

Aria Bay Senior Living Limited - Aria Bay Retirement Village

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 Bay Senior Living Limited

Premises audited: Aria Bay Retirement Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 6 April 2016 End date: 7 April 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: 57

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 Bay provides rest home care for 57 residents. This was a Certification Audit which was carried out using, interviews, and review of documents, observations and feedback during the audit.

There are no areas requiring improvement identified during this certification audit. The organisation's commitment to addressing areas identified as requiring improvement, projects that have been developed to improve residents' safety, a staff cultural competency initiative, the development of a preceptorship programme with a difference and the strong links that residents from Aria Bay have established through a varied and community focused activities programmes are all areas identified as demonstrating continuous 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 and residents interviewed expressed high satisfaction with the caring manner and respect that staff show towards each resident.

There were no residents who identified as Maori residing at the service at the time of audit. There are no known barriers to Maori residents accessing the service. Services are planned to respect the individual culture, values and beliefs of the individual residents.

Written consents are obtained from the residents' family/whanau, enduring power of attorney (EPOA) or appointed guardians.

Residents are encouraged and supported to maintain community and family links.

The complaints process meets legislative requirements and a register is kept.

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.		All standards applicable to this service fully attained with some standards exceeded.
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The service's philosophy and vision is to uphold the dignity, individuality, privacy and freedom of choice for all residents. This philosophy is evidenced in the organisation's documents and management structure, to provide services that meet the needs of the residents and the community. There is a close linkage to local community volunteer groups.

The service is run by a suitably qualified and experienced facility manager. The facility manager is responsible for the overall running and supported by the clinical manager. They are both responsible for all aspects of service delivery and the facility manager is responsible for the financial management in conjunction with support office.

The service has a documented quality and risk management system that supports the provision of clinical care and support. Policies are reviewed by the facility manager and clinical nurse manager on a two yearly basis or when there is a change in legislation. The quality and risk performance is reported through meetings at the facility and monitored by the management team at the management meetings.

The adverse event reporting system is planned and coordinated with staff documenting and reporting adverse, unplanned or untoward events. The adverse events are reviewed and actions implemented to make improvement to care and service delivery.

Systems for human resources management are established and implemented. Staff numbers and skill mix meet the requirements of rest home level of care. The education programme for all staff is available and planned for the year.

There is no information of a personal and private nature on public display. Current residents' records and past residents' archived records are securely stored.

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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A welcome/introduction package which includes pamphlets and booklets provides information and identifies services offered within the facility and as a company.

Residents on admission to the service are admitted by a qualified and trained registered nurse who completes an initial assessment and then develops, with the resident and family, a care plan specific to the resident. When there are changes to the resident's needs a short term plan is developed and integrated into a long term plan. The service meets the contractual time frames for all

short and long term care plans. All care plans are evaluated at least six monthly. All residents have interRAI assessments completed and individualised care plans related to this programme.

Residents are reviewed by the general practitioner (GP) on admission and assessed thereafter either monthly or three monthly by their GP depending on their needs. Referrals to the DHB and community health providers are requested in a timely manner and a team approach supports positive links with all involved.

Activity coordinators provide planned activities meeting the needs of residents as individuals and in group settings. Families reported that they are encouraged to participate in the activities of the facility and those of their residents.

There are processes in place for a safe medicine management system. The service has documented evidence that staff are responsible for medicine management and assessed as competent to do so.

The onsite kitchen provides and caters for residents with food available 24 hours of the day and specific dietary requirements, likes and dislikes are catered for. The service has a four week summer/winter rotating menu which has been approved by a registered dietitian. Residents and family have access to a hot and cold beverages machine located in two areas within the facility. Residents' nutritional requirements are met.

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 comply with legislation with a current building warrant of fitness displayed. Ongoing maintenance ensures the building is maintained to a high standard. Fixtures, fittings, floor and wall surfaces are made of acceptable materials for this environment. All rooms have access to either single or shared ensuites or centrally located bathing and toileting facilities. There are adequate toilets, showers and bathing facilities located throughout the facility that provide adequate privacy.

The environment is appropriate for the rest home level of care offered. All areas ensure physical privacy is maintained and have adequate space and amenities to facilitate independence.

Laundry is conducted on site and there are processes in place to provide safe and hygienic cleaning services.

Processes reviewed protect residents, visitors and staff from exposure to waste and infectious or hazardous substances.

The facility has an appropriate call bell system installed. There is access to external gardens and verandas off all rooms. The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the residents.

Routine safety checks and internal audits are performed by maintenance personnel and management. Emergency preparedness was evident with adequate resources being available in the event of an emergency. All staff are trained appropriately in all aspects of health and safety in the work place.

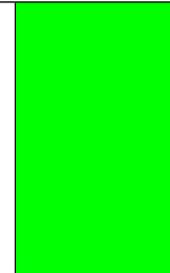
Restraint minimisation and safe practice

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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There are no residents requiring the use of restraint or enablers. Enablers are only used as a last resort to maintain the resident's safety and comfort. Clear definitions in the policies reviewed ensure staff understand the implications of restraint and enabler use.

