

# Burlington Village Limited - Burlington Village

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Burlington Village Limited
<b>Premises audited:</b>	Burlington Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 18 January 2022      End date: 19 January 2022
<b>Proposed changes to current services (if any):</b>	Please note, the service is also certified to provide dementia level care (HealthCERT letter 19 May 2020) and the dementia care unit was audited as part of this surveillance audit.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	71



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Burlington Village provides rest home, hospital, and dementia level of care for up to 84 residents. The facility opened in April 2019 and the dementia wing in May 2020. On the day of audit there were 71 residents.

This unannounced surveillance audit was conducted against a subset of the Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family, management, staff, and general practitioners.

There is an experienced and appropriately qualified facility nurse manager. She is supported by an experienced aged care clinical nurse manager. They are supported by a team of registered nurses, healthcare assistants and non-clinical staff. Residents and relatives overall commented very positively on the services and care received at Burlington Village.

This surveillance audit identified one area of improvement required around medication management.

The service has exceeded the required standard around pressure injury prevention.

## 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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There is a culture of open disclosure. There are effective communication processes at all levels of service delivery. Families are regularly updated of residents' condition including any acute health changes or incidents. Residents and family member interviewed verified ongoing communication regarding Covid 19 preparedness strategies. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints and concerns have been managed and a complaints register is maintained.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Burlington Village continues to implement the organisational quality and risk management system that supports the provision of clinical care. A facility nurse manager and clinical nurse manager are responsible for the day-to-day operations of the facility. They are supported by a clinical operations manager. Quality activities are conducted, and this generates improvements in practice and service delivery.

Meetings are held to discuss quality and risk management processes. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters and scheduled meetings. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through.

Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training programme has been implemented with a current training plan in place. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. Registered nursing cover is provided 24 hours a day, 7 days a week.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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There is a comprehensive admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were reviewed at least six-monthly. Resident files are electronic and included medical notes by the contracted GP and visiting allied health professionals.

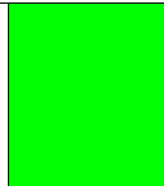
Medication policies reflect legislative requirements and guidelines. Registered nurses and health care assistants are responsible for administration of medicines complete education and medication competencies.

A diversional therapist oversees the activity team who deliver and coordinate the activity programme on-site for the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for each consumer group. Residents and families report satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. There are snacks and sandwiches available at all times.

## Safe and appropriate environment

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

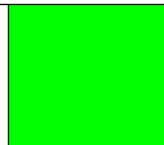


Standards applicable to this service fully attained.

The building has a current warrant of fitness which expires 1 May 2022. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The dementia unit is secure.

## 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.

Restraint minimisation and safe practice policies and procedures are in place. Staff receives training in restraint minimisation and challenging behaviour management. On the day of audit, the service had no residents using restraint or enablers.

## Infection prevention and control

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

Standards applicable to this service fully attained.

The infection control (IC) team is led by the clinical nurse manager who is supported by representation from all areas of the service. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. There is a monthly surveillance programme, where infections are collated, analysed, and trended with previous data. Where trends are identified, actions are implemented to reduce infections. The infection surveillance results are reported at the various meetings. There is evidence of education and staff involvement with any infections that are identified during the surveillance programme. Covid 19 prevention strategies aligns with the national Covid 19 preparedness framework.



## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	15	0	1	0	0	0
<b>Criteria</b>	1	39	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility nurse manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Ten complaints have been logged for 2020/2021 and no complaints logged year to date for 2022. All complaints documented a comprehensive investigation, follow-up, and replies to the complainant. All complaints had been resolved and resolution letters evidence contact details for the Health and Disability advocacy services. There was progress recorded on corrective actions and recommendations.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available in the compendium in each residents' room, relatives are encouraged to use email.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	<p>FA</p>	<p>There is a policy to guide staff on the process around open disclosure. The facility nurse manager and clinical nurse manager interviewed, confirmed family are kept informed. Eight relatives interviewed (four hospital, one rest home and three dementia) stated they are notified promptly of any incidents/accidents or changes in health of their relatives in care. Five residents interviewed (two rest home and three hospital including a younger person with disabilities [YPD]) stated they are involved and kept informed of any changes to their own care and feel informed</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>about the service`s Covid 19 prevention strategies. The YPD interviewed confirm the communication with them is effective and the facility encourage them to maintain their independence.</p> <p>Fourteen staff interviewed (six healthcare assistants [HCAs], five registered nurses [RNs] including a unit coordinator, one diversional therapist, maintenance person and kitchen manager) were able to describe the process around open disclosure.</p> <p>Thirteen electronic accident/incident forms (from December 2021) and progress notes reviewed evidenced relatives are informed of any incidents/accidents. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with management. The satisfaction survey result showed 92% of relatives felt satisfied with the communication. Bi-monthly resident meetings encourage open discussion around the services provided (meeting minutes sighted). The six-monthly family meetings for residents in the dementia unit is well attended (minutes sighted).</p> <p>Access to interpreter services is available if needed for residents who are unable to speak or understand English. Family and staff are used in the first instance. Registered nurses completed clinical excellence training including communication with families after adverse events or deterioration of a resident. Communication to families related to Covid-19 is published newsletters, memos and individual emails are sent to relatives. The manager writes a monthly newsletter for residents and relatives updating on the month and upcoming events.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services, premium rooms, and any items they have to pay for that are not covered by the agreement.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Burlington Village Limited (Burlington Village) operates under Qestral Corporation limited as a subsidiary company. Burlington Village is governed by a board of eight directors who have experience in owning and building aged care facilities and villages since 1993.</p> <p>Burlington Village has set a number of quality goals include (but not limited to); maintaining a client focus, providing a high standard of care, providing comprehensive orientation and ongoing training opportunities to staff, and promoting a happy and harmonious workplace. The quality goals link to the organisation`s 2021-2023 business plan and includes a philosophy, mission, vision and five core values (respect and equality, integrity, innovation, anti-institutional, and promoting independence) included. The progress against the goals in the business plan is reviewed quarterly at organisational level.</p> <p>Burlington Village provides rest home and hospital (medical and geriatric) level care for up to 64 residents (all dual purpose) in the main care facility and dementia level of care for up to 20 residents in the dementia unit (Lakehouse). There were fourteen double rooms previously certified for double occupancy in the main building, however the facility nurse manager stated only four will be occupied at one time.</p>

		<p>On the day of audit, there were 71 residents. Twenty-two rest home residents and 29 hospital level residents (including four YPD, and three residents on an end-of-life support contract and one on respite care) and 20 residents at dementia level of care. All other residents were under the age-related residential care (ARRC) contract. The facility nurse manager (registered comprehensive nurse) has been in the role for 18 months and was also the previous clinical nurse manager since opening. She has a background in management of age care facilities, clinical management, and experience in mental health services. A clinical nurse manager (registered comprehensive nurse) has been in her role since July 2021 with previous experience in clinical management. The facility nurse manager has completed a leadership and coaching training course through an external provider and a study day related to managing an aged care facility in 2021. The clinical nurse manager completed NZACA two-day course which included mental health components, and IPC related training.</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>Burlington has fully implemented the quality and risk management programme which has been designed and developed by Qestral. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions completed in a timely manner. Monthly health and safety, combined quality/staff meetings, and clinical meetings ensure that quality data is communicated, discussed and issues acted upon. Infection control meetings are held bimonthly. Corrective action plans are documented at the end of each set of minutes, detailing actions to be taken and signed off by the facility nurse manager once completed. The corrective action log is discussed at each meeting to ensure the outstanding matters are addressed. The clinical meetings include resident care studies and reflective practice as a learning and development process for the RNs. Covid 19 preparedness is evident at all levels of the service and strategies are well documented to reflect the current Covid 19 response framework.</p> <p>The 2020 and 2021 resident satisfaction survey showed overall satisfaction with the service provided, with 92% (in 2021) of respondents agreeing they are treated with respect during service delivery. Shortfalls were identified around the food services and call bell response times. Additional training was put in place around the use of the pagers, and a corrective action was in place for addressing issues with the food service. Progress is recorded against the corrective actions. The results of the resident survey were sighted as discussed at the quality/staff meetings, clinical meetings, and resident/family meetings. The corrective action log had corrective actions in place around all areas of lower satisfaction.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms and an up-to-date electronic and paper hazard register is in place. The hazard register is reviewed at the monthly health and safety meetings.</p>

