

Heritage Lifecare (GHG) Limited - Albarosa, Camellia, Golden Age

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Heritage Lifecare (GHG) Limited

Premises audited: Albarosa||Camellia||Golden Age

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 22 September 2020 End date: 23 September 2020

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: 120

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

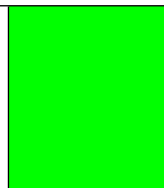
Albarosa, Camellia Court (Camellia) and Golden Age rest home are three facilities in suburban Christchurch that sit side by side. These facilities are owned and operated by Heritage Lifecare, Golden Healthcare Group Limited (HLL (GHG)). Albarosa provides dementia care services for up to 40 residents and Camellia provides dementia care for up to 39 residents. Golden Age provides rest home services for up to 54 residents. An executive team oversees the management of these facilities with support from a general manager, a registered nurse/clinical coordinator and three facility managers, one based in each facility. There were reports from residents, family members and others interviewed that high levels of resident care and support are provided in these facilities.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff and two general practitioners.

Two areas with continuous improvement ratings were identified during the audit. One relates to staff training and its positive impact on the quality of residents' care and support and the other to the use of bed caster caps in the Golden Age rest home which has seen a reduction in the number of residents' falls in bedrooms.

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.

Information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is provided to residents and their families. All rights described in the Code are respected by managers and staff. Personal privacy, independence, individuality and dignity are supported in all aspects of service delivery.

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

There were no residents at the services who identified as Māori during the audit; however, systems and contacts in place would enable those who identify as Māori to have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination.

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

Complaint procedures are made known to residents and family members. All complaints are used as improvement opportunities and the complaint register demonstrated that complaints were resolved promptly and effectively.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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A strategic plan includes the scope, mission, vision, values, goals and monitoring systems within the organisation. Monitoring reports from each facility are provided to the executive management team on a regular basis. An experienced and suitably qualified person manages each facility.

The quality and risk management system is described within a quality plan and allied documentation. This is implemented in each facility independent of each other, but outcomes are shared with all HLL (GHG) facilities. The system includes collection and analysis of quality improvement data from which trends are identified and improvements are made for each facility. Feedback processes from staff, residents and families are in place and staff were familiar with, and involved in, the quality and risk system. Incidents and accidents are documented, related information is analysed, and corrective actions implemented when indicated. Actual and potential risks, including health and safety risks, are identified and mitigated.

Policies and procedures support safe service delivery and management processes. These are reviewed regularly and were current.

The appointment, orientation and management of staff in each facility are based on current good practice. Staff are supported to undertake both internal and external ongoing training opportunities. Topics intended to support safe service delivery are identified and arrangements for delivery made. Regular individual staff performance appraisals are being completed.

Staffing levels and skill mixes meet the changing needs of residents in Golden Age, Albarosa and Camellia.

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

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.

Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

The multidisciplinary team, including a registered nurse and general practitioner, assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facilities meet the needs of the respective groups of residents and were clean and well maintained. There was a current building warrant of fitness, which was the same date for each building. Electrical equipment has been tested as required. Communal and individual spaces are maintained at a comfortable temperature. Internal areas are spacious and external areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are managed according to requirements across the site. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Personal laundry is undertaken onsite and towels and bedlinen offsite by a contractor. Cleaning and laundry processes are evaluated for effectiveness.

All staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells where this is applicable. Security is maintained.

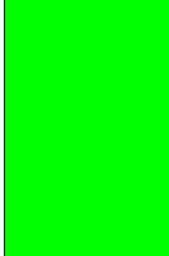
Restraint minimisation and safe practice

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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The organisation has implemented policies and procedures that support the minimisation of restraint. There were no restraints or enablers in use at the time of audit. Staff were aware that the use of enablers is voluntary for the safety of residents and in

response to individual requests. Staff demonstrated a sound knowledge and understanding of restraint and enabler processes, de-escalation and of managing behaviours that challenge.

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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The infection prevention and control programme, which is reviewed annually, is led by an experienced and trained infection control coordinator. Specialist infection prevention and control advice is accessed when needed and a continuous improvement project sits alongside the programme to support the prevention and management of infections.

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

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation and across all HLL (GHG) facilities. Follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	45	0	0	0	0	0
Criteria	2	91	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Golden Age Healthcare Group has developed relevant policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and training records verified it is also a component of ongoing training, last held 11 September 2019 with a representative from the Nationwide Advocacy Service.</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</p>	FA	<p>Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies have been fully reviewed and updated and provide relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form. Specific consent forms were also in residents' files, in particular for influenza vaccinations.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented.</p> <p>Relevant documentation is in residents' records, including for those in the dementia services. All files reviewed in the dementia services included applicable enduring power of attorney documentation except for one who had a</p>

