

Awanui Rest Home Limited

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 Health Audit (NZ) 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: Awanui Rest Home Limited

Premises audited: Awanui Rest Home

Services audited: Dementia care

Dates of audit: Start date: 31 August 2016 End date: 31 August 2016

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: 23

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Awanui Rest Home is a 24 bed aged care service that provides specialist secure dementia care. At the time of audit there were 23 residents. The strengths of the service are the range of meaningful activities that the residents participate in and the services' commitment to providing a facility where every resident can feel at home and accepted. The service has gained national recognition for being the first facility in New Zealand to achieve a Silver Rainbow Seal for their programme of developing awareness and acceptance around diversity, acceptance and inclusiveness of residents.

This unannounced surveillance audit was conducted against the relevant Health and Disability Service Standards and the services contract with the district health board. There was one previous area for improvement that was reviewed at this audit, with effective actions embedded into practice to show that this is now addressed. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with family/whanau, management and staff.

There were no new systemic issues or shortfalls identified at this audit. There are three areas that have achieved an excellence rating (continuous improvement) related to the quality programme, staff education and the activities programme.

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.



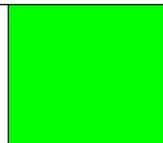
Standards applicable to this service fully attained.

Residents and family/whānau receive full and frank information and open disclosure from staff. There are effective methods of communication implemented for residents with cognitive impairment. There are processes in place to access interpreting services.

The complaints management system is transparent and responsive. The complaints register contains all required and relevant information and actions taken to address any concerns. There have been no recorded complaints in 2016.

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.

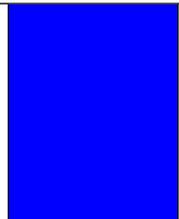
The services mission, vision and philosophy are clearly identified and recorded in the organisational documents and published information. The organisation has strong leadership and management with staff reporting they are supported to contribute to care planning and implementing an individualised person centred approach.

The quality and risk management system is fully implemented. The system supports the provision of clinical care and support. Policies and procedures reflect best practice. Continuous quality improvements are embedded into organisational processes. Organisational performance is monitored. Quality data is analysed and improvements are evaluated. Organisational risks are identified, with action plans developed as required. The adverse event reporting system is planned and coordinated.

Systems for human resources management, processes for employment, orientation and ongoing education for staff are in place. The education programme for all staff is available and planned for the year. Staff education is encouraged.

The manager is a suitably qualified and is supported by a registered nurse. Staff numbers exceeded the minimum requirements.

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.		All standards applicable to this service fully attained with some standards exceeded.
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The registered nurse is responsible for the development of care plans with input from staff and family member's representatives. Care plans and assessments are developed and evaluated within the required time frames.

Planned activities are appropriate for the residents assessed needs and abilities. The diversional therapist continues to excel in providing normal daily activities that reminds residents of their skills and increases engagement.

The medication management system meets the required legislation and guidelines. Medication is administered by staff with current competencies. The organisation uses an electronic system in prescribing, dispensing and administration of medications.

Nutritional needs are provided in line with nutritional guidelines and residents with special dietary needs are catered for.

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.

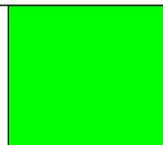


Standards applicable to this service fully attained.

There is a current building warrant of fitness in place. There have been no changes to the current layout of the service since the last audit.

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.

