

Aria Park Senior Living Limited

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Aria Park Senior Living Limited
Premises audited:	Aria Park Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 April 2014 End date: 16 April 2014
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	75

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

Aria Park Retirement Village provides rest home and hospital care for up to 130 with 86 beds certified as rest home level (including 10 dual purpose beds, RH & Hospital and 46 Serviced apartments). Aria Park is owned by Aria Park Senior Living Ltd, which is privately owned. There were seventy five residents in the rest home and hospital facility on the day of the audit. This certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board.

The management team includes the owner/managing director, the facility manager, and two clinical managers who together are responsible for the overall management of the facility. They are supported by a senior manager from another care facility owned by the owners. Service provision is monitored. Staffing levels are appropriate for the services provided, are reviewed daily and take into consideration the needs of the residents. The service has an implemented quality and risk management system that is reviewed and refined to improve service delivery and minimise risk.

There are no areas requiring improvement.

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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Staff demonstrated good knowledge and practice of respecting residents' rights in their day to day interactions. Staff receive ongoing education on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Families interviewed expressed satisfaction with staff who work in a caring and respectful manner.

There is one resident who identifies as Maori residing at the service at the time of audit. The service providers report there are no known barriers to Maori residents accessing the service. Services are planned to respect the individual culture, values and beliefs of the residents.

Written consents are obtained from the residents' family/whanau, enduring power of attorney (EPOA) or appointed guardians. Signed consent forms were sighted in all residents' files reviewed.

The organisation provides services that reflect current accepted good practice. This is evidenced in the guidelines for service delivery. The care staff have completed, or are enrolled in, national unit standards for the care of the elderly. There is regular in-service education and staff access external education that is focused on aged care and best practice.

Links with family and the community are encouraged and maintained.

There is a documented complaints management process for residents, family/whanau to provide feedback easily. Appropriate forms are available and accessible. Residents interviewed stated they are aware of how to make a complaint if necessary. Complaints are well managed by the facility manager with investigations and actions being completed professionally. Complaints are used to improve service delivery. The complaints register is current and up-to-date.

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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Aria Park Retirement Village has a documented quality and risk management system that supports the provision of clinical care and support for residents. The scope, vision, direction and objectives of the service are documented in the Aria Park Village Quality Improvement Risk and Management Action Plan which is implemented. The adverse event reporting system is a planned and coordinated process. The operations manager is responsible for the documentation control system for the organisation. The chief executive officer signs off any changes and/or new policies.

There are human resources policies implemented around recruitment, selection, orientation and staff training and development.

Staffing levels and skill mix of staff meet the changing needs of residents and is based on an appropriate staffing rationale.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Preadmission information clearly and accurately identifies the services offered. The service has policies and processes related to entry into the service.

Services are provided by suitably qualified and trained staff to meet the needs of residents. Residents have an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. The service meets the contractual times frames for the development of the long term care plan. When there are changes in the resident's needs, a short term care

plan is implemented to reflect these changes. The care plan evaluations are conducted at least six monthly on all aspects of the care plan. All residents are part on the interRAI assessment programme.

Residents are reviewed by a GP on admission to the service and at least three monthly, or more frequently to respond to any changing needs. The provision of services is provided to meet the individual needs of the residents. A team approach to care is provided ensuring continuity of services. Referrals to other health and disability services is planned and coordinated, based on the individual needs of the resident. The families interviewed report that interventions are consistently implemented as planned.

The service has a planned activities programme to meet the recreational needs of the residents. Residents are encouraged to maintain contacts with family and the community.

A safe medicine administration system was observed at the time of audit. Staff responsible for medicine management are assessed as competent to do so.

Residents' nutritional requirements are met by the service with likes, dislikes and special diets catered for and food available 24 hours a day. The service has a four week, summer/winter rotating menu which is approved by a registered 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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All building and plant complies with legislation. The building warrant of fitness was displayed.

Documented processes for the management of waste and hazardous substances are in place. Staff receive training to ensure safety is not compromised. Compliance with appropriate legislative requirements are met.

Hazard reporting systems and a hazard register are available for all areas of service delivery in the rest home and hospital care settings. The health and safety programme is closely linked with the infection control and the organisation's risk management system.

The environment is appropriate for the needs of residents with suitable rooms, fixtures, fittings, floor and wall surfaces. Residents' rooms are of an appropriate size to allow for care to be provided safely.

Essential emergency and security systems are in place with regular fire drills completed. A new call system allows residents to access help when needed.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The service has minimal recorded restraint or enablers in use. Enabler use is voluntary and the least restrictive option. The related policies and procedures comply with the Standards. Safety is promoted at all times.

Staff education covers all required aspects of restraint and enabler use along with alternatives to restraint and behavioural management. Staff were familiar with and understood restraint and enabler use processes as defined in policy.

