

Millvale Lodge Lindale Limited - Millvale Lodge Lindale

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:	Millvale Lodge Lindale Limited
Premises audited:	Millvale Lodge Lindale
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 15 November 2017 End date: 16 November 2017
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	43

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Dementia Care New Zealand (DCNZ) – Millvale Lodge provides rest home, hospital (geriatric) and dementia care for up to 47 residents. On the day of audit there were 43 residents.

This certification audit was conducted against the health and disability service standards and the district health board contract. The audit process included a review of policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, staff, management and general practitioner.

The operational manager (non-clinical) has worked for DCNZ for ten years and has been in this role since June 2017. The clinical manager has been in the role for one year, having previously worked in a sister facility for DCNZ since 2009.

The service provides a comprehensive orientation and training/support programme for their staff. Residents and relatives interviewed spoke positively about the care and support provided.

Improvements are required around wound documentation and neurological observations.

The service is commended for achieving a continuous improvement rating around infection control.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Millvale Lodge Lindale provides care in a way that focuses on the individual resident. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the Code and related services is readily available to residents and families. A site-specific introduction to the dementia unit booklet provides information for family, friends and visitors visiting the facility. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

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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Millvale Lodge Lindale is implementing the DCNZ quality and risk management system. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys. Incidents and accidents are appropriately documented. 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. There is a well-developed education programme in place that is supported from the head office. This includes training packages for all levels of nursing staff. External training is supported. There is a staffing policy and rosters in place.

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.		Some standards applicable to this service partially attained and of low risk.
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There are pre-entry and admission procedures in place. Care plans are developed by registered nurses and are reviewed by the multidisciplinary team. Families are involved in the development and review of the care plan. A multi-disciplinary nursing, activities and GP resident review occurs three monthly. Assessments are linked into the comprehensive care plan.

The activity team develop a programme to meet the recreational needs and preferences of each consumer group. There is a flexible and resident focused activity plan over seven days a week in the dementia units and rest home/hospital unit. Individual activity plans are developed in consultation with resident/family.

All medications charts have current identification photos and special instructions for the administration/crushing of medications.

There is a reduction of psychotropic programme in place. The GP reviews the resident's medication at least three monthly.

The service has contracted to work with a dietitian monthly for review of resident nutritional status and needs, and notes are included in resident files. The menu is reviewed by the organisational dietitian.

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 service has waste management policies and procedures for the safe disposal of waste and hazardous substances. There is a current building warrant of fitness.

Millvale Lodge provides care in separate 'homes' within the building. Each home has easy access to their external gardens and paths. Residents in the dementia 'homes' are able to move freely inside and within their separate secure environments. Each small home has their own dining/lounge areas. The service has in place policies and procedures for effective management of laundry and cleaning practices.

There are emergency management plans in place to ensure health, civil defence and other emergencies are included. First aid training has been provided for staff and there is at least one staff member on duty at all times with a first aid certificate. There is an approved fire evacuation plan.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint policy and procedures are in place. The definitions of restraints and enablers are congruent with the definitions in the restraint minimisation standard. At the time of the audit there were no residents using restraints or utilising enablers. A register is maintained by the restraint coordinator/RN. Staff regularly receive education and training on restraint minimisation and managing challenging behaviours.

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.		All standards applicable to this service fully attained with some standards exceeded.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is responsible for coordinating/providing education and training for staff. Infection control training has been provided. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Dementia Care NZ (DCNZ) facilities.