		<p>Health and safety policies are implemented and monitored by the monthly health and safety committee. Committee members include the health and safety officer/facility nurse manager and three health and safety representatives and two registered nurses. All representatives have completed a stage 2 health and safety course. There are regular manual handling sessions taken by the physiotherapist. The noticeboard keeps staff informed on health and safety meetings. There are nominated workplace advocates that support management in promoting the wellbeing of the employees.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. There is a falls committee that meets six-monthly in support of the facility's falls prevention strategies. Staff complete annual manual handling competencies and training in falls prevention. The service contract a physiotherapist four hours a fortnight who provides exercises and assessments for mobility equipment including the use of bed loops. Bed loops are defined in the restraint/enabler policy as mobility equipment.</p> <p>Healthcare assistants interviewed could describe falls prevention strategies as documented in care plans.</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>Individual electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trending. Results are discussed at the meetings. Thirteen resident related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and timely follow-up by a registered nurse. Neurological observations are conducted for suspected head injuries and unwitnessed falls, relatives were notified following each incident as they wished (discussed on admission when they would like to be notified). Opportunities to minimise future risks were identified where possible.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four section 31 notifications completed for incidents in 2020 including one unstageable facility acquired pressure injury and a sudden death had been referred to the coroner with no inquiry followed (letter sighted February 2020). Two HealthCERT notifications were made for the change in facility nurse manager and clinical nurse manager. There have been no outbreaks at Burlington Village.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed (clinical nurse manager, one registered nurse (unit manager), one diversional therapist (DT), two HCAs and one kitchen manager) evidenced implementation of the recruitment process, employment contracts and completed orientation. Appraisals were completed for four staff that have been in employment for 12 months or more. A register of practising certificates is maintained.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for</p>

<p>conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>safe work practice and includes buddying when first employed. Staff need to be fully vaccinated against Covid19 to commence or continue with employment.</p> <p>A competency programme is in place. Core competencies have been completed, and a record of completion is maintained.</p> <p>There is an annual education and training schedule which has been completed for 2020/2021 and the 2022 plan is being implemented. All compulsory training sessions were completed with good attendance numbers (records sighted). Education sessions include Covid 19 preparedness and drills, hand hygiene, using of PPE and isolation precautions. All staff have completed internal and external training related to dementia and management of challenging behaviour</p> <p>Burlington Village has access to online training, sessions are available for each month for staff to complete. Registered nurses complete external clinical training. There are eight RNs employed and six are interRAI trained and meeting their obligations for maintaining their competency.</p> <p>The healthcare assistants are encouraged to undertake aged care education (Careerforce). Currently there are 21 healthcare assistants with level 4 New Zealand Qualification Authority (NZQA) and eight with level 3 NZQA. There are 17 HCAs and one DT working in the dementia unit and 16 completed the related dementia standard training, one is currently enrolled.</p> <p>Training for clinical staff is linked to external education provided by the district health board and other agencies (Stroke foundation, Dementia care Canterbury, Aged care association study days). Clinical training sessions include pressure injury management, stroke study day, oral health, culture safe training, critical thinking, first aid, palliative care, management of Parkinson's, infection control and dementia related training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There are policies and procedures to ensure staffing ratios are within guidelines. The registered nurses all have current first aid certificates.</p> <p>There are currently 22 rest home residents and 29 hospital level residents (for occupancy up to 64)</p> <p>The facility nurse manager and the clinical nurse manager are available Monday to Friday each week and share on call. They are supported by a unit coordinator (overseeing rest home, hospital, and dementia) working Monday to Thursday.</p> <p>There are two registered nurses on the morning shift (7am-2.30am and 7am-3.30pm) and two RNs on the afternoon shifts (3pm-11.15pm and 1.30pm-9.30pm) and one registered nurse on night shift that also oversees the dementia unit.</p> <p>AM: Ten healthcare assistants (HCAs); 4x 7am- 3pm and 4x 8.30am -1.30pm. With a further one working Monday-Friday a mix of 8.30am -1.30pm or 7am-3pm and another working Monday- Thursday 7am-1.30pm.</p>