consent.		<p>court appointed order for welfare guardian.</p> <p>Staff were observed to gain consent for day to day care and rest home residents spoke of multiple situations in which they are given choices.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the advocacy service, plus a brochure on the Nationwide Advocacy Service. Posters and brochures related to the Advocacy Service were displayed and available in each facility. Family members spoken with were aware of the Advocacy Service, how to access this and their right to have support persons. There were no examples of the advocacy service having been involved and family interviewed expressed that they had not felt the need as staff and management were available and approachable.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment. Local churches, schools, entertainment groups and clubs also link with the residents at Albarosa, Camellia Court and Golden Age rest home when this option is available. Family members confirmed the visiting restrictions that occurred during Covid-19 were difficult, but staff kept in contact with what the residents were doing.</p> <p>The facility normally has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff. All were affirmative about the managers and staff in the various services.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints/concerns/compliments policy and associated forms meet the requirements of Right 10 of the Code and include the expected response timeframes. A risk management matrix and complaint procedure flow chart were included. Information on the complaint process is provided to residents and families on admission and family members and rest home residents interviewed knew how to file a complaint.</p> <p>According to the complaint records reviewed, all complaints had been addressed according to the policy and procedure and relevant actions taken as indicated. Each facility manager confirmed they oversee any complaint within their facility, although the registered nurse coordinator and/or the HLL (GHG) clinical manager follow up on any care or clinical issues raised. The general manager follows up on any complaint received from the Health and Disability Commissioner.</p> <p>An up-to-date complaint register at each facility records all complaints and actions taken and outcomes are discussed at quality and risk meetings, as described in the minutes. The complaint registers reviewed showed that since January 2020, Albarosa has had four complaints (three verbal and one written); Camellia Court has</p>

		<p>had the same and Golden Age has had seven verbal complaints. The complaint records verified that the investigation processes and close out of each complaint had all occurred within a timely manner. Information on advocacy services had been supplied when appropriate.</p> <p>All staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p> <p>One complaint that was received via the Health and Disability Commission (24 August 2019) prior to the provisional audit was closed in March 2020. Recommended actions relating to the use of pain assessment tools and the consideration of family and resident feedback have been take seriously and examples were provided. There have been no new complaints received from external sources since the previous audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents and family members interviewed informed that they were aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and had received information in the admission pack. The Code was displayed in the foyer of each of the three facilities: Albarosa; Camellia Court; and Golden Age rest home.</p> <p>The registered nurse (RN) stated that the facility managers discuss the Code with new residents in the rest home and with family members from all three services as part of the admission process. Staff stated that they also take opportunities to remind people about these issues when appropriate circumstances arise including at residents' meetings.</p> <p>One file of a non-English speaking resident had a copy of the Code in Chinese available for them. Information on how to make a complaint, copies of complaint forms and feedback forms were available in the foyer of each facility.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. A copy of relevant organisational policies and procedures support these practices. Family members stated that despite the number of residents with dementia, staff always respect residents' privacy. Staff were observed to maintain residents' privacy throughout the audit. All residents have a private room.</p> <p>Residents are encouraged to maintain their independence by encouraging ongoing family contact and by assisting residents to participate in activities of their choice and to attend community events. Care plans included documentation related to the resident's abilities, and strategies that maximise each resident's independence. Staff described examples of supporting residents' independence that included ensuring equipment, such as walking aids, are well maintained and encouraging residents to attend to any activities of daily living that they are</p>

		<p>capable of.</p> <p>Staff understood the service provider's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There were no residents who identified as Māori in any of the three facilities at the time of the audit. Staff have access to policies and procedures in order to support any prospective resident who identifies as Māori, to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are described in these policies and procedures, as is guidance on best practice/tikanga, Māoritanga, an overview of basic te reo Māori and a list of Māori organisations that would facilitate staff access to any additional information and support that may be required. The organisation currently has no named cultural advisor, though evidence of negotiations to provide one was available but has been a drawn-out process due to restrictions of Covid-19. Cultural safety training occurs annually; the last training day was 21 January 2020.</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>Residents verified that they were consulted on their individual culture, values and beliefs and that staff respect these. This was confirmed by a family member in the dementia services.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their activity plan. This information was especially evident in the social profile developed for each resident prior to and on entry to the services completed by family members. Personal preferences, required interventions and special needs were also included in the action sections in care plans reviewed.</p> <p>Interdenominational services are provided, and residents assisted to attend if they desire. The resident satisfaction survey confirmed that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. There were no examples of such actions evident in the incident reports reviewed. The orientation process for staff includes education related to professional boundaries, expected</p>

<p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>		<p>behaviours and the code of conduct. All registered nurses have records of completion of the required training on professional boundaries and all staff sign the code of conduct when they commence employment. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service encourages and promotes good practice through accessing advice and assistance from external specialist services and allied health professionals, including dietitians, physiotherapists, needs assessors and wound care specialists. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical interventions requested. All policies and procedures were referenced using professional sources of information to guide their content.</p> <p>Registered nurses reported they receive management support for external education and access their own professional networks to support contemporary good practice. A typical example of this was HealthLearn used for professional development.</p> <p>Other examples of good practice observed during the audit included the availability of self-learning tools that all staff can access for such topics as challenging behaviours and nutrition for the elderly.</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 in the rest home and family members of residents in the dementia services stated they were kept well informed about any changes to their/their relative's status.</p> <p>They were also being advised about any incidents or accidents and about the outcomes of regular and any urgent medical reviews in a timely manner. This was evident in the communication logs in thirteen residents' records reviewed, which included copies of emails when this form of communication had been used. Staff interviewed understood the principles of open disclosure, which is supported by organisational policies and procedures that meet the requirements of the Code.</p> <p>Managers and registered nurses knew how to access interpreter services, although reported this was not usually required as family members generally stepped in when necessary. Some staff are able to communicate in residents' native languages and use this to communicate when needed.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures</p>	<p>FA</p>	<p>Heritage Lifecare (GHG) Limited - Albarosa, Camellia, Golden Age are three distinct aged care facilities on the one site at the Golden Age Retirement Village. These services are operated by Heritage Lifecare (Golden Healthcare Group) Limited, otherwise referred to as HLL (GHG). Currently the facilities under the HLL (GHG) management structure use Golden Healthcare Group policies and procedures and have their own strategic business plan. The strategic plan 2020 – 2025 is reviewed annually. This provides an overview of the</p>