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	1	43	0	1	0	0	0
Criteria	1	91	0	1	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>Millvale Lodge Lindale has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Eight care staff interviewed, including four caregivers, two activity coordinators and two registered nurses (RN) were able to describe how they incorporate resident choice into the resident's activities of daily living. The service actively encourages residents to have choices and this includes voluntary participation in daily activities as confirmed on interview with five relatives (three hospital and two dementia) and nine residents (four rest home and five hospital).</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>There are established informed consent policies/procedures and advanced directives. Files sampled (two rest home, two hospital and three dementia) demonstrated that general consent had been obtained for collection, storage, release, access and sharing of information, photograph for identification and social display and consent for outings. In files sampled, residents had a medical guidance plan that covers admission to hospital and resuscitation with evidence of enduring power of attorney (EPOA), general practitioner and clinical manager participation in the medical guidance plan. Medically indicated 'not for resuscitation' status forms evidenced discussion with the EPOA/family. The GP or specialists had completed letter of mental capacity for residents where appropriate.</p>

consent.		
<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	Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlet on admission. Interviews with residents and family confirmed they are aware of their right to access advocacy. Advocacy pamphlets are displayed in the main corridor. Advocacy is regularly discussed at resident/relatives' meetings (minutes sighted). The service provides opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on the residents' family and chosen social networks.
<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	Interview with relatives confirm that visiting can occur at any time and families are encouraged to be involved with the service and care. Residents are supported to maintain links with the community if appropriate.
<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 service has a complaints policy that describes the management of the complaints process. There are complaint forms and information available at the entrance. Information about the complaints process is provided on admission. Care staff interviewed were able to describe the process around reporting complaints. An established complaints register is included on an access database format. The database register includes a logging system, complainant, resident, outline, dates, investigation, findings, outcome and response.</p> <p>Fourteen complaints have been made since the last audit. Seven complaints have been received in 2017 year to date. All complaints reviewed had documented evidence of appropriate follow-up actions and resolutions taken. Timeframes for addressing each complaint are compliant with the Health and Disability Commissioner (HDC) guidelines and corrective actions (when required) are documented. One of the complaints from 2016 was made through the HDC, which was investigated and followed up with an HDC letter in April 2017 stating that the complaint was closed off and no further action would be taken.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of</p>	FA	There is a welcome pack provided to residents on entry that includes information on how to make a complaint, Code of Rights pamphlet, advocacy and Health & Disability (HDC) Commission. Relatives are informed of any liability for payment of items not included in the scope of the service. This is included in the service agreement. Relatives interviewed confirmed they received all the relevant information during

their rights.		admission.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>There are policies in place to guide practice in respect of independence, privacy and respect. Resident preferences are identified during the admission and care planning process with family involvement. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms. Relatives interviewed confirmed staff respect their privacy, and support residents in making choice where able. Staff have completed education around privacy, dignity and elder protection. Resident files are stored securely. There are clear instructions provided to residents on entry regarding responsibilities of personal belongings in their admission agreement.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>Dementia Care NZ Ltd has a Māori health plan which has been recently reviewed, and a cultural safety policy that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). Residents who identify as Māori have this recorded on file with an individual health care plan tailored to meet Māori cultural requirements. Linkages with Māori community groups are available and accessed as required such as Ataiwa Ki Whakarongatai Charitable Trust. At the time of the audit there were three residents that identified as Māori. Two resident files reviewed for residents that identify as Māori had cultural linkages and whānau involvement in care planning.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The resident and families are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Care plans sampled included the residents' values, spiritual and cultural beliefs. Six monthly reviews occur to assess if the residents' needs are being met. Discussion with family confirm values and beliefs are considered. Family/resident newsletters are provided quarterly. Residents are supported to attend church services of their choice if appropriate.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial,</p>	FA	<p>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the seven staff files sampled. Staff comply with confidentiality and the code of conduct. The registered nurses and allied health professionals practice within their scope of practice. Interviews with RNs and care staff confirmed an awareness of professional boundaries.</p>