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 service has an appropriate infection prevention and control management system implemented to reduce the risk of infections to staff, residents and visitors. The service's infection prevention and control policies and procedures reflect current accepted good practice. Relevant education is provided for staff, and when appropriate, the residents. There is a monthly surveillance programme, where infections information is collated, analysed and trended with previous data. Where issues are identified actions are implemented to reduce infections. The infection surveillance results are reported at the staff meetings. An external contractor benchmarks all data with other facilities in the Aria Park Senior Living Limited group.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	50	0	0	0	0	0
Criteria	0	101	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	<p>FA</p>	<p>The rights policy contains a list of consumer rights that are congruent with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The service policy states the Code is displayed and available to all residents and monitored to ensure the rights of residents are respected. The policy meets the intent of this standard. New residents and family are given a copy of the Code on admission and a copy is displayed on the wall in full view for residents, caregivers and visitors. On commencement of employment all staff receive induction training regarding residents' rights and their implementation.</p> <p>The clinical staff interviewed demonstrated knowledge on the Code and its implementation in their day to day practice. At the time of audit staff were observed to be respecting the residents' rights in a calm manner that de-escalates and redirects those residents with cognitive impairment.</p> <p>Family and residents reported on interview that they understand the Code of Rights and are treated with respect and dignity.</p>

<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	<p>FA</p>	<p>A detailed informed consent policy is in place. The service ensures informed consent is part of all care plans and contact with families. Every resident has the choice to receive services, refuse services and withdraw consent for services. If a resident is cognitively aware they will decide on their own care and treatments unless they indicate that they want representation. Informed consent is closely linked with the Residents' Code of Rights and Responsibilities.</p> <p>The residents' files reviewed had consent forms signed by the resident, family and enduring power of attorney (EPOA). The caregivers interviewed demonstrated their ability to provide information that residents require in order for the residents to be actively involved in their care and decision-making. Staff interviewed acknowledge the resident's right to make choices based on information presented to them. Staff also acknowledged the resident's right to withdraw consent and/or refuse treatment, with the staff demonstrating good knowledge on management of the resident's needs.</p> <p>Residents are giving the opportunity to discuss advanced directives with the GP and complete the documentation if they choose.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>The advocacy policy documents that all residents receiving care within the organisation's facilities will have appropriate access to independent advice and support, including access to a cultural and spiritual advocate whenever required.</p> <p>The families/whanau interviewed reported that they were provided with information regarding access to advocacy services. Family/whānau are encouraged to involve themselves as advocates when required, as evidenced in interviews with families. Contact details for the Nationwide Health and Disability Advocacy Service is listed in the resident information booklet and with the brochure available at the entrances to the service. Related education for staff was last conducted as part of the in-service education programme.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and</p>	<p>FA</p>	<p>There are no set visiting hours and family are encouraged to visit. This is confirmed by families and residents interviewed. Residents are supported and encouraged to access community services with visitors or as part of the planned activities programme.</p>

their community.		
<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 organisation`s complaints policy and procedures is in line with the Code and included timeframes for responding to a complaint. Complaint forms are available throughout the facility.</p> <p>A complaints register is in place and the register included the date the complaint was received, the source of the complaint, a description of the complaint, and the date the complaint was resolved. Evidence relating to each logged complaint was held in the complaints folder. Most complaints were acknowledged on the same day by email letter. All complaints were closed out except for one 2014 Health and Disability Commissioner Complaint which is currently being investigated, and for which the service provider is awaiting further correspondence.</p> <p>This complaint was followed through by management as per policy developed and implemented and each stage has been documented. A section 31 incident notification form was completed and a copy retained in the resident`s records. The Ministry of Health (MoH) and the DHB were notified at the time of receipt of the adverse event and the complaint. The adverse event was managed effectively by management. The progress notes were completed. Open disclosure occurred timely and the resident`s family have been kept informed. The notification date was recorded in the complaints register.</p> <p>Two other complaints reviewed indicated that the complaints were investigated promptly with the issues resolved in a timely manner.</p> <p>Complaints are managed fairly and are used to improve the quality management of this facility. Feedback is provided to staff as required.</p> <p>Residents and family members interviewed stated that they would feel comfortable making a complaint if they felt it was necessary.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>A copy of the Code and information about the Nationwide Health and Disability Advocacy Service is provided to the resident and family on admission. The admitting staff go through the Code with the resident/family on admission.</p> <p>The family/whanau available for interview reported that the Code was explained to them on admission and was part of the admission pack.</p>