There are clear and comprehensive documented guidelines on the use of restraint, enabler use and challenging behaviours. There were no residents assessed as requiring restraint at the time of the audit. Staff interviewed demonstrated a good understanding of restraint and enabler use and receive continuous education.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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The type of infection surveillance undertaken is appropriate to the size and type of the service. Results of the surveillance are acted upon, evaluated and reported in a timely manner.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	17	0	0	0	0	0
Criteria	3	41	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy provides clear guidelines to staff regarding complaints management. Staff interviewed understood the complaints process. The family/whānau interviewed stated that they have been provided with information on making complaints and would feel free to make a complaint if they needed to. Policy and practices comply with the Right 10 of the Code of Health and Disability Services Consumer Rights. The complaints register was reviewed and contained all relevant information. There have been no complaints received in 2016.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The cultural policy notes interpreters will be accessed if required. Prior to admission of residents, who do not speak English, a senior staff member will offer the availability of the interpreting services to the resident and/or their family. These can be contacted via the DHB. There are a number of staff who are multi-lingual.</p> <p>Evidence is seen that all aspects of care and service provision are discussed with the resident and their family/whānau prior to/or at the admission meeting. Staff make adequate time to talk with residents and family/whānau as confirmed in interviews with staff and visitors. The staff were observed to be interacting effectively with the residents in a manner appropriate to residents with cognitive impairment. Open disclosure is evidenced with the review of accident/incident forms and in the family communications recorded in the resident's files.</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>Services are planned to meet the individual needs of each of the residents that require specialist secure dementia care. At the time of audit there were 23 residents, with one of these residents being re-assessed (the day prior to audit) for hospital level of care. Management and staff reported sufficient staffing, resources and equipment to provide care and support to the resident with higher needs until the resident can be transferred to a hospital level of care facility.</p> <p>The mission, vision, values, philosophy and purpose are clearly shown. The strategic plan documents long term, medium term and short term strategies to achieve set goals and mitigate known risk to all areas of service delivery. The business plan includes goals in the environment, service provision and human resources, which is linked to the overall long term strategic plan. The business plan is reviewed annually with strengths, risks and opportunities clearly identified.</p> <p>The service is managed by a suitably qualified and experienced manager who is an enrolled nurse with a current practicing certificate. The manager has the responsibility for the overall management of the service and reports to the owners. The manager's job description outlines their role and responsibilities for the management of the service. The manager has attended over eight hours' education related to the management of aged care services, is aware of their responsibilities for providing aged care services with the DHB and attends other clinical education related to dementia and aged care. The manager is a member of aged care associations and receives regularly (weekly and monthly) updates on issues related to aged care management. The manager is supported by a registered nurse for clinical consultation where required.</p> <p>The family/whanau interviewed and satisfaction surveys report satisfaction with the quality of care and services provided at Awanui Rest Home.</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>Staff and members of the management team demonstrated an understanding of the quality and risk processes that are identified in policy. Staff stated that quality improvement was a team effort, they had increased their knowledge in this area, and that they had a better understanding of quality and risk and the significance for gaining better outcomes in care and service delivery.</p> <p>The organisation develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals and reflect legislative changes.</p> <p>Quality management systems are implemented. This includes the collation, analysis and evaluation of data and processes to measure achievement against the quality and risk management plan and strategic directions. Data is analysed for trends and benchmarking results are presented at staff and management meetings. Corrective actions are developed and reviewed as required.</p>

		<p>Quality objectives and outcome measures are linked to the business plan and philosophy. The manager reports to the owners on how the service is performing in the key components of service delivery. There have been a number of quality improvements and projects that have been implemented that have gained a continuous improvement rating (refer to 1.2.3.6, 1.2.7.5 and 1.3.7.1).</p> <p>There is an up to date risk register and quality and risk plan which identifies actual and potential risks for all levels of organisation. Minimisation strategies have been put in place as required. Staff education includes risk management processes. Interviews with five of five caregivers confirms their awareness and knowledge of identifying and reporting hazards. The information related to potential hazards are set out in the information book given to all residents and family/whānau members.</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 and staff understand their responsibilities related to mandatory reporting and essential notifications. This includes responsibilities related to reporting of pressure injuries stage three and above. The service has provided an essential notification (section 31 form sighted) of a resident accident that resulted in a fracture.</p> <p>The number of incidents are collated on a monthly basis. Samples of incident/accident forms and the trended data were sampled. Any trends identified are notified and information fed back at staff meetings and handovers. The service identifies strategies put in place in response to incidents and accidents and these were documented on the actual individual incident forms and on the resident's care plan as required.</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>All staff and contractors who require an annual practising certificate (APC) have these validated at employment and annually. A register is maintained of when APC and competency assessments are due. Copies of APCs were sighted for all staff that require them.</p> <p>Staff files provided evidence that appropriate processes are implemented for the recruitment, employment and orientation of new staff. There are at least annual performance reviews for the staff. Where training or shortfalls in staff performance or achievement of goals/outcomes are identified, there are additional support and education sessions implemented to assist staff achieve their desired outcomes throughout the year. The register nurse (RN) has completed their interRAI training and ongoing competencies. The activities programme is overseen by a diversional therapist, who has had specialist training and education, and has a passion for dementia care.</p> <p>The organisation supports and facilitates training and education that is appropriate to the needs of the service and maintains records of the training provided. Mandatory training to meet contractual obligations is two yearly, or more frequently for such topics as infection control and restraint minimisation and safe practice. The care staff have completed or enrolled in the required dementia unit standards/core competencies. The education</p>