<p>services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>organisation and states its purpose as being to provide a high standard of quality care in modern, purpose-built facilities. The scope of services provided in the various facilities is described and a set of goals refers to the achievement of external audits, ideal occupancies and ongoing monitoring of the various services provided. There is an overview of the structure of the organisation noting the executive team is comprised of the general manager; operations manager/human resources and compliance manager; administration manager; clinical manager and quality assurance manager. The maintenance manager and head gardener are responsible for managing all maintenance and gardening requirement for the organisation. A strengths, weaknesses, opportunities and threats (SWOT) analysis has been undertaken and included in the strategic plan, which also includes a marketing strategy.</p> <p>In addition to the HLL (GHG) clinical manager who works across all HLL (GHG) sites, a registered nurse coordinator works across all three facilities at the Golden Age site. Each of the three facilities has a manager and a senior registered nurse who are responsible for ensuring the smooth and efficient management of the facility. The organisation's mission is to provide quality care for the residents, catering for their physical, mental, spiritual, social, emotional and cultural needs, in a residence where they are cared for as unique individuals who merit the highest respect.</p> <p>A sample of minutes of executive team meetings, meetings of all GHG facility managers with the executive team and meetings with clinical staff, facility managers and the executive team were reviewed. The general manager met with the auditor on site at Golden Age and confirmed that these meetings complement monthly reports which enable him to maintain awareness of financial performance, emerging risks, and any issues a facility may be dealing with. In addition, the general manager described the ongoing links with the management of Heritage Lifecare.</p> <p>All three facility managers have their responsibilities and accountabilities defined in a position description and each of their files includes a signed individual employment agreement. As per their personnel files, the managers have all had extensive management and two have had long service in the Golden Age Retirement Village. The manager of Camellia has only been there for a few months but has relevant previous experience for the role. During interviews, each of the managers confirmed knowledge of the sector, regulatory and reporting requirements. Records demonstrated that all three managers maintain attendance at a range of in-service training sessions in addition to attending contract related meetings with the DHB and aged care updates and one is undertaking post-graduate education.</p> <p>The service holds contracts with the district health board to provide rest home care (Golden Age) and dementia (rest home) care in both Albarosa and Camellia, including for respite. One hundred and twenty of the 133 beds were occupied on the day of audit with 45 of 54 rest home care beds in Golden Age occupied, 37 of the 40 beds in Albarosa and 38 of the 39 in the Camellia facility. One person in the rest home is on an Accident Compensation Corporation (ACC) contract.</p>
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<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>During planned absences of any of the facility managers, an experienced relief manager for the Golden Healthcare Group team will take over the management of that facility, otherwise the registered nurse coordinator will take on management responsibilities and carry out required duties under delegated authority. Additional support is available from members of the HLL (GHG) executive team and from managers of other facilities within the organisation.</p> <p>Clinical management is overseen by other registered nurses who work in the respective facility during absences of key clinical staff. The clinical manager of the HLL (GHG) executive team is available to provide advice and support when required. Registered nurses and caregivers reported during interview that they feel well supported and the current arrangements work well.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>As with all HLL(GHG) facilities, the three facilities of Golden Age rest home, Albarosa and Camellia use the Golden Healthcare Group's (GHGs) planned quality and risk system that it is well documented (last updated 31 December 2019) and reflected the principles of continuous quality improvement. This is coordinated by an experienced quality manager who is also a member of the GHG executive team.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the executive management team meetings, at the organisational quality and risk team meetings and at individual management and staff meetings for each of the three facilities. Quality and risk meeting minutes included area reports as well as reports from each department including housekeeping, clinical, activities, for example. Other topics covered include internal and external auditing, incidents/accidents, health and safety/hazard management, training, emergency management and infection control. There was evidence of corrective actions being identified and followed through for any shortfalls, potential and actual risks being identified and managed and of quality improvement projects being instituted. The managers are responsible for identifying quality improvement opportunities and for following these through to completion with the team.</p> <p>Golden Age rest home resident surveys undertaken in October 2019 were completed and analysed and the information used to make changes around consultation about their care plans, laundry and cleaning. Resident next of kin surveys undertaken at Camellia and Albarosa dementia services in March 2020 have prompted a review of residents' activities and knowledge about complaint processes. These surveys are completed annually. Staff confirmed they consistently receive updates on quality and risk data, have a representative from their department attend quality and risk meetings, complete forms such as incident forms, are involved in corrective action processes and receive education specifically about quality and risk processes. Quarterly newsletters are produced and are available to residents, family members and staff. These include updates and information about improvements, changes and activities at the respective facility.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice</p>