or other exploitation.		
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Millvale Lodge provides a 'small homes' environment within its facility to assist with normalising the service. The service provides rest home, hospital level and dementia care.</p> <p>The staff are committed to valuing each resident as an individual and practice the 'best friends' approach to care and activities.</p> <p>Millvale Lodge Lindale policies and procedures meet the health and disability service sector standards. An environment of open discussion is promoted. Staff report that the senior staff are approachable and supportive. Allied health professionals are available to provide input into resident care. Staff complete relevant workplace competencies. The RNs have access to external training. Discussions with family were positive about the care they receive. A quality monitoring programme is implemented and this monitor's contractual and standards compliance and the quality of service delivery. Implementation of the quality programme has resulted in a significant reduction in overall incident rates in 2017.</p> <p>The service monitors its performance through resident/relatives' meetings, quality meetings, infection control meetings, health and safety meetings, staff appraisals, satisfaction audits, education and competencies, complaints and incident management. Relatives interviewed spoke positively about the care provided and were well informed and supported. There are implemented competencies for all staff including caregivers, and registered nurses. There are clear ethical and professional standards and boundaries within job descriptions.</p> <p>Since the previous audit the service has introduced; (i) DCNZ appointment of resource nurses including wound resource nurse and falls coordinator, which linked to their falls project in 2016 business plan; (ii) a clinical governance team; (iii) implemented a professional development programme for CM's & RNs— Advanced Nursing Practice; (iv) an organisational policy and document development and review group ensuring good practice congruent between policy and procedure development and review. (v) The development of a National mental health nurse role to include case management for residents with challenging symptoms, expert advice and support and (vi) a new programme- Management of Actual and Potential Aggression MAPA.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to	FA	<p>There is an open disclosure policy in place, information on which is included at the time of admission. A site-specific introduction to the psychogeriatric unit booklet provides information for family, friends and visitors visiting the facility. 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. Nine incidents/accidents forms were reviewed. The form includes a section to record family notification. All nine incident/accident forms indicated family were informed. Relatives interviewed confirmed they are notified</p>

effective communication.		of any changes in their family member's health status.
<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>	FA	<p>Dementia Care New Zealand Limited (DCNZ) is the parent company for Millvale Lodge Lindale. Millvale Lodge Lindale provides rest home, hospital (geriatric) and dementia level care for up to 47 residents. There are 20 dual purpose beds in the rest home/hospital home. There are two dementia care units, one with 12 beds and the other with 15 beds. On the day of audit there were 43 residents in total; eight rest home residents including one resident on a long-term support chronic health condition (LTSCHC) contract; 12 hospital residents, and 23 dementia level of care residents, including one on a LTSCHC contract. All other residents were under the aged related residential care (ARRC) agreement.</p> <p>An operations manager and a clinical manager/RN are responsible for the daily clinical and non-clinical operations of the facility. The operations manager has been at DCNZ for 10 years and in the operations manager role since June 2016. The clinical manager has been working at DCNZ for eight years. She has been in the clinical manager role since July 2016.</p> <p>An organisational operations management leader, national clinical manager, quality systems manager, company clinical director, company educator/psychiatric RN and directors regularly visit the facility and provide support to the team at Millvale Lodge Lindale. During the days of the audit the national clinical manager, quality systems manager, company educator /psychiatric RN and one of the directors were present. The vision and values of the organisation underpin the philosophy of the service. The philosophy of the service also includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states</p> <p>There is strategic plan for 2015-2018 and a business plan for 2017-2018 in place for all facilities. The 2017 organisational goals have been reviewed by the governance team, company directors, clinical director, national clinical manager, quality systems manager, operations management leader and company educator.</p> <p>The organisation holds an annual training day for all operations managers and all clinical managers. Both managers have attended at least eight hours of training relevant to their roles.</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</p>	FA	<p>During a temporary absence of the operations manager, the clinical manager assumes the role with support from the DCNZ management team.</p>