		Interviews were also conducted with residents who were able to provide insight into their care, and they reported they are treated well and are happy at the facility.
<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>A dignity and privacy policy requires the visual privacy and personal space of residents to be respected and observed at all times and that staff will facilitate the use of private space for interaction with visitors and significant others.</p> <p>The family/whanau members interviewed reported that their relative was treated in a manner that shows regard to the resident's dignity, privacy and independence. The nurse manager reported that families agree and understand the sharing of the showering/toilet facilities prior to selecting the room.</p> <p>The residents' files reviewed indicate that residents received services that are responsive to their needs, values and beliefs of culture, religion, and social and ethnic group. The family/whanau interviewed reported high satisfaction with the way that the service meets the needs of their relatives.</p> <p>As observed on the day of audit and confirmed with review of the residents' files, residents receive services in the least restrictive manner. The family/whanau interviewed expressed no concerns in relation to abuse or neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The policies acknowledge the organisation's responsibilities to Maori residents and in accordance with the Treaty of Waitangi. The organisation is committed to identifying the needs of its residents and ensuring that staff are trained and capable of working appropriately with all residents in their care. The provision of culturally appropriate services and the identification and reduction of barriers are part of the organisation's objectives. Aria Park is responsible for promoting and pursuing consultation, involvement and participation with the local iwi.</p> <p>The nurse manager/RN reported there is one Maori resident present and evidence was seen of specific cultural requirements to cater for this resident's needs. The caregivers interviewed demonstrated good understanding of services that are commensurate with the needs of the Maori resident and importance of whanau.</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>	<p>FA</p>	<p>The spiritual, religious and cultural standard operating procedure documents that the admission process includes assess specific cultural, religious and spiritual beliefs, which includes any cultural requirements. This ensure resident's individual cultural needs are met,</p> <p>Staff receive annual training in cultural awareness across a number of cultures as seen in the training schedule for 2014.</p> <p>Family and residents reported they are given the opportunity to express their own cultural or spiritual needs and this was discussed on admission.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The staff files reviewed have job descriptions and employment agreements that have clear guidelines regarding professional boundaries. The family and resident interviews reported they are happy with the care provided. The families interviewed expressed no concerns with breaches in professional boundaries and all reported satisfaction with the caring manner of the staff.</p> <p>Staff are trained in the management of challenging behaviours to ensure all residents live in a safe environment.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice promotes and encourages good practice as evidenced in interviews with the nurse manager/RN and caregivers. Examples included policies and procedures that are linked to evidence-based practice, regular visits by the GP, links with the local mental health services, palliative care services and the DHB and care guidelines which are utilised. The gerontological nurse specialist visits residents as required to consult for additional care advice.</p> <p>All of the caregivers have completed or are enrolled in education specific to specialist dementia care. There is regular in-service education and staff access external education that is focused on aged care and best practice. The caregivers interviewed reported they are very satisfied with the relevance of the education provided.</p> <p>The family and residents interviewed expressed satisfaction with the care delivered.</p>
<p>Standard 1.1.9: Communication</p>	<p>FA</p>	<p>The open disclosure policy is based on the principle that residents and</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>their families have a right to know what has happened to them and to be fully informed. The families interviewed confirmed they are kept informed of their relative's status, including any events adversely affecting the resident. Evidence of open disclosure is documented in the family communication sheets, on the accident/incident form and in the residents' progress notes.</p> <p>The cultural appropriateness standard operating procedure documents states that residents and relatives who do not speak English shall be advised of the availability of an interpreter. There was evidence of contact details for an interpreter with the DHB. The service promotes an environment that optimises communication through the use of interpreter services as required and staff education related to appropriate communication methods. The service has not required access to interpreting services for the residents.</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>Aria Park Retirement Village is governed by a management group and is one of three aged care facilities owned by the company. The management team includes the owner/director, an acting operations manager/manager of another facility, the facility manager and two clinical managers. All work closely together with a monthly management meeting documented.</p> <p>The vision and philosophy are displayed throughout the service and are documented in the staff and resident information booklets. The Quality Improvement, Risk and Management Action Plan documented the organisation's commitment to the provision of quality support and care in all areas of service delivery.</p> <p>The quality plan sets out the purpose, principles and actions to ensure continuous quality improvement throughout the services. The plan is approved by the chief executive officer (CEO). The facility manager is supported by the acting operations manager who provides guidance and support, ensuring goals are achieved within the specified timeframes.</p> <p>The standing agenda for the monthly quality improvement meeting is comprehensive. The Aria managers' forum reviews and evaluates the progress of each facility at the three monthly forums.</p> <p>The service is managed by a facility manager with relevant aged care experience. The manager has completed the management training for</p>

		the interRAI assessment tool. The manager has completed relevant ongoing education and professional development.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the manager the clinical manager is available and suitably experienced to cover this service. The clinical manager has a current annual practising certificate and has worked at this facility for eighteen years and eight years in this role. The clinical manager has completed both management and the full interRAI training. All training undertaken is relevant to aged care.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The Quality Improvement, Risk and Management Action Plan for 2014/2016 identified objectives and action planning and supports to reach identified goals. The overall objective is to meet the needs of the residents and enhance satisfaction with support/care services. The quality plan covers all aspects of service delivery with actions shown on how to minimise identified risks, who is responsible and the timeframe for implementation.</p> <p>There are policies and procedures covering all aspects of service delivery. There is a system for reviewing the policies and procedures for the organisation. All policy manuals are reviewed two yearly. Any changes that occur are authorised by the acting operations manager and the CEO. When any changes are made, staff are notified. All master copies are retained by the facility manager. Obsolete documents are stored appropriately in the archives and can be retrieved if and when required.</p> <p>The monthly audit compliance calendar July 2013 to July 2015 has been implemented. There is benchmarking between the three facilities owned by the directors. All key performance requirements are analysed and evaluated three monthly at the managers' forum. Corrective action requests are developed and actioned as required to evidence the summary of an event, the improvement required and the outcome.</p> <p>The quality and risk system and plan is comprehensive and clearly defines objectives to meet. The document is developed to provide a framework for monitoring and evaluation of quality improvement activities over a two year period. The Business Risk Management Plan covers being a good employer, responsible planning, safe environment, internal audits and succession planning. The action plan developed</p>

