

Merivale Lifecare 2011 Limited - Merivale 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:	Merivale Lifecare 2011 Limited
Premises audited:	Merivale Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 4 January 2017 End date: 5 January 2017
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:	81

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

Merivale Retirement Village in Merivale Christchurch is certified to provide rest home and hospital level care for 83 residents. On the day of this certification audit there were 81 residents. This consisted of 46 rest home residents and 35 hospital residents. There are 30 units on the property which can be occupied under a purchased occupational right agreement; these were not part of this audit.

This certification audit against the Health and Disability Services Standards and the provider's contract with the district health board (DHB), included observation of the environment, interviews with the management team and staff, review of documentation and interviews with residents and their families and a general practitioner.

Four areas have been rated as continuous improvement (beyond the standard normally expected), relating to quality initiatives in meetings, forms development, care planning and activities.

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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Information about the Code of Health and Disability Services Consumers' Rights (the Code) and the Nationwide Health and Disability Advocacy service is readily available within both the rest home and hospital. Residents are treated with respect and personal privacy is maintained. Conscious efforts are made to encourage residents to be as independent as they are able. There was no evidence of any instance of abuse or neglect.

Maori residents are assisted to receive services according to their cultural values and beliefs, personal preferences and needs. Arrangements have been made for advice and additional cultural assistance to be accessed from an external organisation when required.

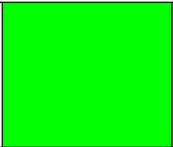
Residents' individual culture, values and beliefs are taken into account, professional boundaries were being upheld and residents have been free from any form of discrimination, harassment or exploitation.

Good communication, including open disclosure processes, is in place and multiple examples of this occurring were evident. Contact details of the interpreter services are available, although such services have not been required in the last three years.

Residents' files have completed signed informed consent forms and advance directives as applicable. Choices are given to residents throughout service delivery, links with residents' family members are encouraged and residents have access to advocates of their choice.

There is a complaints process that is understood by residents, family members and staff and meets the requirements of the Code. The manager maintains a current register.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The organisation has a documented business and strategic plan in place which is reviewed regularly. The governing body is Merivale Lifecare 2011 Limited. A regional manager and nurse manager oversee the day to day management of the facility. They both have position descriptions and the necessary skills, knowledge and experience to perform their job.

There is a quality and risk management system in place. This includes quality and clinical indicators, an internal audit programme and management of risks. A suite of policies and procedures are current and reviewed regularly. The adverse events reporting system and corrective action planning links to the quality improvement cycle to manage any risks and ensures quality improvement occurs.

There are appropriate systems for the recruitment, appointment and management of all staff. Formal orientation and an ongoing education and training plan is provided/developed for all employees. Staff have a current performance appraisal and this occurs annually. The clinical supervisor prepares the roster based on residents' needs, and safe staffing levels. The roster includes registered nurses, caregivers, and a range of laundry, cleaning, kitchen and activities staff. The current roster is adequate for the number of residents and their level of need.

Resident information management systems are being maintained in a way that protects residents' privacy and ensures confidentiality is maintained. Residents' records are integrated, legible and meet guidelines and 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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Conditions of entry to the service are described in an information package. Admission processes are detailed in policy and procedure documentation and admission agreements and interRAI assessments were completed within required timeframes. If a prospective client does not fit the criteria, the nurse manager provides information of other options to those involved.

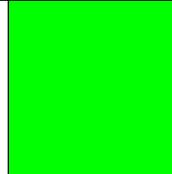
Care plans reviewed were comprehensive and reflected the commitment and dedication of staff to ensure care is personalised and meets the assessed needs of each resident. Evaluations and reviews were up to date and have been completed in line with contractual and policy requirements.

Dynamic and varied activities, that involve community integration, complemented the day to day activities programme in both the rest home and hospital. Strong and beneficial relationships with the local community are being established, feedback is positive and ongoing developments are occurring.

Medicines are being managed according to a full suite of medicine management policies and procedures. All medicines were stored safely and administered by competent staff. Medicine records met legislative requirements. The local pharmacy is overseeing the system to ensure safe practices are adhered to.

All residents had a completed nutritional/dietary profile, which ensures personal nutritional needs and food preferences are met. The six weekly rotating menus, with winter and summer variations, have been signed off by a dietitian. Kitchen staff have completed food safety training, food is being stored correctly, stock rotation was evident and food waste was being disposed of in an acceptable manner.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility is purpose built and well maintained. Residents' rooms are kept clean, tidy, well ventilated and at a comfortable temperature. There are a number of communal areas which provide a variety of spaces for residents to use. There are enough toilets and bathrooms for the number of residents. The building has a current building warrant of fitness.