<p>which ensures the provision of timely, appropriate, and safe services to consumers.</p>		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The organisation wide quality and risk management plan describes objectives, management controls and assigned responsibility. Progress with the quality and risk management plan is monitored through the quality meetings. The operations manager and clinical manager log and monitor all quality data. Meeting minutes are maintained, and staff are expected to read the minutes. Minutes sighted had included actions to achieve compliance where relevant. Quality improvement (QI) reports are provided at the monthly quality meeting. Staff interviewed confirmed involvement and feedback around the quality management system. Data is collected on complaints, accidents, incidents, infection control and restraint use. Benchmarking with other DCNZ facilities occurs on data collected. The service has policies and procedures to support service delivery. Policies and procedures align with the client care plans. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly.</p> <p>The internal audit schedule for 2017 is being completed. Areas of non-compliance identified at audits have had corrective action plans developed and signed as completed. The service has an implemented health and safety management system. There are risk management, and health and safety policies and procedures in place including accident and hazard management. There is an annual satisfaction survey last completed in October 2016. Overall results report that residents and relatives are satisfied with the service. Falls prevention strategies are in place that include assessment of risk, medication review, assessments with physiotherapy input, exercises/physical activities, training for staff on detection of falls risk and environmental hazard awareness. There is monthly 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>	<p>FA</p>	<p>The service documents and analyses incidents, accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Individual incident/accident reports are completed for each incident/accident with immediate action noted and any follow-up action required. Nine incident forms reviewed identified they were fully completed and followed up appropriately by the RN. However, seven of nine incident forms sampled where neurological observations were required did not have these completed in the required timescales/frequency (link 1.3.6.1). Minutes of the monthly quality meeting, health & safety meetings and RN/clinical meetings reflected a discussion of incidents/accidents and actions taken. Discussions with the operations manager and clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. One section 31 notification was completed since the last audit. The notification was for resident with a stage three pressure injury in July 2017.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. Seven staff files sampled (one clinical manager, one RN, one operations manager, two caregivers, one home manager/caregiver, one diversional therapist and one cook) contained all relevant employment documentation. Current practising certificates were sighted for the registered nurses (RN) and allied health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment.</p> <p>There is an education planner in place that covers compulsory education requirements. There are five RNs and four have completed interRAI training. The clinical manager has also completed interRAI training. Clinical staff complete competencies relevant to their role. There are 23 caregivers employed across the dementia units. Twenty have completed the required dementia unit standards. Three caregivers are in the process of completing and all have been employed for less than 12 months (two staff have recently commenced at Millvale Lodge Lindale).</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The operations manager and the clinical manager are on-site full time and available for on call after hours. There is also a registered nurse on duty 24/7 in the dual-service Nikau hospital/rest home unit. The two dementia units (Toetoe and Tanika) are managed on a day-to-day basis by home managers (senior caregivers). They are supported by the RNs on each shift in the hospital and the clinical manager. Adequate numbers of caregivers are rostered. The caregivers and family interviewed informed there are sufficient staff on duty at all times.</p> <p>In the 20-bed dual-purpose unit (eight rest home and twelve hospital residents), there are three caregivers (two long and one short shift) rostered on the morning shift, three caregivers (two long and one short shift) on the afternoon shift and one caregiver on the night shift.</p> <p>In the 15-bed dementia unit (13 dementia residents), there are two caregivers (long shift) rostered on the morning shift, three caregivers (one long and two short-shift) on the afternoon shift and one caregiver on the night shift.</p> <p>In the 12-bed dementia unit (10 dementia residents), there are two caregivers (one long and one short-shift) rostered on the morning shift, two caregivers (one long and one short-shift) on the afternoon shift and one caregiver on the night shift. Extra staff are called on for increased resident requirements.</p> <p>Lindale employs four activity staff that provide an activities programme in both the rest home/hospital and the dementia units, for four hours per day over seven days.</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. All relevant initial information is recorded within required timeframes into the resident's individual record. All resident records containing personal information is kept confidential. In files sampled entries were legible, dated and signed by the relevant caregiver or registered nurse including designation. Files are integrated.</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>There are pre-entry and admission procedures in place. Residents are assessed on entry to the service and needs assessments were sighted in resident files sampled. The service has a well-presented information booklet for residents/families/whānau at entry and includes specific information relating to the dementia units. Family members interviewed stated they received sufficient information on the services provided and are appreciative of the staff support during the admission process. The admission agreements reviewed met the requirements of the ARC contract and included exclusions from the service and examples of how services can be accessed that are not included in the 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>Discussions with the registered nurses and the review of a file where the resident had been discharged and readmitted confirmed that resident exit from the service is coordinated and planned and relevant people are informed. There is sufficient information to assure the continuity of residents' care through the completed internal transfer form, copy of relevant progress notes, copy of medication chart and doctor's notes. The service uses the district health board (DHB) 'Yellow' envelope system. A staff member or family member (as appropriate) accompanies the resident to the hospital.</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>Medication policies and procedures meet legislative requirements. The service uses a robotic system for regular and PRN medications. An RN checks these on arrival and signs the medication checking form. RNs administer medications in the hospital/rest home and senior caregivers administer medications in the dementia units. All those administering medications have completed an annual competency and education. There is a main locked medication room in the hospital/rest home where all pharmaceuticals are kept. Medication trolleys for the dementia care 'homes' are kept in a locked area. Medication fridge temperatures are monitored daily. All eye drops in the medication trolleys were dated on opening. An electronic medication documentation system is used. All electronic administration records corresponded with the instructions on the medication chart. 'As required' medications sampled had indications for use</p>