		<p>covers human resources management, staffing, disaster planning by civil defence, restraint, infection control, health and safety and risk management.</p> <p>The risk register is available and maintained by the facility manager. A flow chart is available to demonstrate the hazard management process. A list is located in each service area, for example, the kitchen, medication room, and manual handling, biological hazards, chemical hazards and contractors on site are all recorded.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The management team is fully informed and have a good understanding of the statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority to contact if and when required. This included unexpected deaths, critical incidents, infectious disease outbreaks or the police. One adverse event was reported to HealthCERT (the Ministry of Health) and the district health board (DHB) in 2014.</p> <p>A sample of completed adverse event forms were reviewed and these are fully completed. Policy and procedures are up to date and cover all required aspects of adverse event reporting to guide staff. The service is committed to providing an environment where all staff are able and encouraged to recognise and report errors or mistakes. Staff receive education at orientation and as part of the ongoing training programme on the incident and accident reporting process. Staff interviewed understood the adverse event reporting process and their obligation to document all untoward events.</p> <p>Information gathered around incidents/accidents is analysed with evidence of improvements put in place. Any trends are benchmarked and reported back to staff.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There is a system in place for verifying the professional qualifications of the registered nurses, allied health professionals and other contracted health professionals.</p> <p>The organisation has a human resource system which reflects professional good practice and meets legislative employment requirements. There is an orientation programme that is comprehensive and job descriptions are available for all staff. Performance appraisals</p>

		<p>are completed annually for all staff employed.</p> <p>An education plan is developed and implemented. Education attendance records are fully maintained by the facility manager and copies of certificates are retained in the personal staff records. A flyer is displayed in advance of impending education on the staff notice board. Topics are varied and relevant. Staff interviewed stated they had opportunities to attend educational sessions. External opportunities are also available for staff to attend education sessions at the DHB or meetings in the community available. After six months of employment care givers are expected to commence the Aged Care Education (ACE) programme or related modules if required. The registered nurses and senior care staff responsible for medication management complete medication competencies and these were sighted.</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>	FA	<p>Policy clearly sets out the process to determine service provider levels and skill mix to ensure safe service delivery. The acting operations manager interviewed stated management is committed to ensuring the facility is adequately covered at all times.</p> <p>The facility manager is well supported with two clinical managers and care staff. Factors taken into consideration related to staffing requirements include the ability to meet the facility's goals and objectives, the assessed needs of the residents, resident support and care levels, clinical indicators, safety and security of staff and residents, agreement requirements and the ability to provide residents with the appropriate values and beliefs. Additional staff are allocated as required. Casual staff are available.</p> <p>The rosters sighted provided evidence of adequate coverage for the rest home and hospital service. Coverage is for seven days a week twenty four hours a day.</p> <p>Residents and families interviewed confirmed staffing was adequate to meet their/their relative's needs.</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>Residents' information and files are stored securely and are not on public display. The resident's name, date of birth and national health index (NHI) number are used as the unique identifier on all resident's information sighted. Clinical notes reviewed were current and accessible</p>

		<p>to all clinical staff in an integrated file. On the day of admission all relevant information is entered into the resident's file by the RN following an initial assessment and the doctor when he visits.</p> <p>A register is maintained is all residents by the facility administrator electronically.</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>The service has an admission/enquiry form that records the preadmission information. An enquiry folder holds a record of all enquiries. The resident admission agreement is based on the Aged Care Association agreement which is individualised to the service. The residents' records reviewed have signed admission agreements by the resident/family or EPOA.</p> <p>The entry criteria sighted and the service website clearly identifies what services are provided. Vacancies are updated daily through Eldernet and Aria Park Retirement Village also utilises their own website.</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>Risks are identified prior to planned discharges as confirmed by interview with the RN. A transfer form is used that identifies risks. There is open communication between the service and family related to all aspects of care, including exit, discharge or transfer. The discharge form and care plan summary is provided and covers all aspects of care provision and intervention requirements, including any known risks or concerns. The service uses the DHB's processes and forms for admission and discharge to and from the acute care 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>The medication management policy and procedure clearly describes the processes to ensure safe administration of all medications. This includes competency requirements, prescribing, recording, the process when an error occurs as well as definitions for 'over the counter' medications that may be required by residents. The sighted policies meet the legislative requirements and best practice guidelines.</p> <p>Medicines for residents are received from the pharmacy in a pre-packed delivery system. A safe system for medicine management was observed on the days of audit. Medicines are stored in locked medicine trolleys in the store room. Medicines that require refrigeration are stored in a separate fridge.</p>