		<p>and were current with the latest updates being December 2019 and February 2020. A document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. The clinical manager for the organisation reported working with HLL on a project towards combining Golden Healthcare Group and Heritage Lifecare Limited policies and procedures.</p> <p>A comprehensive risk management register for 2020 included risk action plans and review processes. All projects and quality improvement initiatives have their own risk action plans. The manager and the quality manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. There is a health and safety manual available and the manager is familiar with the Health and Safety at Work Act (2015) for which the requirements have been implemented. Hazard registers are available and updated for each of the three facilities as required.</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>All three facility managers are familiar with statutory and/or regulatory reporting requirements. The HLL (GHG) general manager is responsible for any essential notification reporting requirements. Documentation sighted confirmed the reports that since the last audit there have been two notifications requiring section 31s to be completed for Camellia where there was an outbreak and an incident of aggression in which police were involved. Albarosa reported two outbreaks and a pressure injury and Golden Age rest home reported one viral outbreak.</p> <p>Staff document adverse and near miss events on an accident/incident form. Adverse event data is collated, analysed and reported through facility quality and risk meetings, senior management quality and risk meetings and staff meetings at each of the facilities: the Golden Age rest home; Camellia; and Albarosa. A sample of incident forms reviewed showed these were fully completed and incidents were investigated. Quality improvement opportunities were identified, action plans developed and implementation of these is followed-up in a timely manner. Examples of interventions included staff education, environmental changes, reviews of competencies for medicine management and the provision of mobility equipment. Any trends are identified, and changes made where relevant. One key example is the project in which bed caster caps were used to significantly reduce the number of falls in residents' rooms in the Golden Age rest home.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes an application and selection process, pre-employment interviews, referee checks, police vetting, and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. There are a large number of long service staff who confirmed reports that the orientation process prepares new staff well for their role. The length of</p>

<p>and meet the requirements of legislation.</p>		<p>orientation may be extended depending on the person's familiarity with the industry and their level of readiness to fulfil their role. Staff records reviewed showed documentation of completed orientation and required competencies, as well as a staff review after a three-month period. Records reviewed confirmed that all staff who have been at any of the three facilities for more than a year have a current performance appraisal and these are completed annually.</p> <p>Continuing education is planned on a biannual basis for mandatory training requirements and on an annual basis for topics requiring annual updates and special interest topics. Records sighted and staff reports confirmed that caregivers have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. A staff member for the organisation who does not work directly in the care facilities is the internal assessor for the programme and during interview described how the system works and the records are maintained. Over 95% staff working in both of the dementia care facilities (Albarosa and Camellia), including some in auxiliary roles, have completed the required education with the remaining 5% in progress. There are sufficient trained and competent registered nurses who are well supported to maintain all of their required annual competency and training requirements including for undertaking interRAI assessments.</p> <p>There is a strong commitment by both organisational and facility managers in ensuring all staff have access to relevant ongoing training, which has been identified by the service as enabling the residents to receive a higher level of care and support. Staff have embraced these opportunities and generally demonstrated excellence at undertaking training beyond the requirements of their roles. A continuous improvement rating has been allocated for the respective section of this standard.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents and examples of where this had occurred were provided. In addition to the facility managers being available out of hours when required, an afterhours registered nurse on-call roster is in place. Staff of varying levels reported there is good access to advice when needed. Caregivers reported there were adequate staff available to complete the work allocated to them on the different shifts, albeit they can get busy at times. They attributed this to the willingness of staff to work as a team. Residents and family interviewed supported the adequacy of staff numbers, knowledge and skills.</p> <p>Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. With the significant number of staff with a first aid certificate there is always at least one staff member on duty who has a current first aid certificate. These people are identifiable on the rosters in all three facilities. Similarly, the staff with a current medication competency are marked on the rosters.</p> <p>Registered nurses only work morning shifts. There is one, sometimes two, in Albarosa on duty Monday to Friday</p>

		and one on morning shift Monday to Friday in Camellia. Another registered nurse works Monday to Thursday and then Sunday in Golden Age rest home with a second Tuesday to Saturday. The registered nurse coordinator oversees all registered nurses and has access to the HLL (GHG) clinical manager when required. There are otherwise four caregivers on morning and afternoon shifts that may have differing lengths and two caregivers on night shift in each facility. Diversional therapists, cleaners, cooks, the maintenance person and laundry staff are additional on the roster and a trained diversional therapist is rostered during the weekend to assist with activities for the residents.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	At each of the three facilities, all necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. This included interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable. Staff interviewed were familiar with the legislation related to health information management, privacy and confidentiality. Archived records are held in a locked cupboard in each of the three facilities and are readily retrievable using a cataloguing system. Residents' files are held for the required period before being destroyed. Residents' records were in locked nurses' stations in each facility and no personal or private resident information was on public display during the audit.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service, the admission process, costs, the menu and a sample activity schedule. Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Those in the dementia services of Albarosa and Camellia Court had been referred from the older person's specialist mental health services confirming their need for dementia care and copies of these were in files reviewed. Admission processes are carefully planned, where attention to detail around preparing the person's room and reducing anxieties is taken, especially for people moving into the dementia service. An admission pack containing additional information including the Code is provided on entry to the service. A verbal and written handover occurs for those prospective residents being transferred from the public hospital or another facility. Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them. Files reviewed contained completed demographic details, assessments, signed admission agreements, initial care plans and GP reviews in accordance with contractual requirements. The

		residents' files in the dementia services that were reviewed included consent for their admission from enduring powers of attorney or court appointed guardian.
<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>Any exit, discharge or transfer of a resident is managed in a planned and co-ordinated manner. Escorts are organised as appropriate with family members asked to assist, or one of the staff will step in when necessary. The service uses the DHB's 'yellow envelope' system to facilitate the transfer of residents to and from acute care services. There is open communication between all services, the resident and the family/whānau, which was confirmed by those interviewed. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. Documentation associated with an example of a transfer to acute services was sighted.</p> <p>A visitor to the facility, whose family member had been a resident at the facility and recently had to transition to a higher level of care at a different facility reported that the process was seamless and well handled by staff.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management (using an electronic system) was observed on the day of audit. The two staff observed in Albarosa and Golden Age rest home demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. Medication training occurs annually to maintain competencies; this was last held 16 September 2020. A register of competent staff and specimen signatures was sighted.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy on a monthly basis. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request. Non packaged items are stored in individual named containers in a locked cupboard. Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Prescribing practices in the electronic system meet requirements with the dates of commencement and discontinuation of medicines recorded and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p>