		documented. All charts had a photo and allergies documented and had been reviewed by the GP three monthly. There are no self-medicating residents at the facility.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>There is a qualified chef on duty five days per week and another cook that covers the chef's days off. All meals are prepared on-site in the commercial kitchen. Organisational menus are used, and these have been reviewed by a dietitian. Special diets are incorporated into the menu. The RN completes a food and nutrition information form on each resident. A copy is received by the chef. The chef reported they are notified of any dietary changes/requirements. All meals are prepared in the main kitchen and transported in bain marie containers to the individual units' kitchenettes for serving by the care staff. Hot food temperatures and serving temperatures are monitored daily. Resident likes, and dislikes are known, and alternative foods are offered. Cultural and spiritual needs are met. Special diets are provided such as vegetarian, diabetic desserts and pureed food. Lip plates and specialised utensils are available as needed to promote independence at meal times. All food sighted in the chiller, freezers and fridges was dated. There is daily fridge and freezer temperature monitoring. There are additional nutritional snacks available for residents and staff have open access to the kitchen.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The reason for declining service entry to potential residents is recorded should this occur and communicated to the potential resident/family/whānau. The clinical manager (CM) stated the referring agency would be advised when a potential resident is declined access to the service.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The information gathered at admission and health assessment form is used to develop care needs, aims and actions to provide best care for the residents (link 1.3.3.3). A range of assessment tools are completed on admission and reviewed at least three to six monthly as applicable. All resident files sampled (link 1.3.3.3) had interRAI assessments and these had been repeated routinely at least six monthly and when there was a significant change in needs. Files sampled included allied health assessments completed such as dietitian assessment and physiotherapy. Outcomes from assessments were known and implemented by staff interviewed.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Care plans are developed and reviewed by the RNs. The care plans sampled identified the resident/family member/EPOA who had participated in the development of the long-term care plan. The long-term care plans sampled were comprehensive had documented interventions for all identified needs. A 24-hour MDT (multidisciplinary) care plan is completed by the DT and RN. The MDT care plan details the resident's morning, afternoon and night habits, behaviours, activities or diversions that work, usual signs of wellness, indications of change in usual wellness and signs of full distress/agitation. Short-term care plans are used for short term needs.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>The care being provided is consistent with the needs of residents as demonstrated on the overview of the care plans and discussion with caregivers, registered nurses, activity staff and management. Relatives and residents interviewed stated resident needs are being met.</p> <p>Wound assessments are comprehensive and include type, location and body map/graph, photograph as applicable, and wound management, objectives and reviews. Not all wounds were individually documented.</p> <p>There are wound assessment plans and reviews documented for 14 residents with 20 wounds including one stage 4 pressure injury and one resident with two grade-2 pressure injuries. Photos have been taken to monitor progress. Registered nurses reported there is specialist wound and continence management advice is available as needed and that adequate dressing supplies and continence products are available. Continence assessments including a urinary and bowel continence assessment are completed on admission and reviewed three/six monthly. Continence products are allocated for day use, night use, and other management. Resident daily bowel records and hygiene cares checklists are maintained.</p> <p>Pain assessments are completed for all residents with identified pain and on pain relief. Monitoring forms in use included behaviour monitoring, blood sugar levels, neurological observations (not always fully completed) and vital signs.</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>Millvale Lodge Lindale employs four activity staff that provide an activities programme in both the rest home/hospital and the dementia units, for four hours per day over seven days. Three of the four are completing their diversional therapy training and all four have completed dementia training.</p> <p>Varying activities occur simultaneously in both the dementia units and are focused on sensory activities and reflect on daily activities of living such as music, poetry, craft, reminiscing, board games, garden walks, café club and baking. Residents are invited to attend entertainment held in the rest home/hospital 'home'.</p> <p>The rest home/hospital programme reflects resident interests, abilities and skills and includes</p>