		<p>schedule was reviewed for 2015 and the upcoming 2016 year has content and variety and meets all obligations of the provider's residential care contract with the district health board. The service has conducted an education programme on providing an accepting and inclusive environment for the diverse individual needs of the residents, which has gained a continuous improvement rating.</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>Staffing levels are based on the needs of the residents. The staffing ratios and skill mix exceeds the minimum contractual requirements. There is a registered nurse on duty five days a week (Wednesday to Sunday) and on call at other times. The manager reports that the allocation and skill mix of the staff is reviewed to ensure safe staffing levels are maintained. With the increase in needs of a resident, who has been re-assessed for hospital level of care, the service is able to meet this resident's needs until the resident is able to be transferred to a hospital level of care service. There are at least two care staff on duty at all times, with up to five care staff on duty in the busiest times of the day.</p> <p>A review of four weeks of rosters identified that the service is staffed to ensure there is a skill mix and sufficient numbers of staff to meet residents' needs. All sick leave and annual leave is shown and replacement staff noted. There are sufficient numbers of laundry, housekeeping, kitchen, activities, gardening, and maintenance and administration staff. As part of the philosophy of the service all staff are encouraged to interact with residents and assist in providing meaningful activities for the residents. For example, residents were assisting with gardening and preparation of vegetables for the meals.</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 system is implemented to ensure that residents receive medicines in a secure and timely manner. The system complies with legislation, protocols and guidelines.</p> <p>The organisation uses the electronic system for e-prescribing, ordering, dispensing and administration. All medications are reviewed every three months and as required by the GPs. Allergies are clearly indicated and photos uploaded for easy identification. The health care assistant who has been assessed as competent to give medication was observed administering medication correctly. Medications are stored in a safe and secure way in a digital locked cupboard. The e-prescribing electronic system is accessed by use of individual passwords and generic facility log in information accessible to all staff. Medication reconciliation is conducted by the RN when the resident is transferred back to service.</p> <p>There were no self-medicating residents nor any controlled drugs at the time of the audit. Weekly stock takes are conducted and all medications are stored appropriately. An annual medication competence is completed for all staff administering medications and medication training records were sighted.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>Meal services are prepared onsite and served in the two dining rooms respectively. The kitchen staff have current food handling certificates. The menu was reviewed by the dietitian to confirm it is appropriate for the nutritional needs of the residents. Diets are modified as required and the cooks confirmed awareness on dietary needs required by the service.</p> <p>Residents are involved in peeling of potatoes, cutting vegetables and washing dishes under supervision of the staff at all times. The cooks are in house trained and have been working for the service for over ten years. The residents have a nutritional profile developed on admission which identifies dietary requirements, likes and dislikes. The resident's weights are monitored regularly and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were observed to be clean, tidy and stocked. Labels and dates are on all containers and records of temperature monitoring are maintained. Regular cleaning is undertaken and all services comply with current legislation and guidelines. The family/whanau interviewed indicated satisfaction with the food service. The satisfaction survey conducted indicated most families/whanau are happy with the meals provided.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>An Improvement was made in completing and evaluating utilised assessment tools. All utilised assessments are completed in a timely manner by the RN. Initial assessments care-plans and InterRai assessments are completed according to policy. Assessments and care-plans are comprehensive and include input from family/whanau and staff. In interviews family/whanau expressed satisfaction with support provided.</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>The documented interventions in short term care plans and long term care plans are sufficient to address the assessed needs and desired goals/outcomes. Significant changes are reported in a timely manner and prescribed orders carried out satisfactorily as confirmed also by the GP in the interview conducted. Progress notes are completed on every shift. A 24-hour dementia management plan is in place. Monthly observations are completed and are up to date. All clinical supplies are adequate as confirmed by staff interviewed. It was observed during the audit that residents are accorded the respect, privacy and dignity they deserve and this was also confirmed during interviews with the family/whanau and GP.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of</p>	CI	<p>The activities programme has gained a continuous improvement rating. The daily activities are individualised to be meaningful for people living with dementia. Residents are involved in a variety of household activities that helps regain and relive their earlier life skills and interests.</p>

the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.		
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Residents long-term care plans, InterRAI assessments and activity plans are evaluated at least six monthly and updated when there are any significant changes. Family/whanau and staff input is sought in all aspects of care. The evaluations record how the resident is progressing towards meeting their goals and responses to interventions. Short term care plans are developed when needed and signed and closed out when the condition has resolved.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	There is a current building warrant of fitness in place which expires in November 2016. There have been no changes to the lay out of the building since the last audit
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	Date of last fire drill was 08/04/2016 and 13 staff attended and the service has an approved evacuation plan in place.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives,	FA	Surveillance for residents with infections is occurring appropriate to the residential aged care service. The organisation uses standardised definitions to identify infections. Staff reported they are responsible for advising the RN/manager if they are concerned a resident has an infection. The staff interviewed were able to identify the common signs and symptoms of infections.