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. The infection control programme is implemented and provides a reduced risk of infections to staff, residents and visitors. 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 trends are identified actions are implemented to reduce infections. The infection surveillance results are reported and discussed at staff and resident meetings and where required, policies or procedures are updated to reflect changes required. All data is benchmarked internally and externally.

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	3	42	0	0	0	0	0
Criteria	5	88	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The 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). New residents and families are provided with a copy of the Code on admission and a copy is displayed on the main corridor wall in full view for residents, caregivers and visitors.</p> <p>On commencement of employment all staff receive induction orientation training regarding residents’ rights and their implementation. The clinical staff interviewed demonstrated knowledge on the Code and its implementation in their day to day practice. Staff were observed to be respecting the residents’ rights in a manner that was individual to the resident’s needs.</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</p>	FA	<p>An informed consent policy is in place. Every resident has the choice to receive, refuse and withdraw consent for services and staff interviews supported this. A resident, dependent on their level of cognitive ability, will decide on their own care and treatment unless they indicate that they want representation.</p> <p>The residents’ files reviewed had consent forms signed by the residents and/or family and enduring power of attorney (EPOA). Advance directives are signed by the resident if competent. Family/whanau interviewed stated that their relatives were able to make informed choices around the care they received and families/whanau were actively encouraged to be involved in their relative’s care and decision making.</p>

choices and give informed consent.		Residents interviewed stated that they were able to make their own choices and felt supported in their decision making.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	All residents receiving care within the facility have appropriate access to independent advice and support, including access to cultural and spiritual advocates whenever required. Family/whanau interviewed reported that they were provided with information regarding access to advocacy services at the time of enquiry and at admission and were aware of the location of pamphlets and information situated around the facility. Family/whanau stated that they were always encouraged to become actively involved as an advocate for their relative and felt comfortable when speaking with staff.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	There are no set visiting hours and family/whanau are encouraged to visit. Residents are supported and encouraged to access community services with visitors/family or as part of the planned activities programme. This was evidenced in family/whanau/resident interviews and documented in daily and planned activities in residents' progress notes and care planning, such as visiting the library or their church.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints process sighted identified the required procedures. Complaints have been dealt with in a professional manner with consideration given to any cultural or other values. Complaints are actively managed in a timely manner and in accordance with the complaints policy and any other statutory requirements relevant to the specific situation. There have been no external complaints from the DHB or H & D since the last audit. Complaints management information is included in resident information packs given on admission and, as confirmed by the facility manager, the process was discussed with family/whanau and residents as part of the admission process. Complaints forms are accessible to staff, residents and family as required. The complaints register records the complaints, dates and actions taken. Staff interviewed confirmed their understanding of the complaints process.
Standard 1.1.2: Consumer Rights During Service Delivery	FA	The standard operating procedures identify that a copy of the Code and information about the Nationwide Health and Disability Advocacy Service is provided to the resident and family on admission and the

<p>Consumers are informed of their rights.</p>		<p>admitting staff go through the Code with the resident/family on admission.</p> <p>The family/whanau and residents that were interviewed reported that the Code was explained to them on admission and was also provided as part of the admission pack. The Code of Rights and process was also regularly discussed at family/resident meetings. Family/whanau and residents expressed that they were happy with the care at the facility and provided by the staff.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The residents' files reviewed reflected that residents received services that were specific and individual to their needs, values and beliefs of culture, religion and ethnicity. The family/whanau interviewed reported that staff often go above and beyond families' expectations when meeting the needs of their relatives.</p> <p>The family/whanau members interviewed reported that their relative was treated in a manner that showed regard for the resident's dignity, privacy and independence. At the time of the audit staff were seen to knock on residents' doors and await a response before entering. The use of occupied signs on the communal bathroom/toilet doors when in use were noted.</p> <p>The family/whanau interviewed confirmed that they were aware of the different lounges that were available for families and that there were no concerns about privacy and expressed no concerns in relation to residents' abuse or neglect. The family members reported that staff know their relatives. This was also evidenced at the time of audit.</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>	<p>FA</p>	<p>The clinical coordinator/registered nurse (RN) and Facility manager/RN reported that there are no barriers to Maori accessing the service. At the time of the audit there were no Maori residents. The caregivers interviewed however demonstrated good understanding of practices that identified the needs of the Maori resident and importance of whanau and their Maori culture. 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.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally</p>	<p>FA</p>	<p>The spiritual, religious and cultural standard operating procedure documents that the admission process includes assessing specific cultural, religious and spiritual beliefs, which includes any cultural nutritional requirements. Staff liaise with family/whanau to ensure cultural or religious visits continue as appropriate.</p> <p>Education on cultural sensitivity and spirituality is provided to staff internally and externally. The facility has appointed two staff (cultural advisors) who have completed external training and act as advocates for</p>

safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.		residents. Families and relatives interviewed were happy with the care provided by those staff who also identify with a different culture and enjoy different cultural days that are organised within the facility and within the community.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Family/whanau and residents reported that they are very happy with the care provided. The families/whanau expressed that staff know their relatives well, that relationships are built and professional boundaries are maintained. No concerns were reported. Staff interviewed stated that they are aware of the importance of maintaining professional boundaries.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Evidence-based practice was observed and evidenced in interviews with the clinical nurse manager/RN and caregivers and care planning. Policies and procedures are linked to evidence-based practice. There are regular visits by residents' GPs, links with the mental health services, hospice, the geriatrician and the DHB. Care guidelines are utilised as appropriate.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	All residents and relatives who do not speak English are advised of the availability of an interpreter at the first point of contact with staff or support of one of two staff who have completed relevant training and have been appointed as cultural advisors who can also support with language barriers initially. At the time of audit, all residents and relatives spoke English and did not require interpreting services. The family/whanau interviewed confirmed that they are kept informed of their relative's wellbeing including any incidents adversely affecting their relative and were happy with the timeframes that this occurred. Evidence of timely open disclosure was seen in the residents' progress notes, accident/incident forms and at handover.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	The Business Plan contains the organisation's mission, values and goals. There are long term and short term goals within the plan. The plan is reviewed on an annual basis. The facility has recently undergone a change in Governance, but there has been no change to the business plan or services. The new ownership is a large corporate company with a support office team who are actively involved with operational matters. Governance has changed with reporting processes to operational managers. There is a new group vision, mission and values but Aria Bay have maintained the values which are part of their unique identity. Staff interviewed reported that they were involved with the change of ownership

		<p>process and have noticed no changes in their work.</p> <p>The facility manager is a registered nurse (RN) who has managed the service for four years. The facility manager's job description describes their responsibilities, accountabilities and authorities. The facility is a member of an aged care association and regular updates and education are received on current legislation and issues related to management of aged care services. The facility manager is actively involved in aged care and gerontology forums and has attended over eight hours' education in the past 12 months related to management in the aged care sector.</p> <p>The family/whanau and residents confirmed they were satisfied with the services provided and that their needs were met and they feel they are listened to.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The clinical manager and facility manager support each other in times of temporary absence. The facility manager reports confidence in the clinical manager's ability to take on the nurse management role during absences. A RN is on call and attends weekly meetings to ensure she is up to date with relevant changes to resident care.</p> <p>There is RN cover seven days a week and senior care givers have been employed for several years and report support in annual education programmes. Senior staff are always available.</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 organisation has a documented quality and risk management plan which identifies risks and shows the strategies in place to manage risks. The quality and risk plan details the risks, current controls and ongoing actions required to provide safe and appropriate care. The quality and risk systems are monitored through the management meetings and environmental audits. Each of the quality goals identified covers all aspects of care and service delivery. Staff are actively involved in the quality programme and demonstrated an understanding of what the organisation aims to achieve. The outcomes of the internal auditing and quality management systems are discussed at the monthly staff meetings. Staff confirmed they understood and implement the quality and risk management systems.</p> <p>All policies and procedures sighted were up to date, reflected current good practice and met legislative requirements. The organisation currently reviews all documents in a two yearly cycle, or more frequently if there are best practice or legislative changes. The document control system ensures that obsolete documents are removed from use. The review of policies or any updates are distributed to staff to read and they have signed that they have understood any changes. Recent policy updates included the implementation of the InterRAI assessment and care planning.</p>

		<p>The quality and risk plan details the risks, current controls and ongoing actions required to provide safe and appropriate care. All potential and actual risks are reported at board level and reviewed regularly. Clinical risks are discussed monthly at staff meetings as confirmed in meeting minutes sighted and by staff. There is an up to date hazard register and a process for reporting hazards.</p> <p>Evidence is seen of call bells not being answered and food complaints. Education on calls bells and resident involvement in a special food of their choice each month were undertaken in response to these.</p> <p>Quality data collection and analysis is maintained by the service and evaluation of results shared with staff and management. When the internal audit or quality data indicated any shortfalls, corrective actions were put in place. The internal audit form records the identified issue, actions needed, who is to implement the actions and the review of when the actions have been implemented. Staff confirmed that all follow up actions were discussed during handover and at regular staff meetings. Data is collected, trended, reviewed and evaluated for all key components of service (e.g., complaints, incidents and accidents, health and safety, hazards, restraint and infection control).</p> <p>The risk, hazard and emergency response plan identifies potential and actual hazards. The plan includes what the hazard is, risk level, preventative actions and ways to minimise risk.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>CI</p>	<p>The facility manager understands their obligations for reporting serious harm and essential notifications. There have been no incidents or accidents that have required essential notification since the last audit.</p> <p>Staff demonstrated knowledge of when they are required to complete an incident/accident form. There is a monthly analysis of the incident and accident reports. The analyses of the incidents and accidents are used to implement improvements as indicated. The analysis includes the numbers of falls and the times that falls are occurring for residents who have had increased falls, with strategies implemented to reduce the number of falls.</p> <p>Evidence is seen of a falls prevention programme which included opening the dementia wing doors (with staff supervision) at set times over the day. Data showed reduced falls and challenging behaviour.</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</p>	<p>CI</p>	<p>Professional qualifications and annual practising certificates (APCs) are validated on employment and annually. The service maintains a folder of current APCs, sighted for all staff and contractors who require them.</p> <p>The staff files evidenced that good employment processes are implemented, such as recruitment, interview and reference checking. After the orientation period there is then a performance review annually. Orientation includes the essential and emergency systems, handling concerns and complaints, cultural</p>