Easily accessed, safe and well maintained outside areas are provided for residents' use.

There are systems in place for the management of waste and hazardous substances by staff who have been trained in this area.

Emergency procedures are documented and available in several places around the facility. Regular fire drills occur and staff are well trained to respond in any emergency. There is a generator available and adequate supplies for civil defence and other emergencies. Appropriate security arrangements are in place.

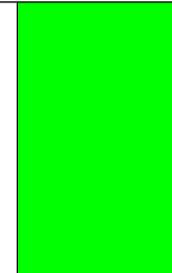
Restraint minimisation and safe practice

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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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, the service had two residents with enablers in the form of bedrails and lap belts in place. There were no restraints in 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.

Infection prevention and control is underpinned by a set of relevant current policies and procedures. The infection prevention programme is overseen by an infection control coordinator and an infection control committee. Expert advisors are available and contribute to staff education and implementation of a comprehensive surveillance programme. Outcomes of the surveillance programme contribute to quality improvement processes that are reducing the incidence and severity of infections.

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	2	43	0	0	0	0	0
Criteria	4	89	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>There is a comprehensive policy and procedure on residents' rights and on the organisation's responsibilities to uphold these. The Code of Health and Disability Services Consumers' Rights (the Code) is known by staff members who were interviewed. They receive training on the topic at orientation and at annual training sessions. Copies of the Code are available in the nurses' station. Staff were observed demonstrating various aspects of the Code, such as respect and providing choices. Residents are consistently informed of ways in which their rights are upheld.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The informed consent policy and procedure complies with Right 7 of the Code and includes guidelines for staff obtaining written informed consent from residents. This covers consent for a range of issues from receiving and recording information, receiving care from nursing students and taking and using photographs, for example. The policy also includes guidelines for obtaining ongoing verbal consent. All of the residents' files that were reviewed during the audit in both the rest home and the hospital had completed, signed and dated informed consent forms in place.</p> <p>A comprehensive information sheet accompanies advance directive forms that are completed by residents who at the time of admission are deemed by the GP as competent to complete them. Forms that include guidance for end of life interventions were on residents' files and have been completed by the GP and a witness. Enduring power of attorney documentation is in residents' files. Staff confirmed</p>

		that this information is useful and two documented examples of residents' preferred end of life care preferences being honoured were found during the review of residents' files.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	An organisation policy and procedure on advocacy notes the right of residents to have an advocate of their choice appointed at any time. Information on advocacy services is on display, in brochures about the code and in the admission pack. A rest home resident had previously requested a person from the advocacy service to assist them, otherwise it has been family members and to a lesser degree friends, who have advocated on behalf of a resident. Residents interviewed stated that they had not had any need for such an intervention as a conversation with either the respective charge nurse, or the nurse manager, was sufficient to get any concern addressed and that these were usually insignificant anyway.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents and family members who were interviewed confirmed that all visitors are welcome. A family contact record sheet is used for formal contact such as open disclosure communication, or invitations to review meetings. A record is in each resident's file and these are routinely updated.</p> <p>Residents are encouraged as much as possible to be involved in the community and for the community to be involved in the rest home and hospital. Examples of these are further described in the sections of the report about quality improvement initiatives and activities. Staff responsible for the activities programme also take residents into the community for shopping, entertainment, coffee and van drives, for example.</p>
<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	There is a complaints policy which aligns with Right 10 of the Code. The nurse manager leads the investigation of complaints with input from the regional manager. Complaints forms are visible and available at the front reception. A complaints procedure is provided to residents within the information pack at entry. Seventeen complaints in 2016 were included on the register. All have been resolved to the satisfaction of the complainant. The complaints register was up to date.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	A copy of the Code is in the admission pack for new residents and the new resident and family members are informed about the content. Additional copies of the Code are available at reception and two rights from the Code are selected for discussion at each two monthly residents' meeting. A poster version of the Code is on display in both the rest home facility and in the Silverdale hospital building. Information about the Nationwide Health and Disability Advocacy service is provided alongside the