<p>priorities, and methods that have been specified in the infection control programme.</p>		<p>The monthly surveillance records the types and numbers of infections. This data is analysed, compared to previous data and any trends are recorded. When there has been an increase in infections, actions are implemented to reduce the reoccurrence or cross spreading of infections. A review of the applicable residents' notes verified short term care plans were developed as required for residents with infections and that infections are being appropriately reported.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Staff actively work to minimise the use of restraint. All staff receive education regarding restraint minimisation and challenging behaviours. Staff interviewed were aware of the difference between a restraint and enabler. The service currently has no residents using restraint nor enablers. All staff receive training in the management of behaviours of concern.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
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	<p>The organisation has conducted a number of quality improvement projects in 2015 which continue in 2016. Some of the projects include the health care assistants input into care planning and end of life wishes. The projects sampled included measurable outcomes on how the projects have led to better outcomes in capturing and implementing residents end of life wishes and improvements in care through the care staff gaining greater insight and contribution into meeting the resident’s needs.</p> <p>Resident safety/satisfaction is measured as part of the review, which includes family satisfaction surveys and feedback and achieving reductions in challenging behaviours. Staff satisfaction has also been measured with the health care assistants reporting that providing a greater contribution into the development and review of care plans has given them greater knowledge on the requirements of individual resident management. The reporting of the analysis and outcomes of the project are presented to the owners at management meetings, to the staff at staff meetings and in family communications.</p>	<p>The achievement of the quality projects and quality management systems is rated beyond the expected full attainment. Quality improvement projects sighted have a documented review process which includes analysis and reporting of findings to management, the board of trustees, staff and residents. The projects’ documentation evidences action taken based on findings and improvements to service provision. Resident safety and resident/family satisfaction have been measured as a result of the review process.</p>

<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	<p>CI</p>	<p>Awanui Rest Home is commended for becoming the first aged care service in New Zealand to gain the Silver Rainbow Seal. A Silver Rainbow Seal is formal recognition of the services acceptance of LGBTI (lesbian, gay, bisexual, transgender and intersex) residents. As part of the programme and organisational needs analysis, there have been education workshops and a review of documentation and processes to ensure they are more inclusive. The quality improvement plan included documenting actions to make improvements and greater awareness to equip the staff with the skills to make an inclusive and safe place for people of all sexes, genders and sexual orientation. The analysis of the project includes how outcomes have been measured and evidenced that residents' families have also been very happy with the changes.</p>	<p>The achievement of the quality improvement projects in the education programme for diversity and inclusion is rated beyond the expected full attainment. With the Silver Rainbow programme there has been a documented review process which includes the analysis and reporting of findings to staff, management, owners and external recognition agency. Positive outcomes have been measured in the reduction of manual handling incidents and increase in staff, resident and relative satisfaction.</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>CI</p>	<p>Activities are appropriate to the needs, age and culture of the residents. The diversional therapists develop daily activity schedules based on the preference of residents, weather and what is current or trending such as the recent Olympics and daffodil day. Residents' files have a documented activity plan that reflects the residents preferred activities of choice. The activities meet the residents' needs in relation to individual diversional, motivational and recreational therapy during the 24-hour period. Over the course of the audit residents were observed being actively involved in a variety of activities such as singing, dancing, peeling of potatoes and carrots, dish washing, collection of eggs from the Facility Red Barn Farm, gardening and scenic drives. Individual activity plans are reviewed at six weeks post formulation to evaluate effectiveness, six monthly and when there is any significant change in participation. The diversional therapists reported that they have group sessions and also engage on one on one activities with certain residents. Activities are modified according to abilities and cognitive function.</p> <p>The continued use of the general store by the residents where they partake in packing and weighing bags of lollies and biscuits has proved to be a quality activity plan reflective of the Eden Care Approach.</p> <p>The service has an updated web site which displays photos and newsletters that</p>	<p>The activities programme is improving outcomes for residents as evidence by more active participation and less (or minimal) behaviours of concern and reconnecting them with their previous skills thereby boosting self-esteem. Some activities whether passive or active are helping in improving resident's muscle coordination.</p>

		<p>keeps families informed on activities and facility matters. The DT is responsible for monitoring and maintenance of the web site. This has resulted in the facility to receiving positive feedback from families/whanau and the community at large. An increase in resident's participation with household activities was noted.</p> <p>Staff reported, and a review of incidents confirmed, that the activities programme has been successful maintaining a low level of behaviours of concern.</p>	
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End of the report.