<p>the requirements of legislation.</p>		<p>best practice, infection control, incident/accident reporting, managing challenging behaviours and restraint minimisation. Staff reported that the orientation and induction gave them a good understanding of their role and responsibilities.</p> <p>The in-service education programme covers the essential components of service delivery for rest home level of care. The service also accesses ongoing education support from the DHB aged residential care programme, gerontology nurse specialists, local aged care facility and palliative care services. Attendance records are kept for the education that staff have attended, as sighted in each of the staff member's personnel files. The three RNs who undertake the InterRAI assessments have completed their InterRAI competency training.</p> <p>There are two continuous improvements recommended relating to a buddy preceptor for new staff and a cultural competency and awareness initiative.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a clearly documented policy on staffing levels and skill mix to meet the needs of residents requiring rest home level of care. There is at least two care staff on duty at all times. In addition to the direct care staff, there are a RN and nurse manager on duty morning shift Monday to Friday. The RNs share after hours on call and the GP practice is available after hours. There is at least one staff member on duty each shift who has current first aid qualifications. There is appropriate staffing level for activities, cooking, cleaning and laundry. Staff report they have sufficient time to complete the duties they are required to do each shift.</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>	<p>FA</p>	<p>The resident's name and date of birth and national health index (NHI) are used as the unique identifier on all residents' information sighted. Clinical notes were current and integrated with GP and auxiliary staff notes. The files were being kept secure and only accessible to authorised people. On the day of admission all relevant information is entered into the resident's file by the RN following an initial assessment and medical examination by the GP. The date of admission, full and preferred name, next of kin, date of birth, gender, ethnicity/religion, NHI, the name of the GP, authorised power of attorney, allergies, next of kin and phone numbers were all completed in each resident's record reviewed. No personal or private resident information was observed to be on public display during the days of audit.</p> <p>Archived records were being safely held on site for ten years. These are catalogued for easy retrieval.</p>
<p>Standard 1.3.1: Entry To Services</p>	<p>FA</p>	<p>The service has an admission/enquiry form that records pre-admission information. At the time of the audit there was one resident under the age of 65. The resident admission agreement is based on the Aged</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>		<p>Care Association agreement. The residents' records reviewed have signed admission agreements by the resident/family or EPOA.</p> <p>Vacancies are updated daily through Eldernet. The sales manager, facility manager or clinical co-ordinator show potential prospective residents and/or their family members through the facility and after hours and on weekends senior staff do this.</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>	<p>FA</p>	<p>The service uses the DHB's processes and forms for admission and discharge to and from the acute care hospital which includes a transfer template, copy of the resident's individual risk profile, individual file front page, medication profile form and allergies records, a summary of medical notes and a copy of any advance directives are included in information provided when a resident requires acute services support. Communication between the two services and with the family occurs prior to transfer and any concerns are documented and included in the transfer information.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy and procedure clearly describe the processes to ensure safe administration of all medications. This includes competency requirements, prescribing, recording, 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>Medications for residents are received and delivered by the pharmacy in a pre-packed delivery system. A safe system for medicine management was observed on the day of audit. Medicines are stored in locked medicine trolleys in the dining room when not in use alongside the nurses' station. A locked safe is used for controlled medications. The controlled drug register and evidence of pharmacy audits were sighted. Medications that require refrigeration are stored in a separate fridge.</p> <p>The 10 medicine charts reviewed have been reviewed by the GP every three months and are 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 and 'as required' (prn) medications identified had the reason stated for the use of that medication. 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 and a pharmacy medication/tablet identifying sheet. At the time of audit there were no residents who were self-administering.</p> <p>There are documented competencies sighted for care staff designated as responsible for medicine management, however medication competency for the registered nurse was overdue by two months. The registered nurse administering medicines at the time of audit demonstrated competency related to medicine management. Senior caregivers are assessed six monthly to be competent with medication as</p>

		required.
<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>Regular monitoring and surveillance of the food preparation and hygiene is carried out. Food procurement, production, preparation, storage, delivery and disposal were sighted at the time of audit. Fridge and freezer recordings are observed daily and recorded and were sighted and meet the food safety requirements. Kitchen staff interviewed have a very good understanding of food safety management. Kitchen staff have undertaken food safety management education appropriate to service delivery.</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 discussed with the GP and referred for a dietitian review.</p> <p>A nutritional profile is completed for each resident by the RN upon entry and this information is shared with the kitchen staff with a copy remaining in the kitchen to ensure all needs, wants, dislikes and special diets of the resident are catered for. The kitchen is available for staff to provide residents with food and nutritional snacks 24 hours a day.</p> <p>All meals are cooked and served directly from the kitchen at the time of the meal, with residents having the option of trays in their rooms. Family/whanau and residents interviewed reported that they are very satisfied with the food and fluid services.</p> <p>Positioned in two smaller lounges within the facility are facilities to make a hot beverage and a water filter that residents and families are able to access easily and at any time.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The clinical co-ordinator 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 has a statement that indicates 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</p>	FA	<p>The service has implemented the electronic interRAI assessment for all residents. The service continues to use organisational paper based assessment tools to complement the interRAI assessment.</p>