		<p>The medicine charts reviewed have been reviewed by the GP at least three monthly, with this recorded on the medicine chart. All prescriptions sighted contained the date, medicine name, dose and time of administration. All medicine charts have each medicine individually prescribed. There is a specimen signature register maintained for all staff who administer medicines. All the medicine files reviewed have a photo of the resident to assist with the identification of the resident. Medicine signing sheets are completed on the administration of medicine on the day of audit.</p> <p>There are documented competencies sighted for the staff (RN and caregivers) designated as responsible for medicine management. The caregiver administering medicines at the time of audit demonstrated competency related to medicine management.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The Kitchen and Food Handling policy states the food handling areas and practices will meet the requirements of the Food Act 1981. It includes guidelines for cleaning with a separate cleaning schedule, temperature requirements, hygiene standards for staff, purchasing of food, checking, storage and waste handling. Regular monitoring and surveillance of the food preparation and hygiene is to be carried out.</p> <p>There is a four week rotating menu with summer and winter variations. The menu has been reviewed by a dietitian. Where unintentional weight loss is recorded, the resident is referred to a dietitian for review, as seen in one of the resident's files reviewed.</p> <p>A nutritional profile is completed for each resident by the RN at the time of admission and this information is shared with the kitchen staff to ensure all needs, wants, dislikes and special diets are catered for. There is food and nutritional snacks available 24 hours a day. The family and residents reported they are satisfied with the food and fluid services.</p> <p>The facility is introducing an 'a la carte' presentation and a second choice menu. A buffet breakfast is available in the rest home and plans to extend this are underway.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal complies with current legislation and guidelines.</p>

		<p>Fridge and freezer recordings are observed daily and recorded at least weekly, with the recordings sighted meeting food safe requirements. The kitchen staff have undertaken food safety management education appropriate to service delivery.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services 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 nurse manager interviewed reported that the service does not refuse a resident if they have a suitable Needs Assessment and Service Coordination (NASC) assessment for the level of care and there is a bed available. In the event that the service cannot meet the needs of the resident, the resident, family and NASC service will be contacted so that alternative residential accommodation can be found.</p> <p>If the resident's needs exceed the level of care provided, they are reassessed and an appropriate service is found for the resident. The resident agreement includes a statement for when a resident is required to leave the service. The admission agreement has a clause on when the agreement can be terminated and the need for reassessment if the service can no longer meet the needs of the resident.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The service has implemented the electronic interRAI assessment for all residents. The service uses some of the organisational paper tools for risk assessments and interventions required should a risk be identified. All assessment tools sighted are appropriate to the level of care. Initial assessments includes falls, skin integrity, challenging behaviour, nutritional needs, continence, communication, self-medication and pain. Assessments are undertaken by a RN.</p> <p>The residents' files reviewed have initial assessments that includes identifying behaviour particular to the resident. The files reviewed had specific risks identified in the initial or ongoing care reviews. The behaviour assessments sighted include the triggers, description of the behaviour, contributing factors and solutions/de-escalation techniques.</p> <p>The service has a continence assessment and management procedure, wound care management procedures, wound care protocols and behaviour management processes, which include seeking expert assistance, such as, mental health services, when required. Where a need is identified, interventions for this are recorded on the care plan. All of the files reviewed have falls risk assessments and pressure risk</p>

		assessments.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>The residents' files reviewed have care plans that address resident's current abilities, level of independence, identified needs/deficits, and takes into account the resident's habits, routines and idiosyncrasies. The strategies for minimising falls risks are based on assessment and use of techniques that are effective for the resident and are evidenced in the files reviewed. The caregivers interviewed demonstrated knowledge on the management of falls risks for residents.</p> <p>The care plans and diversional therapy plans sighted in residents' files reviewed identified the resident's individual diversional, motivational and recreational requirements, with documented evidence of how these are managed over a 24 hour period. The residents' files reviewed demonstrated integration, with one clinical file that has input from care staff, activities staff, medical and allied health services. The RN and caregivers interviewed reported they receive adequate information to assist the continuity of care. The handover observed included updates for all residents.</p> <p>The families interviewed reported satisfaction with the quality of care provided at the service.</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>	FA	<p>As observed on the days of audit and from review of the care plans, support and care is flexible, individualised and focused on the promotion of quality of life. The RN and caregivers demonstrated good knowledge and skill in minimising the need for restrictive practices through the management of challenging behaviour and redirection of wandering residents. The residents' files showed evidence of consultation and involvement of the family. The residents interviewed reported satisfaction with the care and services provided.</p> <p>The service has adequate dressing and continence supplies to meet the needs of the residents. The care plans reviewed recorded interventions that are consistent with the residents' assessed needs and desired goals. Observations on the days of audit indicated residents are receiving care that is consistent with their needs. The RN and caregivers interviewed reported that the care plans are accurate and kept up to date to reflect the residents' needs.</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 outlines the scheduled programme that is to be delivered by activities coordinators and caregivers (in the weekend) so the residents have opportunities to pursue interests they have developed within their lifetime, to develop new interests and forge new friendships in a caring environment. There are two activities coordinators who have supervision from a diversional therapist from another facility within the group.</p> <p>The weekly activities programme sighted had been developed based on the residents' needs, interests, skills and strengths.</p> <p>The activities programme covers cognitive, physical and social needs. There are group and individual activities that focus on sensory activities and reminiscence. The programme is changed to ensure that they gauge the level of interest in activities as they are occurring and have the flexibility to change activities based on the resident's response.</p> <p>The service provides easy access to outside areas that enable the resident to wander safely. There are tactile objects and plants in the outside areas. There is a courtyard that allow residents to wander safely.</p> <p>The residents' files reviewed have activities and social assessments that identify the resident's individual diversional, motivational and recreational requirements over a 24 hour period.</p> <p>Daily activity attendance sheets are maintained and reviewed at the end of each month to assess the enjoyment and interest of the residents. The goals are updated and evaluated in each resident's files six monthly. Where possible residents' independence is encouraged to maintain links with family and community groups. Families are encouraged to attend activities.</p> <p>The family/whanau reported that their relative enjoys the range and variety of planned 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 residents' files reviewed had a documented evaluation that has been conducted within the past six months. Evaluations are resident focused and indicate the degree of achievement or response to supports/interventions and progress towards meeting the desired</p>