		<p>entertainment, exercises, creative activities, happy hour, news and views.</p> <p>Residents are encouraged to maintain community links and there are twice weekly outings (one for each of two 'homes' and the other for the remaining residents of one home and the third home). There is a shared (with another local DCNZ facility), wheelchair van for outings that can transport one wheelchair and three other residents. The three activities team staff that take outings have first aid certificates. A variety of community groups visit the facility. Residents who are unable to participate or choose not to have one-on-one time spent with them including pampering, reading and discussions.</p> <p>Church services are held every Wednesday and Sunday. Community church and youth groups visit.</p> <p>Activity assessments, activity plans, 24-hour MDT plans, progress notes and attendance charts are maintained. The activities staff liaise with the family and residents as appropriate to develop the Tree of Life – a history of the resident including their interests and hobbies. Resident meetings are held monthly. There are regular MDT family meetings. Resident files reviewed identified that the individual activity plan is reviewed at the same time as the care plan review.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plans sampled were reviewed by the MDT three monthly (hospital level) and six monthly (rest home and dementia level) or earlier due to health changes. Other health professionals are involved as appropriate. Short-term care plans sampled were reviewed as required and are resolved or if an ongoing problem added to the long-term care plan. Care plans sampled had been updated as residents needs changed. There is at least a three-monthly review by the medical practitioner of the resident and their medications. Ongoing nursing evaluations occur daily/as indicated and are included within the progress notes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>The service facilitates access to other services (medical and non-medical) and where access occurs referral documentation is maintained. There is good communication with the GPs, mental health for the older person's team and the psychogeriatric services. Family/whānau/EPOA are involved as appropriate when referral to another service occurs. Referrals sighted in the resident files sampled include; older adult community psychiatric nurse, psychiatry services, geriatrician, wound nurse specialist, DHB specialists and clinics, physiotherapist, dietitian and podiatrist.</p>