		<p>At the time of audit there were nine residents who self-administer medications in the rest home. Appropriate processes were in place to ensure this was managed in a safe manner and reviewed three-monthly by the GP.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>Food services are provided on site in two kitchens, one in the Golden Age rest home and one in Albarosa which serves Camellia Court and Albarosa. Both kitchens run independently using a different menu to cater to the specific requirements of the residents. Both kitchens use menus that follow summer and winter patterns and have been reviewed by a qualified dietitian (23 July 2020) as being in line with recognised nutritional guidelines for the elderly. Recommendations made at that time were implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transport, delivery and disposal comply with current legislation and guidelines. The services operate with approved food safety plans and registrations issued by Ministry of Primary Industries with expiry dates of June 2021. Documentation sighted confirmed that food temperatures were monitored and within the recommended range, including for the meals delivered to Camellia Court via hot box. The kitchens were clean, tidy and showed evidence of stock rotation. Safe food handling certificates were undertaken by staff as evidenced in staff files.</p> <p>A nutritional assessment is taken for each resident on admission and used to develop a dietary profile which is updated six monthly or earlier if needs change and the kitchen receives updated copies. Personal preferences, allergies, modified texture requirements are made known to the kitchen staff and accommodated in the daily meal plan.</p> <p>Residents in the two dementia units have access to food and fluids to meet their nutritional needs at all times.</p> <p>Evidence of resident satisfaction with meals was verified by rest home resident and family interviews, satisfaction surveys and resident meeting minutes. The mealtimes observed showed that residents were given time to eat their meals, options were offered and those requiring assistance were given this in a respectful manner.</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</p>	FA	<p>The managers of the three facilities could not recall any cases of a person being declined entry to the services. Local NASC services are reportedly aware of the services provided at these facilities.</p> <p>If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the general practitioner (GP), resident and family/whānau. Examples of this occurring were discussed. There is a clause in the access agreement related to when a resident's placement can be terminated.</p>

managed by the organisation, 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>Information is documented using validated nursing assessment tools that include an initial comprehensive nursing assessment on admission, a nutrition assessment, a pain scale, falls risk, continence, skin integrity and cognitive functioning. These assist the registered nurses in identifying any deficits and provide direction for care planning. The sample of care plans reviewed had an integrated range of resident-related information sourced from use of the assessment tools, interRAI outcomes, medical assessments, information from needs assessors and referrers, relatives and where relevant from the residents themselves. All residents have current interRAI assessments completed by one of five interRAI assessors. Triggers from the interRAI were incorporated in the LTCP and were the focus of interventions.</p> <p>Family members and residents from the rest home confirmed their involvement in the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. As the framework of each care plan is based on the interRAI format, the links between the assessment and care plan processes were transparent. Additional plans had been developed for specific medical concerns, or behaviour management, for example, and these complemented the care plans. Behavioural assessments had been completed in the files of residents in Albarosa and Camellia Court and specific behaviour management plans had been developed and were being reviewed as applicable and covered the 24 hour period with triggers, behaviour, and suitable interventions specific to the resident documented.</p> <p>All care plans reviewed demonstrated service integration with progress notes, diversional therapist notes, medical and allied health professionals' notations clearly written, informative and relevant.</p> <p>All care plans sighted were current. Any change in care required had been documented as an update and verbally passed on to relevant staff. Examples of this were sighted such as a sensor mat being introduced after a resident fell. Residents and families reported participation in the development and ongoing evaluation of care plans.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and</p>	FA	<p>Documentation, observations, and interviews verified that care provided to residents was consistent with their needs, goals and the plan of care. Attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision in all three facilities. The GP verified during interview that medical input is sought in a timely manner, that medical interventions are followed, and care and knowledge is of a very high standard. Care staff confirmed that care is individualised and is provided as outlined in the care plan</p>

<p>appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>documentation.</p> <p>A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs. Residents in the dementia services were being managed in a respectful manner. Staff consistently demonstrated consideration for their safety and competence at using distraction and de-escalation techniques.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme across all three facilities is provided by a team of six trained diversional therapists holding the national Certificate in Diversional Therapy and one still completing her training. The activities programme in the rest home is run over weekdays with entertainment at the weekend complemented by caregivers. When two staff are on duty at the same time it gives opportunity for paperwork to be completed. In the dementia units there is an emphasis on de-escalating challenging behaviour as documented in the individual 24-hour interventions section of the care plan and the programme runs over seven days and is supported by care staff who actively engage with the residents during activities.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities and social requirements, which contributes towards individualised personal profiles and associated activity plans. The managers ask the families of prospective residents to complete the assessment prior to the person being admitted. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. Participation records are completed daily, and monthly progress notes written. The resident's overall activity needs are evaluated as part of the formal six-monthly care plan review. Monthly activity programmes are developed. These demonstrated that a diverse range of activity related options are being organised. The activities listed and reported reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Where applicable, residents and families/whānau are involved in evaluating and improving the programme through residents' meetings, satisfaction surveys and informal feedback. The diversional therapists and activity coordinator also use the residents' levels of response to an activity to determine how and if an activity will be repeated. Residents in the rest home confirmed they find the programme interesting and said there is usually something on offer most days. On the day of audit, the residents in the dementia units were actively participating in an exercise session.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and</p>	<p>FA</p>	<p>Residents' care is evaluated on each shift and reported to the RN and documented in the progress notes. Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, and as residents' needs change. Where progress is significantly different from expected, the service responds by initiating changes to the plan of care.</p> <p>Examples of STCPs being reviewed, and progress evaluated as clinically indicated, were noted for weight loss</p>

