recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and veracity. Eight staff files were reviewed (one clinical manager, one RN, one enrolled nurse, two caregivers, one diversional therapist, one cook and one maintenance). There is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. A copy of practising certificates is kept. The service has introduced a one-day induction and a minimum of 3 days orientation for all new staff that</p>

<p>of legislation.</p>		<p>provides new staff with relevant information for safe work practice. Completed orientation is on files and staff interviewed could describe the orientation programme.</p> <p>The service has appointed an RN as the educator who coordinates the education programme. The education programme has been completed for 2018 and being implemented for 2019. Staff complete on-line (Altura) modules that cover the mandatory requirements. Planned “live” sessions are provided by external speakers such as the district nurse, pharmacist, DHB nurse practitioner, occupational therapist and physiotherapist. There are opportunities for staff to attend external education provided at other facilities or the DHB. Staff complete competences relevant to their role. The educator maintains records of individual and group training. The educator is an observer for Careerforce and will become a verifier in the near future.</p> <p>There are seven of nine RNs (including the clinical manager) at Waikanae that have completed interRAI training.</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>Human resources policies include documented rationale for determining staffing levels and skill mixes for safe service delivery. The village manager and clinical manager work 40 hours per week from Monday to Friday and are available on call after-hours. In addition to the clinical manager, there are two RNs on the morning shift, two RNs on the afternoon shift (one eight hours and the other six hours) and one RN on night duty. Staffing levels are monitored in conjunction with call bells response, accidents/incidents, falls, complaints, staff, resident and relative feedback. A “floater” shift was introduced May 2019 for six hours per morning to ensure call bells were being answered within timely manner. There is also a household person (a caregiver) who works four hours per morning to assist caregivers.</p> <p>The facility is split into wings; East (12 beds), North East (7 beds), South (13 beds), and North West (9 beds) and West (18 beds).</p> <p>In the East there seven hospital residents and five rest home residents with two caregivers on morning shift (one full shift and one short shift) and two caregivers on afternoon shift (one full shift and one short shift). In the North East there were two hospital residents and four rest home residents with one full shift caregiver on the morning shift and afternoon shifts.</p> <p>In the South, there were nine hospital residents and four rest home residents with two caregivers on the full morning shift and one caregiver on the afternoon full shift.</p> <p>The North West (one hospital level resident and seven rest home residents) and West (one hospital and five rest home residents) have two caregivers on the full morning shift, one short shift and a caregiver float (six hours). On the afternoon shifts there are two caregivers.</p>

		<p>There are two RNs on the morning shift with one overseeing East and part of the South wing and one overseeing West wings and one part of the South wing. The two RNs on afternoon shift have the same allocations with one of the RNs working until 9.30 pm.</p> <p>On night shift there is one RN and three caregivers covering the facility.</p> <p>There were no residents in the serviced apartments.</p> <p>The service has a casual pool of staff.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Electronic residents' files are password protected from unauthorised access. Other residents or members of the public cannot view sensitive resident information. Electronic entries in records are dated and timed and identify the writer.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Admission information packs on rest home and hospital level of care and services available at Waikanae Country Lodge are provided for families and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. Policies and procedures are in place to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. There was evidence that residents and their families were involved for all exit or discharges from the service.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice</p>	FA	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in the medication room. Staff who administer medications (registered nurses and enrolled nurse/senior caregivers) have been assessed for competency on an annual basis and attend annual medication education. Registered nurses have completed syringe driver training. All medication sachets are checked on delivery against the electronic medication charts. There was no resident's self-administering medication on the day of the audit. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent and safe storage of</p>