<p>requirements, and preferences are gathered and recorded in a timely manner.</p>		<p>Assessments are carried out by a registered nurse appropriate to the level of care of the resident and include falls, skin integrity, nutritional needs, continence, and communication, end of life, TARGET (towards achieving realistic goals in elders tool) and pain assessments. The interRAI assessment is also utilised when a change of level in care is required.</p> <p>The residents' files reviewed have assessment information obtained from any prior place of living, services involved, the resident and where applicable, the resident's family and/or nominated representative. Where a need is identified, interventions for this are recorded on the care plan and external services are requested as required. All of the files reviewed have falls risk and pressure injury risk assessments.</p> <p>The family/whanau interviewed reported their resident receives 'above and beyond the care required' to meet their relative's needs.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The eight residents' files reviewed have care plans that address the residents' current abilities, concerns, routines, habits and level of independence. Strategies for reducing and minimising risk while promoting quality of life and independence are sighted in the residents' files. Also evidenced is the assessment of techniques used that are individual and specific to the resident with interventions and evaluations sighted. The caregivers interviewed demonstrated knowledge about the individual residents they care for.</p> <p>Eight residents' files reviewed included diversional therapy care plans identifying the residents' individual diversional, motivational and recreational requirements showing documented evidence of how these are managed. The files reviewed showed input from registered nurses, care and activities staff and medical and allied health services. The registered nurses and caregivers interviewed reported they receive adequate information to assist with the residents' continuity of care. This was also evidenced in the shift handover (verbal and paper) and staff communication book.</p> <p>The family/whanau interviewed reported they were very happy with the quality of care provided at the service.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>As observed on the day of the audit, the registered nurse and caregivers demonstrated good knowledge of individual residents, providing individual and specific care that was reflected in the resident's care plan. The residents' files showed evidence of discussions and involvement of family. The residents interviewed reported that the staff knew them all very well and had no concerns with the care they received.</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. The registered nurse and caregivers interviewed reported they have input into residents' care plans on a regular basis and state that the care plans are accurate and kept up to date to reflect the residents'</p>

		needs.
<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>	CI	<p>The activities programme uses a framework to empower the residents to have the opportunity to be valued and respected. The residents are provided with opportunities that are of interest to them from the past and present and are encouraged and supported to maintain their community networking and friendships allowing for ongoing socialisation and developing new interests. The activities coordinator adapts activities to meet the needs and choices of the resident.</p> <p>The facility has one activity co-ordinator who works a total of 28 hours per week. The 28 hours are flexible and worked within a five day working week (at times including weekends) to allow for different activities and community events occurring.</p> <p>The weekly activities plan/calendar sighted is developed based on the residents' needs and interests and can be easily adapted and changed depending on the residents' interest and reaction at the time. The activity coordinator advertises the upcoming activities on the calendar on the notice boards through the facility. The caregivers assist with the planned activities seven days a week. Regular activities include church services, happy hour, regular visiting entertainment and trips to other events occurring in the community. Daily activities occur within the main lounge. Activities focus on the five senses and reminiscing, including current affairs. For residents that wish to remain in their rooms, activities and one to one interaction are offered and encouraged by staff. The care staff interviewed stated that they have access to activities to support residents after hours and on the weekends.</p> <p>The outside environment provides easy access to outside garden areas that enable residents to come and go safely. There are seating arrangements and different areas of focus.</p> <p>The facility has initiated community links such as Adopt a Grandparent where residents go to the local school and participate in different activities with the children. There are reading programmes with pre-schoolers where the residents go to the local preschool and read for the children and food collection for Plunket where the residents were supported to help organise this event.</p> <p>The residents' files reviewed have activities and social assessments that identify the residents' individual diversional, motivational and recreational requirements. Daily activities attendance sheet records are maintained for each resident. The goals are updated, assessed, reviewed and evaluated in each resident's file six monthly.</p> <p>Overall, the planned activities organised at Aria Bay is occurring at a level of continuous improvement</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 was conducted within the last six months. Evaluations are resident focused and document achievements or response to supports/interventions and progress towards meeting the desired outcome/goal.</p> <p>Residents' changing needs are clearly documented in the care plans reviewed. Residents whose health status changes, and/or who are not responding to the services or interventions being delivered, are discussed with their GP and family/whanau. Short term care plans were sighted for wound care, infections, changes in food and fluid intake and skin care. The medical and nursing assessments of these short term care plans are documented in the residents' progress notes. The caregivers interviewed demonstrated good knowledge of short term care plans and reported that they are reported and discussed at handover.</p> <p>Family/whanau interviewed stated that they can consult with 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>	<p>FA</p>	<p>There is one GP who either visits the resident at the facility or a family member will take the resident to see the GP in the practice when required due to the resident's choice. The RN or the GP arrange for any referrals required to specialist medical services when necessary. Records of progress are recorded in the resident's file and were observed. These referrals and consultations included mental health services, general medicine services, psychiatrist, geriatrician, podiatry, dietitian and speech language therapist. The GP interviewed reported that referrals to requested services are well managed from the facility and no concerns are noted.</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</p>	<p>FA</p>	<p>The cleaning, laundry and sluice room have safe, secure and appropriate storage of waste, chemicals and hazardous substances. Personal protective equipment (PPE), such as gloves, disposable gowns, and eye protection is available in the laundry/chemical storage area. The cleaning and laundry staff demonstrated knowledge on the safe use of the chemicals and PPE. Up to date MSD sheets are sighted in the laundry. Staff have ongoing education on infection prevention and control and the use of chemicals.</p>