		<p>PM: nine HCAs; three working 3pm-11.15pm, and six working 3pm-9.30pm.  Night: two HCAs 11pm-7am.  Diversional Therapist: Monday to Friday 8.30am-4.30pm and an activity support person 9am-4.30pm Monday-Thursday.</p> <p>There are currently 20 residents in the dementia unit (20 beds)  AM: One RN rostered 8am -4.30pm and three HCA (7am-3pm and 7am- 1.30 pm). The afternoon RN (1.30pm-9.30 pm) for the rest home/ hospital assists in the dementia unit.  PM: Three HCAs; Two from 3pm-11pm and one from 4pm-10pm.  Diversional therapist: Sunday to Friday 8am-4.30pm.  The night shift is covered by one HCAs (medication competent) who is rostered from 11pm to 7.15 am.  Residents, relatives, and staff interviewed stated they felt staffing was satisfactory. Staff confirmed hours are extended if acuity of residents required this.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>There are clearly documented policies and procedures documented and implemented for medication management. Access to medication information is readily available either electronically or in hard copy. All medications are stored safely in the central medication room of the care facility and in the nurse's station in the dementia unit (Lakehouse). The supplying pharmacy deliver the medication blister packs monthly or earlier if required. All medications are checked on delivery by the RN against the medication chart (documented within Medi-Map) and any pharmacy errors are recorded and fed back to the supplying pharmacy.</p> <p>The medication fridge is checked daily, however not all temperatures have been maintained within the acceptable temperature range. Medication room temperatures are monitored and are within the required range. All eye drops sighted in the medication trolleys were dated on opening.</p> <p>Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP (or previous nurse practitioner) had reviewed the medication charts three monthly. 'As required' medications had prescribed indications for use. Controlled medications were stored as per legislation. Weekly quantity stocktake were completed and signed by two registered nurses however the resident entries were not always signed by two staff. Staff were observed during the lunchtime medicines round and correct procedures are followed. The RNs interviewed were knowledgeable about medication management.</p> <p>Clinical staff who administer medications (registered nurses, and medication competent healthcare assistants) have been assessed for competency on an annual basis. Annual medication education was held in July and December</p>

		<p>last year. Registered nurses have completed syringe driver training. There was one resident self-administering medication on the day of the audit. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent and safe storage of the medications. A competency form had been completed and the resident had a locked safe in her room.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All baking and meals are cooked on-site at Burlington Village by qualified and cook and chefs in a spacious and well-equipped purpose-built kitchen with areas for food preparation, cooking, baking, serving, and cleaning. The kitchen is situated between two dining rooms. There is a team of kitchen staff including a kitchen manager, chef, and eight kitchen assistants. A kitchen manager oversees the food services. All meals and baking are prepared and cooked on-site by qualified chef/cook.</p> <p>All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. Food is probed for temperature and transferred to the hot box until serving. Meals are transported in a hotbox to the dementia unit and served from a bain-marie by the HCAs. Special equipment such as 'lipped plates' and built-up spoons are available as needs required. A current food control plan is in place expiring 18 June 2022.</p> <p>Kitchen staff check meal temperatures before serving and for those residents having meals in their rooms, meals are plated hot in the kitchen and transported to resident rooms. Plates are covered by thermal covers. On the day of audit, there were three meals that were not yet served and temperatures of all three were checked and found to be in an acceptable range. The shortfall identified at the certification audit has been addressed.</p> <p>All kitchen assistants have either completed or are going through a national training programme. Kitchen staff are supported to complete the level two catering assistant course. All kitchen staff have completed food handling through orientation and via external national programmes. All food services staff have completed food safety.</p> <p>An external consultant dietitian annually reviews the summer and winter menus. There is access to a community dietitian.</p> <p>The kitchen manager receives resident dietary profiles and is notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes. Residents stated there are alternative options available when requested.</p> <p>The dementia care unit has snacks including fruit platters available 24-hours per day. There are food supplements available for residents with weight loss, these include drinks as well as additives to food to increase caloric value. All residents are weighed monthly or more often as necessary.</p> <p>Survey results around food showed a satisfaction improvement from the previous year. Residents interviewed were happy with the meal temperatures.</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>FA</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP or nurse specialist consultation. The family members confirmed on interview they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications were documented in the resident file sampled in the family/whānau electronic contact notes. Mental health services input is evident in the care of residents in the dementia unit.</p> <p>Care plans reflect the required health monitoring interventions for individual residents including for challenging behaviours. The short-term care needs were integrated into the long-term plan.</p> <p>There were 21 wounds; fifteen hospital, three dementia and four rest home (skin tears, chronic wounds, and surgical wounds) being treated on the day of the audit. All wounds had an assessment, management plan and evaluations completed as scheduled.</p> <p>The GP is involved with clinical input for wounds and the wound care specialist nurse is accessed as required. Pressure injury prevention interventions were documented in the care plans for residents identified at risk of pressure injury.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to) weights, observations included vital signs, pulse oximeter readings, turning schedules and fluid balance recordings.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by an experienced activities officer and three diversional therapists and includes activities from Monday to Friday and include a Sunday in the dementia unit till 4.30pm. Residents receive a copy of the programme which has the daily activities displayed and includes individual and group activities. Families also receive a copy of the monthly programme, photos of their family member participating in activities and a monthly newsletter.</p> <p>A resident activity assessment is completed within 48 hours of admission and the social section of the long-term care plan is completed within 21 days. The activity team are involved in the six-monthly review of resident's care plan with the RN.</p> <p>Group activities include daily exercise groups, music, church, painting classes, doggy day-care, newspaper reading, board games, quizzes and activities, entertainers, outings, and movies. Community visitors include weekly visits by a Chaplin, church services, and entertainers. Volunteers and community visitors including entertainers are required to be fully vaccinated and scheduled entertainment or restrictions occur within the Ministry of Health Covid 19</p>