<p>guidelines.</p>		<p>the medications. The medication fridge is checked as per policy, and temperatures are maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening.</p> <p>Sixteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three monthly. 'As required' medications had prescribed indications for use.</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 services are overseen by a chef/food services manager. All meals and baking are prepared and cooked on site by qualified chefs who are supported by kitchenhands. All food services staff have completed food safety training.</p> <p>The Arvida seasonal menu is reviewed twice yearly and includes resident preferences. The cook receives resident dietary profiles and notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies and gluten free diets. The menu provides pureed/soft meals. The kitchen is adjacent to the rest home dining room. Residents from the rest home and adjacent serviced apartments are served in this dining room. Food is probed for temperature and transferred to the hospital by a hot box and served hot. For those residents having meals in their rooms, meals are plated hot in the kitchen and transported by trolleys to resident apartments and rooms.</p> <p>The Food Control Plan is valid until June 2020. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. The dishwasher rinse and wash temperatures are taken and recorded. All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely.</p> <p>Residents provide feedback on the meals through resident meetings and resident survey. The cook receives feedback directly both verbally and through resident meetings. Residents and relatives interviewed spoke positively about the choices and meals provided.</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,</p>	<p>FA</p>	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry is declined.</p>

where appropriate.		
<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>The registered nurse completes an admission assessment including relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes. Outcomes of assessments are reflected in the needs and supports documented in the care plans on the electronic eCase system. Other available information such as discharge summaries, medical and allied health notes and consultation with resident/relative or significant others are included in the long-term care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Resident care plans on the eCase electronic resident file system for all files reviewed were resident-focused and individualised. Long-term care plans identify support needs, goals and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. The care plan integrates current infections, wounds or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan and removed when resolved.</p> <p>Allied health care professionals involved in the care of the resident included, but were not limited to physiotherapist, podiatrist, dietitian, and community mental health services.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	PA Low	<p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or nurse specialist consultant.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts are well utilised, with the exception of neurological observations following an unwitnessed fall. A care activity worklog is generated for caregivers and registered nurses with scheduled tasks and monitoring charts including repositioning, bowel chart, behaviour chart, food and fluid chart, weight, blood pressure monitoring, blood sugar levels, neurological observations and toileting regime. Family are notified of all changes to health as evidenced in the electronic progress notes.</p> <p>There were fifteen wounds and six pressure injuries being treated on the day of the audit. The wounds comprised of one puncture wound, three scrape/abrasions, nine skin tears, one surgical wound and pre-facility acquired venous ulcer. The pressure injuries comprised of two hospital acquired stage one pressure injuries and four stage two facility acquired pressure injuries. Wound assessments had been completed on eCase for all wounds and for pressure injuries. When wounds or pressure injuries require a change of dressing, this is scheduled on the registered nurse daily schedule. The GP is involved with clinical input for wounds and pressure injuries and the wound</p>

		<p>care specialist nurse is accessed as required. A vascular surgeon is involved with clinical input for the resident with the venous ulcer. Pressure injury prevention interventions were documented in the care plans for residents identified at risk of pressure injury.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p>
<p>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>The activities programme is managed by a qualified diversional therapist who works part time and has been in the role for 16 years. A full-time recreation coordinator works Monday to Friday. The programme is integrated (the activities team spread their time across the rest home and hospital residents) from Monday to Friday. Residents receive a copy of the programme which has set daily activities and additional activities, entertainers, outings, movies, and visits from the community. There are two main areas for activities which are identified on the programme as the main lounge and the gallery where activities can be set up any time. Resources are readily available in the lounge adjacent to the activity office. There are volunteers and staff involved in weekend activities. One-on-one activities such as individual walks, chats and hand massage occur for residents who are unable to participate in activities or choose not to be involved in group activities.</p> <p>The activity team provides individual and group activities. These include (but are not limited to); daily exercise groups, newspaper reading, board games, quizzes, happy hours, outdoor garden walks and activities, book club, hand and nail care and bowls. Community visitors include volunteers, pet therapy visits, church services, mothers and babies' groups, speakers and entertainers. There are inter-home visits with another aged care service in Waikanae. The service has a van for outings into the community.</p> <p>A resident lifestyle assessment is completed soon after admission. Lifestyle plans were seen in resident electronic files. The activity team are involved in the six-monthly review of resident's care plan with the RN. The service receives feedback and suggestions for the programme through resident integrated meetings (rest home and hospital) and surveys. The residents and relatives interviewed were happy with the variety of activities provided. Resident meetings are held where residents can provide suggestions for activities and outings.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive</p>	FA	<p>Initial care plans for long-term residents were evaluated by the registered nurses within three weeks of admission. Long-term care plans have been evaluated by the RN six monthly or earlier for any health changes in the electronic resident files reviewed. Family are invited to attend the multidisciplinary review meeting and case conference notes are kept on the electronic system.</p>