delivery.		
<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>The service has a current building warrant of fitness and safety inspection for the lift is displayed. The contracted fire and maintenance service conducts a monthly compliance check of the environment.</p> <p>Hot water temperatures are monitored monthly and are within safe guidelines. Medical equipment and scales evidence annual calibration, with a spreadsheet and external provider's report provided for this equipment. The electrical equipment is tested and tagged. Six monthly service and inspection of the kitchen and laundry equipment is recorded.</p> <p>The environment promotes safe mobility, with secure hand rails in the hallways and floor surfaces that are intact and do not present a trip hazard. Each wing has access to the external areas and verandas.</p> <p>The residents and families reported satisfaction with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Most of the rooms have access to either a single or shared ensuite toilet and hand basin. Apartments have ensuite shower facilities. There are additional showers and toilets in each wing. The showers and toilets have privacy signage (vacant/engaged signs). There are separate facilities for staff and visitors. The residents reported satisfaction with the showering and toilet facilities.</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>All rooms are single occupancy. Each resident's room has their personal items and provides enough space for the resident and staff to mobilise. The residents and families reported satisfaction with the personal space. Space is also available for mobility aids.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with</p>	FA	<p>There are lounge areas located on both levels of the facility. There is one large open planned dining and lounge area, a smaller lounge, sitting area and conservatory. Residents have access to additional sitting areas on the verandas that can be accessed from each resident's room. The residents and families report satisfaction with the communal areas.</p>

safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		
<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 cleaning and laundry is conducted by specific cleaning staff, with the care staff assisting with the laundry duties. The laundry has a dirty to clean flow and adequate industrial sized washing and drying machines. The cleaning and laundry equipment are stored in a safe and hygienic manner. There is secure storage of the bulk chemical supply in the laundry and cleaning areas. Staff demonstrated knowledge on the use of chemicals. The residents and family report satisfaction with the cleaning and laundry services</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>	FA	<p>The approved evacuation scheme is current and the fire and emergency equipment has a monthly inspection as well as an annual certification by an external contractor. Emergency and security training is provided as part of staff orientation and ongoing in-service education. Evacuation drills are conducted six monthly and evidence was sighted of these. Staff demonstrated knowledge on how to respond in emergency or civil defence situations.</p> <p>The service has bottled gas for cooking and emergency lighting in the event of mains failure. There is a water tank and bottled drinking water that is accessible in emergency situations. Emergency gas heaters are available for heating if required.</p> <p>Each room, toilet and bathing facility has access to a call bell. The call bell system has a light and audible alert when activated. Staff responded promptly when the call bell was tested. The residents and families reported satisfaction with the time frames in which call bells are answered.</p> <p>There is a process implemented to ensure the entrances, doors and windows are secured at night. A security firm provides night time inspections. Staff, residents and families report satisfaction with the security arrangements.</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</p>	FA	<p>Areas used by residents have external windows and doors for light and ventilation. The corridors have skylights. The service is centrally heated in the colder months, with the residents being able to individually control the temperature in their rooms. The residents reported satisfaction with the heating, light and ventilation of the service. In accordance with requirements this is a smoke free environment.</p>