		<p>preparedness framework. One-on-one activities includes walks, hand massage, library, pamper sessions, nail manicure, listening to music and discussions on topics that interest the resident. Special events include armchair travel which provides interactive opportunities for residents to participate and recall the experience of flying, border processing and associated cultural norms such as food, dancing, clothing etc</p> <p>Residents are assisted to maximise their potential for self-help and to maintain links with whānau and the community by supporting them to go out into the community. The younger people (YPD) choose activities they wish to participate in (if able). One on one time is spent with the younger person. Residents that cannot actively participate in activities are also included.</p> <p>The service has a van for outings into the community which is used for outings to shop malls, cafés, and visits to other rest homes.</p> <p>Residents in the dementia unit had a '24-hour care plan` is completed to assist HCAs to maintain routines, special hobbies and interests to use as part of interventions to manage any behaviours. Activities are appropriate for the residents in the dementia unit and include sensory and reminiscing activities. There are resources available for care staff to use for one-on-one time with the resident. Staff could describe a low stimulus environment.</p> <p>The service receives feedback and suggestions for the programme through resident meetings, one-to-one interactions, and surveys. Survey results in November last year identified 90% satisfaction with the activities programme. On the day of audit, a high level of attendance at the church service and newspaper reading was observed. The residents and relatives interviewed were all happy with the variety and frequency of activities provided.</p> <p>Younger persons are encouraged to pursue community activities and age-appropriate activities.</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>The GP completes three monthly resident reviews (including a medication review) and more frequently where required. Evaluations within electronic long-term care plans reviewed described the resident's progress against the resident's identified goals. InterRAI assessments had been completed in conjunction with the six-monthly reviews. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. Ongoing nursing evaluations occur as indicated and are documented within the electronic progress notes. The multidisciplinary review involves the RN, GP, activities staff and resident/family. If unable to attend, family are notified of the outcome of the review. Relatives interviewed confirmed involvement in the care review meetings.</p>
<p>Standard 1.4.2: Facility Specifications</p>	<p>FA</p>	<p>The building has a code of compliance which expires 1 May 2022. There is a maintenance request book for repair and maintenance requests, located at the reception. This is checked throughout the day and signed off when repairs have been completed. The planned maintenance schedule includes electrical testing and tagging, resident</p>