<p>and timely manner.</p>		<p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the electronic progress notes.</p>
<p>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>Policies and procedures are in place for exit, transfer or transition of residents. Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Discussion with the registered nurses identified that the service accesses support either through the GP, specialists and allied health services as required. There is evidence of referrals for re-assessment from rest home to hospital level of care.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons, and masks are available for staff as required. There are sluice rooms with appropriate personal protective clothing. Staff have completed chemical safety training by the provider of chemical supplies.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 30 November 2019. The maintenance manager works full-time and is on the health and safety committee. There is a maintenance request book for repair and maintenance requests located at the reception. This is checked daily and signed off when repairs have been completed. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment and testing and tagging of electrical equipment. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. Essential contractors/tradespeople are available 24 hours as required.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas, courtyard and gardens were well maintained. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>Registered nurses and care staff interviewed stated they have adequate equipment to safely deliver</p>

		care for rest home and hospital level of care residents.
<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	All serviced apartments have full ensuites. Some resident rooms have full ensuites and others have shared or private toilets. All rooms have hand basins. There are communal bathrooms/showers within the facility with privacy locks and privacy curtains. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs if appropriate.
<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	There is sufficient space in all areas (including the serviced apartments) to allow care to be provided and for the safe use of mobility equipment. All resident rooms had adequate space for the use of a hoist for resident transfers as required. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	There are two dining areas. One main dining room is adjacent to the kitchen and several residents from the rest home, hospital and apartments utilise this dining room. The second dining room is where residents who require more assistance and greater supervision with feeding have their meals. There are several lounges throughout the facility. There is safe access to the courtyard and gardens. All communal areas are easily accessible for residents with mobility aids.
<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>All laundry and cleaning are done on site at Waikanae Country Lodge. There are dedicated laundry and housekeeping staff employed seven days a week. The laundry is divided into “dirty” and “clean” areas with an entry and exit door. Personal protective equipment is available.</p> <p>The cleaner’s trolley is locked away in the cleaner’s cupboard when not in use. All chemicals on the cleaner’s trolley were labelled. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly.</p>

		Staff have completed chemical safety training.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (letter updated 27 June 2019). There are emergency management plans (reviewed March 2019) in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted. Fire training and emergency situations/civil defence situations are included in the orientation day and as part of the training plan. Competency assessments are completed. Civil defence equipment is available at the facility including food storage, radio and batteries, 10,000 litre external water tank, battery backup for call bells and emergency lighting. There is gas and electric cooking and barbeques available.</p> <p>Registered nurses and activities staff complete first aid training; however, one RN and the DT did not have current first aid certificates at the time of audit but were booked on a course which has been successfully completed and validated prior to this audit report being finalised.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Call bell response audits are completed (link 1.2.3.6). Where response time has been greater than expected corrective actions had been put in place such as a "floater" caregiver to assist with answering bells.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All bedrooms and communal areas have ample natural light and ventilation. Heat pumps/air conditioning units are in communal areas. On the days of the audit it was noted that the facility was maintained at a warm comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into quality risk and incident reporting system. The clinical manager is the infection control coordinator who oversees infection control management for the service. The infection control programme is reviewed annually at the clinical manager organisational meetings/education days.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.</p>