at a safe and comfortable temperature.		
<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. The infection control programme minimises and reduces the risk of infections to residents, staff and visitors to the facility.</p> <p>The infection control coordinator is the clinical nurse coordinator/RN. The infection control coordinator holds accountability and responsibility for following the programme in the infection control manual. The infection control coordinator monitors for infections by using standardised definitions to identify infections, surveillance, changes in behaviours, monitoring of organisms related to antibiotic use and the monthly surveillance record. Infection control is discussed at each staff meeting.. 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 coordinator interviewed reported that staff have good assessment skills in the early identification of suspected infections. Residents with suspected and/or confirmed infections are reported to staff at handover and short term care plans implemented and this is documented in the progress notes. Staff interviewed stated that they are alerted to any concerns and are included in the management of reducing and minimising risk of infection through staff meetings, staff communication book, one to one, shift handover and in residents' documented progress notes.</p> <p>A process is identified in policy for the prevention of exposing providers, residents and visitors to infections. Staff and visitors suffering from infectious diseases are advised not to enter the facility. When outbreaks are identified in the community, specific notices are placed at the entrance saying 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 and there are adequate hand washing facilities for staff, visitors and residents with hand washing signs noted throughout the facility. Gloves were observed and found in all showers and toilets and gowns are easily accessed by staff as required. Residents who have infections are encouraged to stay in their rooms if required.</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</p>	FA	<p>The clinical nurse manager/RN has the role of infection prevention and control coordinator. Infection control issues are discussed at staff and resident meetings. The facility has the support of a clinical infection control specialist nurse who is available for advice on infection prevention. Advice can also be sought from different external sources including the laboratory diagnostic services and GP. The infection control coordinator has undertaken courses related to infection prevention through the district health board and other external sources. The registered nurse and caregivers interviewed demonstrated good knowledge of infection prevention and control. On several occasions throughout the audit, good hand washing technique was observed</p>

organisation.		
<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 policies and procedures that support specific areas. Staff were observed demonstrating safe and appropriate infection prevention and control practices.</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>The registered nurse/clinical co-ordinator and caregivers interviewed were able to demonstrate good infection prevention and control techniques and awareness of standard precautions, such as hand washing. Hand washing of staff is reviewed regularly by the clinical nurse manager. Infection control in-service education sessions are held and resident education is provided, as and when appropriate.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>All staff are required to take responsibility for surveillance activities as shown in policy. Monitoring is discussed in management meetings to reduce and minimise risk and ensure residents' safety. The infection coordinator completes a monthly surveillance report. The service monitors eye infections, urinary tract infections, upper and lower respiratory tract infections, acute and chronic wound infections including pressure injuries, multi drug resistant organisms and diarrhoea/vomiting and other hospital or community acquired infections. The monthly analysis of the infections includes comparison with the previous month, reason for increase or decrease, trends and actions taken to reduce infections. This information is fed back and discussed in staff meetings. Infection rates are reported as being normally low, however infection rates for urinary tract infections were elevated in December 2015 and a decrease was evidenced in February 2016. The monthly analysis evidenced reflected that the residents were affected in both months due to the same bacteria. Extra staff training was introduced in December to reduce, minimise risk, trends and actions to take to reduce the infection rate.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is no recorded restraint or enabler use at the service. When enablers are used, these are voluntary and the least restrictive option to maintain the resident's safety and independence. Staff demonstrated knowledge on enabler use. Restraint minimisation and management of challenging behaviours is part of the staff's ongoing education programme. There are sufficient policies and procedures for restraint approval, assessment, safe use, evaluation and quality review if restraint was to be used.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	CI	<p>Documentation related to twenty two different quality improvement performance initiatives (QIPs) currently underway at Aria Bay was provided. Where applicable, some of these have resulted in continuous improvements ratings being attributed to the relevant criteria of the standard in this audit, while others are still under development and results are not yet showing the outcome or impact.</p> <p>QIPs were supported with review reports, supporting documentation, staff meeting minutes and feedback reports, to mention some. The documentation provided demonstrates that ongoing review and evaluation processes are ongoing, even when outcomes are already evident. A continuous improvement rating for the manner in which the organisation addresses areas requiring improvement at Aria Bay has been granted.</p>	<p>Aria Bay has demonstrated a commitment to undertaking quality improvement performance initiatives. Gaps in services provided or quality improvement opportunities are being identified through a range of mechanisms including survey feedback, staff feedback, analysis of quality improvement data and internal audit processes for example. Quality improvement performance plans have been developed. A wide range of issues have been and are being addressed, all of which focus on residents' safety, quality of life and general satisfaction withy services provided</p>