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>equipment checks, calibrations of weigh scales and clinical equipment and testing and tagging of electrical equipment. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. Essential contractors/tradespeople are available 24 hours as required.</p> <p>The corridors in the main building are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. Outdoor areas had seating and shaded areas available. There is safe access to all communal areas.</p> <p>The dementia unit has a keypad entry and is secure. The internal space provides for a dementia friendly environment for easy navigation. There is a large enclosed secure garden with a high fence. There is seating and shade available. Safe access to the outdoor spaces including well maintained paths promote safe mobility.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The surveillance policy describes the purpose and methodology for the surveillance of infections. Definitions of infections are appropriate to the complexity of service provided. Individual infection report forms are completed for all infections and are kept as part of the on-line resident files. Infections are included on an electronic register and the infection prevention officer (clinical nurse manager) completes a monthly report. There are monthly comparisons of data. Outcomes are discussed at the infection control team meeting, registered nurse, quality/staff, and management meetings. Trends are displayed on the staff noticeboard. The service continues to implement strategies to reduce urinary tract infections.</p> <p>There is close liaison with the GPs and laboratory service that advise and provide feedback and information to the service. Systems in place are appropriate to the size and complexity of the facility. There have been no outbreaks since the last audit.</p> <p>A Covid-19 preparedness framework is implemented at all levels of service delivery. Outbreak management training is part of the general annual infection training for staff and last occurred in August 2021. All visitors to the facility are required to sign in electronically, wear a mask, show a vaccine passport on entry, complete a health declaration and covid QR scanning. There are special arrangements for unvaccinated visitors.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation of any restraint and enablers is reviewed through internal audits, RN, and facility meetings. Interviews with the staff confirmed their understanding of restraints and enablers.</p>

restraint is actively minimised.		Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, there were no residents with restraint or enablers. Healthcare assistants interviewed were able to describe the differences between restraint and enablers and education records (sighted) annual restraint minimisation and managing of challenging behaviour training.
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>The medication fridges are checked daily, and temperatures recorded however recent temperatures were documented below zero. On the day of audit, it was noted that the probe was situated adjacent to the freezer compartment. The existing form did not identify acceptable ranges and was updated on the day of audit to include ranges and required corrective actions if outside the range.</p> <p>Controlled drug entries included the date, time, resident name, prescribing doctor, drug name and doctor. All resident transaction entries require signatures of two staff however not all entries documented this.</p>	<p>(i). The temperatures of the medication fridge in the care centre were noted to have been consistently below zero since 25 December 2021.</p> <p>(ii). Two resident transaction entries in the controlled drug register did not include a second staff</p>	<p>(i). Ensure corrective actions are initiated when temperatures are outside of the acceptable range.</p> <p>(ii). Ensure all resident transaction entries</p>

			signature.	include two signatures.  60 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
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	There is a range of clinical indicator data including weight loss, behaviours medication errors, restraint, complaints, infections, and wounds that are collated each month. Data are presented at various meetings to ensure a team approach to ensure the best individual strategies are implemented to improve each resident's outcomes. In January 2020, the facility identified an unstageable facility acquired heel pressure injury. The facility documented a quality goal and quality improvement plan to minimise and eliminate pressure injuries and identified at stage one and resolved before further deterioration.	The infection control officer (clinical nurse manager) with input from the HCAs and registered nurses and that through the current good culture of reporting (clear responsibilities and accountability) identified that pressure injuries can be prevented through early identification, improved knowledge and accountability and early interventions. A quality plan was developed to continue to maintain low incidences of pressure injuries. Staff and training records evidence a robust training and upskilling of staff to include an all-inclusive approach in pressure injury prevention. All registered nurses had completed external pressure injury prevention and wound training through the wound society and DHB. Education sessions include the proper use of equipment.  Documentation reviewed including care plans, interventions, progress notes, allied health notes and monitoring forms (turning and repositioning) evidence an integrated approach to pressure injury prevention to include the whole team and whole person with

			<p>participation of the resident and family. Strategies include fluid management through set fluid rounds, different coloured pillowcases were introduced for pillows that are used to support the body parts, GP involvement to chart daily moisturisers, daily input from a registered nurse when a pressure injury is identified.</p> <p>HCA's interviewed confirm they are kept informed through ongoing communication to implement early interventions and preventing of further deterioration of pressure injuries should they occur. Strategies include fluid rounds at certain times of the day to improve hydration, involvement of the GP to prescribe daily charted moisturiser, supplements are utilised to assist with nutrition needs to prevent unintentional weight loss and improve wound healing, extensive education on early identification of at-risk residents and early utilisation of equipment (air alternating mattresses) to assist with prevention of pressure injuries.</p> <p>A review of the clinical indicator data for 2020/2021, notification forms and wound registers indicated there were no stage two, three or unstageable pressure injuries since January 2020. Other wound management documentation evidence early interventions from registered nurses with timely progression towards healing. The clinical nurse manager stated the team is proud of maintaining the goal and this has improved health outcomes including improved comfort and quality of life for the residents.</p>
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End of the report.