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The designated infection control (IC) coordinator is the clinical manager/RN. The infection control committee meet monthly and comprise of RNs, two caregivers, laundry, kitchen and housekeeping staff. The IC nurse and IC team have good external support from the Arvida Group support office, gerontology nurse practitioner, GPs, laboratory, and the IC nurse specialist at the DHB. There are adequate resources to implement the infection control programme for the size and complexity of the organisation.</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>Arvida group infection control policies and procedures meet best practice. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff.</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>	FA	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and is included in the annual training plan. Infection control committee meeting minutes and graphs/trends are available on the infection control board in the staff room. Infection control is a set agenda item on the staff/quality meetings. Staff complete handwashing competencies.</p> <p>Resident education occurs as part of the daily cares. Risk alerts on the electronic resident system identify individual resident risk is appropriate to their needs and this is documented in their medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Arvida group infection control manual. Monthly infection data is collected for all infections based on</p>

<p>out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>standard definition of signs and symptoms of infections. Short-term care plans are used for infections. Surveillance of all infections is entered into the monthly online infection control register. This data is monitored and evaluated monthly for trends and analysed for opportunities for improvements. Analysis of infections and corrective actions are discussed at the Infection Control Committee meetings.</p> <p>There has been one confirmed norovirus outbreak in July 2018. Notification to the regional public health unit and case logs were 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 service has documented systems in place to ensure the use of restraint is actively minimised. There were two hospital residents with restraint (one bedrail and one chair brief) and six residents (five hospital and one rest home) with bedrails. Enablers files reviewed (extended from three to six) confirmed the resident or the EPOA (activated) had signed voluntary consent. Enablers and associated risks were documented in the care plans and reviewed six monthly. Staff education on restraint minimisation and management of challenging behaviour has been provided. Restraint has been discussed as part of staff/quality and clinical meetings.</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>	<p>FA</p>	<p>The clinical manager is the designated restraint coordinator (interviewed). Assessment and approval process for restraint use included the restraint coordinator, registered nurses, resident or representative and medical practitioner.</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>	<p>FA</p>	<p>The service completes assessments for residents who require restraint or enabler interventions. Two restraints and six enabler files were reviewed. Assessments were undertaken by suitably qualified and skilled staff, in partnership with the family/whānau. The restraint coordinator, the resident and/or their representative and a medical practitioner were involved in the assessment and consent process. In the files reviewed, assessments and consents were fully completed.</p>

<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>Assessments identify the specific interventions or strategies trialled before implementing restraint. Approved restraints are documented. Restraint authorisation is in consultation/partnership with the resident and family and the restraint coordinator. The use of restraint is linked to the residents' care plans. Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Monitoring charts and frequency is set on the electronic worklogs and were sighted as completed according to the requirements. A restraint register is in place providing an auditable record of restraint use and is completed for all residents requiring restraints and enablers.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>The restraint minimisation manual identifies that restraint is only put in place where it is clinically indicated and justified, and approval processes are obtained/met. In the files reviewed, evaluations had been completed six monthly with the resident, family/whānau, restraint coordinator and GP. Restraints are reviewed at the three-monthly GP review. The service has a restraint and enablers register that is updated each month.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>The service has documented evaluation of restraint every six months and a three-monthly review. In the files reviewed, evaluations had been completed with the resident, family/whānau and restraint coordinator. Restraint practices are reviewed at the six-monthly restraint meetings. Evaluation timeframes are determined by policy and risk levels or any incidents/accidents related to restraint use.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.7</p> <p>A process to measure achievement against the quality and risk management plan is implemented.</p>	PA Low	The audit schedule includes environmental, health and safety, infection control and clinical audits. Audits have been completed as per schedule, however not all corrective actions have been completed and signed off.	Nine of twenty-four internal audits did not have corrective actions completed and signed off.	<p>Ensure correctives actions have been signed off when completed.</p> <p>180 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs,</p>	PA Low	The RN monitors and reviews the monitoring forms daily on the electronic system. Care staff report any changes to the RN. The RNs review the electronic daily work logs which includes such cares as position changes, food and fluid intake and toileting. Neurological observations were not always completed following an unwitnessed fall.	Seven of the nine accident/incidents for unwitnessed falls did not have neurological observations completed as per	Ensure all unwitnessed falls have neurological observations completed as per

and desired outcomes.			protocol.	per protocol. 60 days
-----------------------	--	--	-----------	--------------------------

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.