		<p>outcomes.</p> <p>If a resident is not responding to the services/interventions being delivered, or their health status changes, then this is discussed with their GP. Residents' changing needs are clearly described in the care plans reviewed. Short term care plans are sighted for wound care, pain, infections, and changes in mobility, changes in food and fluid intake and skin care. These processes are clearly documented on the short term care plan, medical and nursing assessments and in the resident's progress notes. The caregivers interviewed demonstrated good knowledge of short term care plans and reported that these are identified at handover.</p> <p>The family reported that they can consult with the staff at any time if they have concerns or there are changes in the resident's condition.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are provided with options if required to access other health and disability services (eg, public or private). There is one GP who visits the service weekly, although residents are able to maintain their own GP if they wish. The RN or the GP arrange for any referral to specialist medical services when it is necessary. The RN interviewed reported that services respond promptly to referrals sent. Records of the process are maintained as confirmed in all residents' files reviewed, which included referrals and consultations with the mental health services, general medicine services, psychiatrist, radiology, gerontological nurse specialist, podiatry and dietitian. The GP interviewed reported that appropriate referrals to other health and disability services are well managed at the service.</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>Documented processes for the management of waste and hazardous substances are in place. This includes use of personal protective equipment and clothing (PPE). Staff interviewed reported this is available and used by them. Material safety data sheets are available throughout the facility and accessible to staff. The hazard register is current. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>Waste is mostly domestic-type and managed via a recycling programme and by removal by local council services. The maintenance manager and colleague interviewed prepared the rubbish at the allocated</p>

		<p>collection point.</p> <p>Designated storage cupboards for hazardous substances, cleaning and laundry chemicals are locked and appropriate signage is placed on the door.</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>A current building warrant of fitness is displayed – expiry 21 December 2015. There have been no building modifications to the rest home and hospital since the last audit.</p> <p>There is a planned maintenance schedule with two maintenance persons available to implement and maintain the facility. There is an annual test and tag programme and annual calibration of medical equipment including the hoists. Staff complete a ‘flash form’ if any equipment requires fixing or checking. Contractors are used as required and the contractors` folder was sighted.</p> <p>Interviews with staff and observation of the facility confirmed there was adequate equipment and resources available. Sit on scales are provided.</p> <p>There are handrails in the hallways and safety rails are installed in the bathrooms.</p> <p>There are quiet areas throughout the facility for residents and visitors to meet and there are areas that provide privacy when required. There are three courtyard areas and shade areas outside with appropriate seating for the elderly or disabled. Pathways are clear. Resident`s physical safety is not compromised. Independence is maintained.</p> <p>The rest home and hospital wings are separated but staff work around the facility. All doors are wide enough for an ambulance stretcher and ambulance access is available if and when required. The hospital has beds on two levels. Each area has its own nurses` station.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of accessible toilets/showering facilities located throughout all service areas in the rest home and hospital designated areas. All residents` rooms have a hand-basin. Some individual rooms have a shared bathroom between two rooms. Other rooms have the toilets/showers in close proximity to residents` rooms.</p>

		<p>Visitors and staff toilets are provided.</p> <p>Appropriately secured and approved handrails are provided in the toilet/shower/bathing areas, and other equipment/accessories is made available to promote resident independence.</p> <p>Residents and family members interviewed reported that there were sufficient toilets and showers.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>There is adequate personal space provided in all bedrooms to allow residents and staff to move around the room safely. The rooms can accommodate additional equipment such as walking frames, shower chairs and wheelchairs and hoists as needed.</p> <p>Individual resident's rooms are personalised with furnishings, photographs and other personal items and the service encourages residents to make the room their own.</p> <p>There is room to store mobility aides such as walking frames and mobility scooters.</p> <p>The two standing and two transfer hoists have been checked (7 May 2014) and this process occurs annually.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There is one large dining room accessible for both rest home and hospital level residents. There is another smaller lounge/dining area situated in the downstairs hospital wing. There is also another large spacious lounge which is used for relaxation and for implementing the activities programme. There is a small comfortable lounge near reception for visitors/family/whanau. There are outside dining areas that can be used in the summer.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The laundry and cleaning services are managed by the housekeeper supervisor. Cleaning and laundry audits are performed, inclusive of residents' rooms (three rooms a month). This also involves communal areas, toilets and showers.</p> <p>Two cleaners and a laundry person cover these services daily seven days a week. The cleaners' trolleys are stored when not in use in a locked room. Cleaning is monitored through the internal audit process and through the annual satisfaction survey for residents with no issues</p>