<p>timely manner.</p>		<p>and wound care.</p> <p>Families/whānau interviewed provided examples of involvement in evaluation and review processes. Six monthly multidisciplinary meetings which family/whānau are always invited to attend were evident in the family/whānau contact sheet. If family are unable to attend, the option is offered to discuss progress and the plan over the phone and then have the care plan sent out for signing.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor', residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or registered nurse sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to dietitians and older person's mental health services.</p> <p>The resident and the family/whānau are kept informed of the referral process, as verified by documentation and interviews. Family/whānau of the residents reported being kept well informed about referrals to other services that were made on behalf of their relative.</p> <p>Any acute/urgent referrals are attended to immediately, such as sending the resident to the emergency department in an ambulance if the circumstances dictate.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>All three facilities were reviewed for their management of waste and hazardous substances. Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>A contractor removes general waste several times a week and recyclable cardboard twice a week. Yellow bags of potentially infectious waste are placed into the general waste. Recyclable plastics are removed via the local council collection process and sharps containers are swapped over by a contractor. Waste management audits are undertaken six-monthly and all staff are required to complete the health and safety self-learning tool. Staff were aware of safe disposal and management of waste.</p> <p>There is provision and availability of protective clothing and equipment including goggles, face shields, plastic aprons, masks, gloves and hand sanitisers. Staff were observed using protective clothing and equipment in all three facilities.</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>A current building warrant of fitness (expiry date 1 July 2021 for all three facilities) was publicly displayed in each facility.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. Comprehensive maintenance checklists in annual, six monthly, quarterly and monthly blocks are being maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. Hot water temperatures are checked monthly, and checks on equipment such as beds, hoists, wheelchairs and spill kits were up to date. The environment was hazard free and resident safety was promoted to the extent a continuous improvement has been allocated for a project focused on an aspect of the environment which has seen a significant reduction in the number of residents falling in their bedroom.</p> <p>External areas are safely maintained and were appropriate to the resident groups and settings. There are safe, sheltered outdoor garden areas from both secure units.</p> <p>Staff confirmed they know the processes they should follow if any repairs or maintenance are required and that requests are actioned. A maintenance/repair book showed tasks are signed and dated on completion. Residents and family members were happy with the environment.</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>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the three facilities. All bedrooms in both Golden Age and Albarosa have ensuites. Golden Age has two other showers and toilets for use plus a bathroom with a bath and a toilet. Albarosa has two extra wheelchair accessible toilet/shower rooms. Camellia has 16 rooms that have their own ensuite, ten shared ensuites plus a separate toilet and separate shower room shared by people from three rooms. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided</p>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms in Albarosa and Camellia provide single accommodation with none shared. There are two two-bed residents' rooms in Golden Age, one of which is currently empty and the other shared by a married couple. The</p>

<p>with adequate personal space/bed areas appropriate to the consumer group and setting.</p>		<p>manager informed the room is not used for sharing by two people who are not a couple. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids and wheelchairs. Staff, residents and family members reported the adequacy of bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities, to dine and to have some quiet space. On the ground floor of the Golden Age rest home, there is a large lounge, an activities lounge, a dining area and a sitting area near the front door. Level one has a large lounge that opens onto a balcony and three other sitting areas, one of which also opens onto a balcony. Camellia has a dining room, three lounges and in addition to two cubby areas, there is a sitting area near the front door, which is a quiet space. Albarosa is divided into two units, each of which has its own facilities. In total it has two large lounges, two dining areas, two quiet rooms plus one small room used for specific activities. Residents can access any of the listed areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p>
<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>	<p>FA</p>	<p>Bed linen and towels are laundered off-site by a contractor. All residents' personal laundry is undertaken by dedicated laundry staff in an on-site laundry in the Golden Age rest home. There is a small laundry in Albarosa where hand towels and kitchen tea towels are laundered. A laundry staff person interviewed was familiar with laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed satisfactorily and their clothes are returned in a timely manner. An on-site clothing labeller is used to reduce the number of potential lost items.</p> <p>Small designated cleaning teams operate in each of the three facilities and work according to documented housekeeping schedules. In addition to opportunities to attend in-service training, these staff undertake the New Zealand Qualifications Authority Certificate in Cleaning (Level 2), as confirmed in interviews with cleaning staff, certificates on display and training records. Housekeepers have been supplied with carrier units for their chemicals and taught to take these into rooms with them, especially in the dementia services. Chemicals were stored in lockable cupboards and were in appropriately labelled containers. Suppliers of chemicals provide housekeepers and laundry workers with training on product use and safety.</p> <p>In addition to regular reviews by chemical suppliers, cleaning and laundry processes are monitored through the internal audit programme. There were no findings in laundry audits undertaken February, May and August of this year. A corrective action, which was subsequently rectified, was raised in one of three housekeeping audits.</p>