<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>The service has in place policies and relevant procedures to support the safe disposal of waste and hazardous substances. There is an incident reporting system that includes investigation of these types of incidents. Chemicals sighted were labelled correctly and stored safely throughout the facility. Staff were observed wearing protective equipment and clothing, carrying out their duties. The chemical supplier provides safety datasheets, product use information and conducts quality control checks on the effectiveness of chemicals. Approved containers are used for the safe disposal of sharps. Staff interviewed were able to describe waste management and chemical safety procedures.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>Millvale Lodge has a current building warrant of fitness that expires on 16 May 2018. The facility is divided into three 'homes' which are Nikau (20 rest home/hospital beds), Tanika (12 dementia care beds) and Toe-Toe (15 dementia care beds). The three 'homes' are spacious with wide corridors that allow for the use of mobility equipment.</p> <p>Maintenance is managed through the DCNZ head office. Maintenance requests are logged into a maintenance book kept in the nurse's station. Minor maintenance requests and repairs are addressed and signed off. External contractors carry out larger repairs and they are available 24/7 for essential services. Electrical equipment operates through RCD and clinical equipment has been serviced/calibrated annually. There is a monthly planned maintenance schedule that includes resident mobility equipment.</p> <p>Each 'home' has its separate outdoor deck and large, landscaped garden area with safe access. There is seating and shade provided over the summer months. A children's playground is available for visiting families. There is a rural outlook from each 'home' and gardens are designed for interest and to attract residents, especially those with dementia. They include a number of paths and raised gardens for residents to access. The gardens in the dementia 'homes' are safe and are secured.</p> <p>Each 'home' has a large open plan lounge area designed so that space and seating arrangements provide for individual and group activities. There are quiet, low stimulus areas and seating alcoves that provide privacy when required. The two dementia-level 'homes' have secure access. They are adjacent and the door joining the two units can be opened for residents to join for activities or other events/occasions.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing</p>	FA	<p>All bedrooms are single in the three 'homes'. There is a mix of fully ensuited, partially ensuited and standard rooms in all homes. There are adequate numbers of communal showers and toilets in all homes. All communal toilets/showers have identifiable signage, privacy locks and privacy curtains. Fixtures, fittings and floor and wall surfaces are made of accepted materials for meeting hygiene and infection control</p>

facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		practices and resident safety. There are appropriately placed handrails in the bathrooms and toilets.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	Residents' rooms are of sufficient space to allow services to be provided and for the safe use of mobility aids and hoist if necessary. The bedrooms are personalised. The bedrooms environment is uncluttered. Electric beds or ultra-low beds are available for use.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	Each 'home' has spacious open plan dining and lounge areas with access to the outdoor areas. There are other smaller areas and seating alcoves in each unit that are readily accessible to residents. Activities take place in the dining or lounge area of each unit dependent on the type of activity. There is adequate space in each 'home' to allow maximum freedom of movement while promoting safety for those that wander.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	The service has in place policies and procedures for effective management of cleaning and linen practices. The caregivers carry out the laundry and cleaning duties in-keeping with the small homes model, and staffing is calculated to ensure sufficient hours for these tasks. All linen and personal clothing is laundered on-site. The laundry area is well equipped with a defined clean/dirty area. There was adequate linen stock sighted. Chemicals are stored safely in the laundry and cleaning area. Safety datasheets are available. Feedback on the service is received through internal audits, meetings and surveys. The chemical supplier completes regular audits on the laundry and cleaning practices, efficiency of equipment and effectiveness of chemical use. Families and residents interviewed were satisfied with the cleanliness of the facility and the care taken with personal clothing.
Standard 1.4.7: Essential, Emergency, And Security	FA	At the time of the audit a fire evacuation plan had been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted, with the last fire evacuation drill

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>occurring on 8 August 2017. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Civil defence boxes are available in each wing (sighted) and are checked monthly. There is a civil defence cupboard, pandemic/outbreak supplies and civil defence kit available and the emergencies supplies are checked monthly.</p> <p>Emergency equipment is available at the facility. The service has alternative gas facilities (BBQ and gas hobs in the kitchen) for cooking in the event of a power failure, with a backup system for emergency lighting and battery backup. There is food stored in the kitchen for three days. There is more than sufficient water stored (10,000 litres) to ensure for three litres per day for seven days per resident. Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and resident rooms are appropriately heated with central heating that is thermostat controlled. Bedroom windows open and are safe with security stays. Residents have access to natural light in their rooms and there is adequate external light in communal areas with doors opening out onto deck areas.</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 and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the infection control coordinator with clearly defined guidelines. There is an established and implemented infection control programme that is linked into the risk management system. The quality committee and the governing body is responsible for the development of the infection control programme and its annual review. There are infection control meetings held regularly that comprise of the infection control coordinator, operations manager, clinical manager, cook and care staff. Information from these meetings is communicated to the clinical meetings. The facility has adequate signage and hand sanitisers at the entrance. Notices for visitors asking them not to enter if they have been in contact with infectious diseases have been ordered to place at the entrances.</p>
<p>Standard 3.2: Implementing the infection control</p>	FA	<p>The infection control committee meets monthly and forms part of the quality structure. The facility infection control coordinator is the clinical manager. She has completed external training and is supported by the</p>