		<p>identified.</p> <p>A spring clean schedule is maintained over and above normal daily cleaning. The cleaners interviewed reported they are sensitive to the needs of the residents.</p> <p>The housekeeper supervisor is responsible for ordering all supplies for both cleaning and the laundry, maintenance of task schedules, cleaning methods inclusive of the economical component, safety and personal hygiene standards and good communication with the staff and maintenance persons. Staff are orientated to both services and procedure manuals are readily available to guide staff. The policies and procedures are updated if new products are introduced.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>An evacuation plan was approved by the New Zealand Fire Service 29 November 2002. There have been no building re-configurations to the rest home and hospital since that time. An evacuation policy for emergency and security situations is in place. Emergency flip charts are developed and implemented around the facility in all service areas. A fire drill takes place six monthly with a copy sent to the New Zealand Fire Service. The staff orientation programme includes fire and security training. Staff confirmed their awareness of emergency procedures. The lift has an annual check and a certificate is displayed.</p> <p>All staff are trained in first aid and there is always one staff member on duty who has a first aid certificate.</p> <p>All required fire equipment was sighted on the days of the audit and all equipment has been checked regularly within required timeframes.</p> <p>The civil defence policy is followed in an emergency situation and adequate civil defence supplies are stored in case of an emergency, inclusive of food, water bottles, blankets, gas barbecue and other resources required. Emergency supplies, such as emergency lighting and emergency power is available and is regularly checked. There is a call back system (communication tree) set up for any emergency that arises, if needed. First aid kits are available at reception, rest home and hospital and in the service vehicles.</p> <p>There is a nurse call system throughout the facility. The system is checked by maintenance staff monthly. This system is newly</p>

		<p>implemented and consultation was sought from the maintenance manager at the time of the purchase. The system is reported to be working effectively. Residents and family stated that there were prompt responses to call bells.</p> <p>Security arrangements explained by staff were appropriate for the size and nature of this service. Security lights are located around the facility. 'Lock down' and regular checks continue in the afternoon and night by staff. One security breach occurred recently and this was reported to the police. A facility security checklist is signed by the relevant staff on the afternoon and night duties.</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>There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation. There is an underfloor heating system throughout the facility. Residents are provided with adequate natural light, safe ventilation and an environment that is maintained at a safe and comfortable temperature.</p> <p>Family and residents interviewed confirm the facility is maintained at an appropriate temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service has a documented infection control programme which is reviewed as part of the annual quality programme review. The infection control programme minimises the risk of infections to residents, staff and anyone else visiting the facility.</p> <p>The infection control co-ordinator is a RN who has a position description with guidelines for the accountability and responsibilities of the role.</p> <p>If there is an infectious outbreak this is reported immediately to staff, management, and where required, to the DHB and public health departments.</p> <p>The infection control co-ordinator reported that the staff have good assessment skills in the early identification of suspected infections. Residents with infections are reported to staff at handover, have short term care plans developed and documentation in the progress notes.</p> <p>A process is identified in policy for the prevention of exposing providers, residents and visitors from infections. Staff and visitors suffering from infectious diseases are advised not to enter the facility by notices at</p>

		<p>entrances. When outbreaks are identified in the community, notices are placed at the entrance not to visit the service if the visitor has come in contact with people or services that have outbreaks identified. Sanitising hand gel is available throughout the facility and there are adequate hand washing facilities for staff, visitors and residents. Residents suffering from infections are encouraged to stay in their rooms if required, though the infection control coordinator reports that this can be difficult at times with residents with cognitive impairment.</p> <p>The RN and caregivers interviewed are able to demonstrate good infection prevention and control techniques and awareness of standard precautions, such as hand washing.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>A RN has the role of infection prevention and control coordinator. The infection control committee meets quarterly and reports any issues at staff meetings. External specialist advice on infection prevention and control issues is available from the DHB infection control nurse specialist, the diagnostic service, and the GP. The infection control coordinator undertakes education in infection prevention and control through the in-service education programme and updates from the DHB. The RN and caregivers interviewed demonstrated good knowledge of infection prevention and control.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>An infection control policy sets out the expectations the organisation uses to minimise infections. This is supported by an infection control manual and a suite of policies and procedures that deal with specific areas, including antibiotic use, MRSA screening, bandaging, wound management, blood and body spills, cleaning, disinfection and sterilisation, laundry and standard precautions. They are easily understood and appropriate for service requirements.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Infection control education is included in orientation and as part of the ongoing in-service education programme as sighted on the provider's training calendar. The infection prevention and control education is provided by the infection control co-ordinator and external specialists as required. The infection control co-ordinator demonstrated knowledge of current accepted good practice in infection prevention and control.</p> <p>The RN and caregivers interviewed demonstrated good knowledge of</p>