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response were displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The fire evacuation plan for the Golden Age rest home was approved by the New Zealand Fire Service on 4 June 2006, for Camellia it was 19 June 2006 and for Albarosa it was 11 May 2006. A trial evacuation and associated staff training takes place six-monthly with a copy of the evacuation record sent to the New Zealand Fire Service. The most recent was on 3 June 2020 for all three facilities. The orientation programme includes fire and emergency training. Staff confirmed their awareness of the emergency procedures.</p> <p>In each facility, adequate emergency supplies for use in the event of a civil defence emergency, as per the National Emergency Management Agency recommendations for the region, were sighted. These included a supply of food basics that is rotated every three months, blankets, batteries and radios for example (last checked July 2020). In addition to bottled water, there is water in ceiling tanks. Each facility has a gas barbeque and the kitchens use gas for cooking purposes that can be transferred to bottled gas if necessary. Emergency lighting is regularly tested. Outbreak kits, pandemic kits and first aid kits are available in each facility.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed six monthly and residents and families reported that staff respond in a timely manner.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time. Windows have security stays in place and all external doors are alarmed once locked. The three front entrances have double entry doors and all other doors open into the property of the Golden Age retirement village, for which gates are locked after 6pm and require a remote-control button to open. Signage informs where security cameras are installed.</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>	<p>FA</p>	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light and opening external windows. Underfloor heating is throughout both floors of Golden Age and in Albarosa and wall mounted heaters are in residents' rooms on the cold side of Golden Age and in all residents' rooms in Albarosa. Camellia has heat pumps in communal areas, fan heaters in bathrooms and wall mounted panel and convection heaters in residents' rooms. Temperature adjustments may be made by maintenance staff when required. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection</p>	<p>FA</p>	<p>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to</p>

<p>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>		<p>residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from specialist infection prevention and control advisers. The infection control programme and manual are reviewed annually.</p> <p>The registered nurse coordinator is the designated IPC coordinator, whose role and responsibilities are defined in a job description. There is an overarching organisational eight-member infection prevention and control committee which includes the IPC coordinator for these three facilities plus a registered nurse from Camellia. An infection control meeting is held at the end of the two monthly registered nurse meetings. Infection control matters, including surveillance results, are reported monthly to the HLL (GHG) clinical manager and tabled at quality/risk committee meetings and staff meetings. Reports on the incidence of infections are provided to the general manager and executive team and full overviews of infection related issues are completed every six months for each facility.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell, not to enter the facility. There are clear expectations of actions for visitors to follow to protect against the current Covid-19 pandemic at the front of each facility. Similarly, the no visitor policy in response to the gastro-intestinal outbreak in one of the facilities on day two of the audit was clearly displayed at the front entrance and families were advised. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell and ongoing updates about Covid-19 has kept them updated about what they need to do in response to any exposure. Staff interviewed understood these responsibilities. A continuous improvement project on staff vaccinations has seen numbers across all HLL (GHG) facilities rise from 52% in 2014, to 66% in 2016, drop to 39% in 2018 and rise to 72% in 2020, which more than meets the key performance indicator of 60%.</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>	<p>FA</p>	<p>The IPC coordinator has attended approximately 13 relevant study days and on-line training sessions in relation to infection prevention and control. During interview and review of training records and reports, it was evident the IPC coordinator has appropriate skills, knowledge and qualifications for the role. The infection control nurse from Christchurch hospital provides ongoing advice and support to HLL (GHG) facilities. Additional support and information are accessed from a community laboratory, GPs and the local public health unit. The IPC coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC coordinator confirmed the availability of resources to support the IPC programme and outbreaks of infections.</p> <p>Of note is the implementation of a significant infection prevention and control related project at HLL (GHG) facilities including Camellia, Albarosa and Golden Age rest home during 2020. This is titled 'Reducing Infection in the Elderly, Golden Healthcare Group Ltd' and includes a detailed action plan, a process flow chart and collation and review of data that is contributing towards the beginning of evaluation of interventions. Summaries are being developed following an investigation and feedback process for all instances where a person has three or more</p>

		infections of the same type. Changes have been implemented as a result of the investigations and reviews with results to date showing a reduction in the number of infections. The project has not been going long enough for definitive conclusions to be made and meantime the team is maintaining momentum with it.
<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>A full suite of infection prevention and control policies and procedures reflected the requirements of the infection prevention and control standard and current accepted good practice. Policies were last reviewed in February 2020 and included appropriate referencing. The development and implementation of IPC policies and procedures is the responsibility of the HLL (GHG) clinical manager with the assistance of the quality assurance manager and external specialist services. The senior management team approves all infection prevention and control policies and procedures.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices and know how to access them electronically.</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>Interviews, observation and documentation verified staff have received education on infection prevention and control at orientation and ongoing education sessions. Education is provided by the IPC coordinator and other specialists such as an infection control nurse from the CDHB. Content of the training is documented and evaluated to ensure it is relevant, current and understood. Records of attendances are maintained. When an infection outbreak or an increase in infection incidence has occurred, there was evidence that additional staff education has been provided in response. Examples of this occurring have been during the Covid-19 pandemic and other respiratory and gastro-intestinal outbreaks.</p> <p>Education with residents is generally on a one-to-one or case by case basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, encouraging residents to maintain good fluid intake and good personal hygiene, especially in relation to toileting.</p>
Standard 3.5:	FA	Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary

<p>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>tract, skin, wound, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and influenza. The IPC coordinator reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Any trends of infections for individual and at facility level are identified in the weekly duty summary reports developed by the registered nurses for the registered nurse coordinator and also in the monthly infection surveillance reports. The IPC coordinator collates the surveillance data on the relevant surveillance recording form and the data is analysed to identify any trends, possible causative factors and required actions. Graphs are produced that identify trends for the current year, and comparisons against previous years and this information is reported to the HLL (GHG) clinical manager and the quality manager for discussion at quality and risk management meetings. Benchmarking between other HLL (GHG) facilities occurs and assists the facilities in monitoring the incidence of infections. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers, and to the senior management team.</p> <p>Summary reports for a recent gastrointestinal infection outbreak and for a respiratory outbreak were reviewed. These demonstrated a thorough process for investigation and follow up. Learnings from the events have now been incorporated into practice, with additional staff education implemented.</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>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The registered nurse coordinator is the restraint coordinator and is responsible for providing support and oversight for enabler and restraint education and management in the facility. This person demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities. In addition, the HLL (GHG) clinical manager is available if required.</p> <p>On the day of audit, there were no enablers or restraints being used in any of the three facilities. The restraint coordinator could not recall when the last use of either an enabler or a restraint had occurred. There was also no evidence of any use of a restraint or an enabler in the records available. All three managers and the restraint coordinator noted that restraint would only be used as a last resort when all alternatives had been explored. An incident that required police involvement, for which a section 31 notice had been completed, was described and although restraint had occurred this had not been applied by staff from these facilities. The incident was well documented and confirmed their reports.</p> <p>Six monthly restraint approval group minutes were reviewed, and validated the information provided. Staff undertake training on restraint and enabler use annually and complete a related competency. The no restraint policy and use of distraction, de-escalation and behaviour monitoring and management processes were described by managers and staff during interview.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	CI	<p>The management of HLL (GHG) demonstrated a strong commitment to staff education and training, which is reportedly improving the care and support of residents in all three facilities of Golden Age rest home, Camellia and Albarosa. Key performance indicators that go back to the strategic plan are used as a baseline and reports on these are evident in meeting minutes at both facility and organisational level. The organisation has employed a dedicated training coordinator who is also an internal assessor for a number of training programmes. Both the quality manager and the clinical manager have developed a range of self-directed learning tools to complement the monthly in-service presentations and group discussions, all of which have high levels of attendance. A wide range of annual competencies are completed by staff in a variety of positions. These facility managers are holding one-on-one sessions with any staff person who misses a training session, whether it is a topic that is mandatory or special interest. They are ensuring all training is evaluated and they use the information obtained to guide selected training topics and the style of assessment. The facility managers, the HLL (GHG) clinical manager and the quality manager have reviewed the value of staff education within these three facilities and have reported on positive changes at both staff and resident level</p>	<p>Managers and staff confirmed that the well-structured learning programme is improving staff capacity in all areas. Evidence provided confirmed that this is consequently enabling residents to receive an overall higher level of care and support, to receive a better and more appropriate response when their health status changes, to have faster responses in emergency situations and to feel more secure when staff</p>

		<p>since the introduction of various types of training.</p> <p>At the organisational level, the strategic plan links well-trained staff with positive outcomes for residents. During interviews, staff voluntarily expressed the benefits for the people they work for including levels of co-operation and better and more skilful interventions when staff know what they should be doing, and why they need to do it that way. Quality meeting minutes not only report on what training has occurred, but constantly use staff education processes as a component towards closing a corrective action(s). Managers independently reported the reduction of resident related incident forms following staff training, the improved ability of upskilled staff to identify and manage different clinical conditions of the residents and more sensible actions taken during emergencies. They also noted that the staff who are committed to additional training encourage others and that ultimately the training increases their confidence to be able to answer questions and respond with a higher level of skill.</p> <p>Family members commented on the high level of staff skills and knowledge in this facility. Resident and family satisfaction survey results in all three facilities demonstrated 100% responses in areas that related to staff training, competence, care and decision-making. All three facilities are demonstrating continuous improvement in the use of staff training and education to improve resident care.</p>	<p>caring for them consistently demonstrate confidence and competence.</p>
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	<p>CI</p>	<p>The falls rate in the Golden Age rest home in 2018 and early 2019 was found to be high and the organisation's key performance indicators were not being met. An analysis of falls related data suggested that the majority of these were occurring in residents' rooms where their beds were free standing. This was found to be a result of the bed casters rolling on the carpet as the resident went to get into bed, or to move around the bed. Residents wanted their beds to remain in the freestanding positions.</p> <p>A continuous quality improvement process was instituted and commenced with caster cups being put into position under the bed casters in one room. This proved to be successful in reducing the falls rate for that person and the trial was extended. Two monthly facility quality and risk meeting minutes confirmed progressive improvements in the falls rates, in particular those in residents' bedrooms and all beds were subsequently fitted with caster cups. A senior quality and risk meeting report in January 2020 included a graph and report on all falls, repeat fallers and falls in bedrooms over the previous six months. The graphs and information confirmed the falls rates had declined from as high as 12 and 14 bedroom falls a month down to 2 and 4 a month within the six-month timeframe. A continuous improvement rating has been allocated for the manner in which</p>	<p>Data analysis preceded planning, implementation and evaluation of a project related to environmental safety and falls prevention. Continuous quality improvement processes over a 12 month timeframe have demonstrated that the placement of caster cups under bed casters in the Golden Age rest home has resulted in a significant decline in the number of residents' falls in bedrooms, including those resulting in</p>

		the physical environment has been adapted to ensure the safety of residents as the reduction in the number of falls has concurrently seen a reduction in the number of falls related resident injuries.	injury.
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End of the report.