<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	<p>CI</p>	<p>Aria Bays a falls reduction programme in 2013/2014 (45% reduction) and a new plan in place to reduce this by a further 50%,</p> <p>In addition, following the analysis of data on incident reports, two other specific areas around residents' safety were identified by the service as requiring improvement. One was around manual handling and another related to night time falls when certain residents got up to the toilet. The latter was a progression from the manual handling project. A continuous improvement rating has been granted, as following the analysis of incident related data two quality improvement projects were developed. These are underpinned by ongoing data analysis, the development of project plans with clear objectives to improve residents' safety and ongoing review and evaluation.</p> <p>The manual handling project ensures all staff compete a manual handling competency during orientation and annually thereafter. Several key staff have been specially trained in manual handling by a physiotherapist and are responsible for maintaining the training and competencies of other staff at orientation and annually thereafter. This project is reviewed annually and modifications and changes in made as needed. Statistics for 2015 demonstrate a lower incidence of manual handling related incidents (0 – 2% most months for 2015). Following a review, the organisation has chosen to link with the Fathom national benchmarking programme. First reporting results are due and are expected to indicate if new or different actions will give even better results.</p> <p>A list of residents who require supervised night time toileting at specific times (because they have been identified as at risk) was drawn up, as per the quality improvement performance plan. Formal reviews are due in August 2016 and although results to date lack significance, feedback from staff and residents is positive. An advancement on this programme is the purchase of touch lamps for residents prone to falling. This was introduced after residents on the falls committee noted the increased risk of night time falls when reaching for the light switch. It is too early for formal results; however initial evaluation already suggests</p>	<p>Documentation of adverse and untoward events and the analysis of this data continue at Aria Bay. In addition to the success of a previous falls reduction programme which is being extended with the goal of further reductions, two other related quality improvement projects have been implemented, reviewed and revised and will be further evaluated. Such actions have resulted in increased resident safety, some reduction in adverse events, especially residents' falls. Positive reports have come from staff and residents regarding the night time toileting regime and residents with touch lamps are reporting they feel safer at night</p>
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		residents feel safer when getting up at night	
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	CI	<p>A continuous improvement rating was attributed for this criterion as the service provider has been particularly pro-active in ensuring service providers with cultural difference are supported and that all service providers demonstrate cultural competence. The manager had initially identified that due to the diverse nature of the Aria Bay work place and often multicultural background of the residents, that cultural safety was important.</p> <p>A DHB cultural advisor was contacted and in 2014 and 2015 was supportive of undertaking the cultural training competency education. Other facilities were invited to the days as the managers reported they were aware of the increase in cultural diversity in both staff and residents.</p> <p>Two trained cultural advisors, who have since undertaken updates, were appointed to be available to act as advocates as required. Additional staff have undertaken relevant training courses. Review processes have primarily consisted of feedback, albeit subjective. This has been consistently positive with reports of a heightened awareness of cultural differences in the facility. Residents who come from different cultures have expressed an appreciation of the support and respect shown to them. Management have observed increased respect for cultural differences between staff and with residents since the project was implemented and have chosen to keep this improvement initiative in place. They claim it has been a 'very valuable exercise'.</p>	<p>A quality improvement initiative around cultural competency was implemented in 2014 – 2015. This has resulted in cultural mentoring/supervision being available for staff and in the organisation demonstrating cultural responsiveness with the employment of cultural advisors. Consequently, there is heightened awareness of cultural differences and more understanding of each other between staff. Feedback from residents of different cultures has reported more support and respect shown for cultural differences. Staff reported on interview they are more aware of our multicultural society and enjoy the knowledge they received from the study days.</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential</p>	CI	<p>Following feedback from new staff at a staff meeting, it was decided to introduce a new buddy system for new staff with dedicated preceptors. A quality improvement performance plan was introduced to address this issue. A continuous improvement rating has been allocated to this criterion as the management and staff were overwhelmingly supportive of the results following</p>	<p>The implementation of a new preceptorship programme that is led by dedicated preceptors has not only received positive feedback but has resulted in unexpected results. A review from new staff report they felt more supported and it created a harmonious work place. Staff turnover</p>

<p>components of the service provided.</p>		<p>implementation of the plan, its review and a re-evaluation in November in 2015.</p> <p>A more comprehensive buddy system was implemented when orientating new staff. This was intended to reduce possible isolation. Dedicated preceptors were identified and were matched in personality and culture as close as possible to the new recruit. A list of approved preceptors was established and clear documentation regarding the role and its responsibilities were developed.</p> <p>Ongoing reviews to ascertain the benefits of the programme have occurred. The benefits have been identified as it having improved the foundation for the role, quicker settling times into the role, increased enthusiasm for training going forward, reduced sick leave taken and reduced staff turnover. More staff social outings are reported to be occurring and these are strengthening friendships between staff.</p>	<p>is low and staff reported on interview the buddy system empowered them to feel supported and more welcome. The management team have decided that they will continue the programme and continue annual reviews.</p>
<p>Criterion 1.3.7.1 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>Several significant quality improvement performance projects around the residents' activity programme have been implemented and continue to be in place. Each has an individual plan with its own review and evaluation process. The processes in place that ensure Aria Bay residents maintain strong links with the community are demonstrating continuous improvement and therefore this rating has been attributed to this standard.</p> <p>Initiatives facilitated by the facility such as Adopt a Grandparent, reading programmes with pre-schoolers, a gateway programme with secondary school students at a local college and food collection for Plunket have been found to be successful in encouraging residents to continue to participate in different community groups and activities. Reviews have shown that unexpected outcomes include the bridging of an inter-generational gap, strengthening of Aria Bay's links with the business community and the manner in which the profile of retirement living overall has been raised within the local community. Residents interviewed reported that they enjoyed the</p>	<p>The service is rated continuous improvement for the extent of the review and the successful outcome for the implementation of new strategies to support residents to continue linkage with different community groups.</p>

		different experiences and opportunities and look forward to continuing the building of different relationships. The success of each programme has meant they will be continued.	
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End of the report.