		infection prevention and control. Resident education is conducted as required. The infection control coordinator reported that if a resident has cognitive impairment, education with the resident can be difficult, though during personal care delivery residents are prompted with infection control measures, such as hand washing after toileting.
<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>	FA	<p>The infection control surveillance that is undertaken is appropriate to the size and complexity of the service as shown in the infection control programme. All staff are required to take responsibility for surveillance activities as shown in policy. Monitoring is clearly described in the quality plan and management meetings, to describe actions taken to ensure residents' safety.</p> <p>There is a monthly infection surveillance report. The service monitors urinary tract infections (UTIs), eye infections, and upper and lower respiratory tract infections, wound infections, multi-resistant organisms, diarrhoea and vomiting and other infections. The monthly analysis of the infections includes comparison with the previous month, the reason for any increase or decrease and actions taken to reduce infections. The analysis includes the feedback that is provided to staff.</p> <p>An external contractor benchmarks surveillance data with other facilities within the group.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has implemented policy and procedures to guide staff in the safe use of restraint. The use of restraint is actively minimised. This was confirmed in documentation sighted during staff and management interviews. The contracted physiotherapist attends all restraint meetings. Polices identified that the use of enablers is voluntary and the least restrictive option to meet the needs of the resident to promote independence and safety.</p> <p>Currently there are nine residents using bedrails as a form of restraint and four residents using enablers (bedrails). The enablers are used to provide safety for residents, to improve independence and mobility getting out of bed.</p> <p>The service provider conducts monthly restraint meetings to discuss each individual case. Restraint/enablers are also reviewed at the six monthly multidisciplinary meetings for each individual resident. This</p>

		<p>review also takes into consideration effective management of challenging behaviours.</p> <p>Training and guidance is provided to all staff at orientation and education is on-going. The staff demonstrated good knowledge on enabler use and strategies for avoiding the use of restraint.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>Adequate information is available and documented in the policies and procedures to guide the restraint approval team. A flow chart is also available to guide staff. The approval team consists of the clinical manager (restraint co-ordinator), the general practitioner and a registered nurse. The falls and restraint committee discuss restraint at each monthly meeting, as seen in the minutes reviewed.</p> <p>Currently all residents' using a restraint are monitored. One resident being restrained is rated high risk due to cognitive impairment and a recent hospital admission. Staff were noted to be observing this resident closely and an observation record chart was being completed by staff as required.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>Systems are in place which ensures a full assessment of residents is undertaken prior to any restraint being implemented. The assessment process is comprehensive which determined any identified risks or any underlying aetiology.</p> <p>Staff are trained at orientation to the service and mandatory annual training is provided on restraint minimisation and safe practice. All staff are required to complete a restraint questionnaire after reviewing a DVD/video for challenging behaviour. The acting operations manager/manager of Aria Gardens presented to staff a recent in-service education session on de-escalation techniques.</p> <p>Any advance directive is observed and respected if this is in the individual resident's file. Evaluations occur within the timeframes stipulated and records are maintained. Any cultural needs identified in the assessment process are respected. Family/whanau were kept informed throughout this process. Any alternative strategies are documented in the individual resident's care plan.</p>
Standard 2.2.3: Safe Restraint Use	FA	Approved restraint is only applied as a last resort. Documentation

<p>Services use restraint safely</p>		<p>systems are in place to ensure the service is using restraint effectively and safely at all times. Restraint policies and procedures identified risk processes to be followed in the event of a resident being restrained.</p> <p>Monitoring occurs two hourly and records are maintained. The indication for use, intervention required and the duration and its outcome are detailed in sufficient detail. Any de-escalation techniques, where applicable, are documented on the individual resident's records. Cultural support is added is required.</p> <p>The restraint register is established to record sufficient detail to provide an auditable record of restraint use. All entries are current and up-to-date to reflect the number of residents using a form of restraint and/or enablers.</p>
<p>Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>Each resident is evaluated individually monthly. The evaluation process is documented in the restraint policy to guide staff. The evaluation form is comprehensive. The signature of the staff member performing the evaluation is recorded. The doctor also signs this form. This information is presented at the restraint/falls meeting held monthly by the restraint co-ordinator interviewed.</p> <p>If any changes occur from the evaluation performed the resident care plan is updated.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>The restraint minimisation and safe practice policy identifies that restraint monitoring and quality reviews are to occur on a regular basis. This is completed monthly as reported by the restraint co-ordinator.</p> <p>Outcomes of the monthly reviews are reported at the quality meeting, the registered nurse meeting, restraint meeting and the staff meeting. The aim of the service is to decrease the number of residents using a restraint or an enabler. For the size and nature of this service it is evident that restraint is minimised at every opportunity.</p> <p>Residents, family/whanau reported that safety is promoted at all times.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.