<p>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>DCNZ national clinical manager. There are organisational infection control meetings six monthly.</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>	<p>FA</p>	<p>There is an organisational infection control manual, which includes policies and procedures appropriate to for the size and complexity of the service. Policies are reviewed at an organisational level. Any changes or updates to the infection control policies are notified at the staff meetings.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. All staff receive infection control education as part of the orientation programme. Staff are required to read policies and complete the infection control hand hygiene competency. Staff receive annual infection prevention and control education.</p> <p>Resident education is expected to occur as part of providing daily cares.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been</p>	<p>CI</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (RN) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Individual infection report forms and short-term care plans are completed for all resident infections. Infections are collated in a monthly register and a monthly report is completed by the infection control</p>

<p>specified in the infection control programme.</p>		<p>coordinator. Infection control data is collated monthly and reported at the quality, and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. The infection control programme is linked with the quality management programme. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. Benchmarking occurs against other Dementia Care New Zealand facilities. The service has exceeded the required standard around the management of urinary tract infections.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which are congruent with the definitions in NZS 8134.0. Interviews with the caregivers and nursing staff confirmed their understanding of restraints and enablers. At the time of the audit there were no residents using restraints or utilising enablers. A register is maintained by the restraint coordinator/RN. Staff regularly receive education and training on restraint minimisation and managing challenging behaviours.</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 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired</p>	PA Low	Registered nurses assess, and document residents needs in care plans and complete an assessment, plan and reviews (at the time of dressing changes) for wounds. Photographs demonstrated that wounds are appropriately managed. However, not all had a separate set of documentation. Files evidenced demonstrated regular review and assessment of residents by registered nurses, including when a resident appears unwell or has an incident or accident. For some incidents where there had been a potential head injury, neurological observations were commenced and at least two sets of recordings documented, but were not adequately completed. As these shortfalls are related to documentation, not resident care, the risk has been assessed as low.	(i) Two residents with two wounds each had both wounds on one set of documentation (assessments, plans and evaluations). For one of these residents the wounds were both pressure injuries. (ii) Seven of nine incident forms sampled where neurological observations were required did not have these completed in the required timescales/frequency.	(i) Ensure all wounds have an individual assessment, plan and reviews. (ii) Ensure neurological observations are completed according to policy.

outcomes.				90 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	CI	<p>The surveillance monitoring system includes analysis of trends for all types of infections. The infection control manager, alongside the registered nurses are continually reviewing any trends identified in surveillance analysis and when trends are identified plans are developed to address these.</p>	<p>In early 2017 the service developed a goal to reduce the incidence of UTIs, subsequently reducing antibiotic use for these infections and reducing negative resident outcomes including pain and discomfort.</p> <p>Strategies implemented included increased monitoring of pad use, hygiene and early warning signs of UTIs by registered nurses and the mentoring of caregivers to provide first line care that promoted urinary tract health. This included ensuring residents are regularly toileted, providing increased education and hygiene care and ensuring maximum fluid intake for each resident. Registered nurse interventions also included increased monitoring for constipation and the potential impacts of this could have on UTIs and thorough clinical assessments based on specialist infection control advice before sending urine specimens.</p> <p>As a result of these interventions, there has been a zero rate of UTIs in 2017 YTD with the exception of a rate equal to the benchmark (1.53) in August 2017.</p>

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End of the report.