		Code.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The managing director is the designated privacy officer. The privacy policy includes details on maintaining residents' information in a secure manner. Residents were observed to be treated with respect and spoken to in a respectful manner. Staff demonstrated an awareness of the importance of maintaining residents' privacy in their actions and encouraged independence with tasks and activities of daily living. Doors were closed during personal cares and residents were directed to their room, or a secluded area, for staff to have private conversations with them.</p> <p>Family and residents confirmed that staff consistently respected their privacy, encouraged them to do what they can for themselves and that there was no sign of verbal, emotional or physical abuse or neglect. An abuse and neglect policy includes all definitions, possible signs of abuse and neglect, preventative procedures, reporting and management. It has been updated to include residents as vulnerable adults under the Crimes Act.</p> <p>Cultural and spiritual preferences are recorded and communicated to all staff involved in a resident's care.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The nurse manager informed of the death of their previous Kaumatua. The facility has available another person for advice and support to ensure the cultural needs of Maori residents are met. Copies of emails verified these efforts and also demonstrated that staff education from an external source is scheduled in 2017. Hauora Maori and cultural safety policies to guide staff are in place. These note that the organisation follows the three principles of the Treaty of Waitangi; partnership, participation and protection, and has adopted the Te Whare Tapa Wha four cornerstones of health model.</p> <p>Detailed guidelines direct staff for managing residents who identify as Maori, as well as for other ethnicities. According to documentation and management the facility has a philosophy of family/whanau inclusion. The personal files of two residents who identify as Maori confirm that cultural requirements and preferences have been checked out and that any requirements and expectations have been recorded.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe</p>	FA	<p>A cultural safety policy includes ways of communicating with residents and their family/whanau about personal values and beliefs. Such details are recorded in a comprehensive social history record in residents' records and in care planning documentation, as applicable. Staff provided examples of special considerations made to meet specific needs. Residents and family members confirmed that</p>

services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.		any ethnic and cultural needs are being met by the service provider, or by family members. Likewise, spiritual and other values and beliefs are being acknowledged and specific needs are being met as far as possible.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	The organisation's human resources manual includes policy and procedure around professional boundaries and states that staff are not permitted to accept gifts from residents without permission from management. There was no evidence during staff, resident and/or family interviews of discrimination, coercion, harassment, sexual, financial, or other exploitation, and nor was there any evidence of such activities in the adverse event reporting system.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Merivale Retirement Village is committed to providing services of an appropriate standard and for striving to provide the optimum care and support possible for the residents. The number of resident focused quality improvement initiatives is testimony to this commitment. Positive feedback from residents, family members and staff about the quality of services confirmed observations that services are of an appropriate standard. The regional manager and nurse manager demonstrated their commitment to investing in ongoing staff training, spoke of access to research and new initiatives in aged care, and were familiar with changes occurring in the industry.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Guidelines and expectations of communication processes were evident throughout a range of the documents that were reviewed before and during the audit. The open disclosure policy includes guidelines for staff, encourages the reporting of all errors and includes an apology by the organisation to the resident. Examples of open disclosure occurring were heard during the audit and each was open, professional and informative. Adverse event forms demonstrated open disclosure is occurring in a timely manner. Residents and family members who were interviewed believe they are well informed and stated questions are always answered to their satisfaction. The nurse manager informed that there has not been a need to access the interpreter service, although details of how to contact the service is available in the interpreter policy and procedure. One resident for whom English is not their first language has been in the country for a long time and is fluent in English. Residents are being assisted with their hearing aids as necessary and some residents' files showed that speech language therapists are accessed when considered necessary.

<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>Merivale Lifecare 2011 Limited is privately owned by a company of four directors. One owner/director is the managing director but was not onsite during the audit. A regional manager interviewed verified he reports directly to the managing director and attends all management meetings.</p> <p>The mission, vision and values of the organisation are documented in the strategic plan and quality plan. These are reviewed annually when progress against the objectives and goals in these documents are reviewed.</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>	<p>FA</p>	<p>In the absence of the nurse manager, either of the two charge nurses assumes the role with assistance from the regional manager. Both have suitable experience for the roles. When this occurs one of the charge nurses takes over some of the nurse manager's responsibilities to enable her to undertake the management role. The regional manager and managing director share their roles during absences.</p> <p>Staff members interviewed reported that the regional manager, nurse manager and charge nurses are providing stability as the management team of the facility and their respective areas of responsibility. Staff reported that they are approachable with an 'open-door' philosophy. There is evidence of reporting to the managing director at all meetings.</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>There is a comprehensive quality and risk management plan for the facility, which is reviewed annually.</p> <p>The regional manager and nurse manager coordinate the development and review of all policies and procedures for the facility, and include these changes as agenda items in all meetings. All documents reviewed during the audit were current.</p> <p>The nurse manager coordinates and facilitates the quality improvement committee, which meets monthly through the year. A set 15 item agenda includes the quality plan objectives, completed audits for the past month, adverse events, corrective actions, infection control and restraint minimisation, a report from health and safety committee, complaints, staff training, as well as any ongoing developments and review of documents. As well there is a combined staff meeting and a head of department meeting held every two weeks and covers all aspects of service delivery. Two quality improvement initiatives relating to quality and risk management are at a level of continuous improvement.</p> <p>The nurse manager implements the internal audit calendar, or delegates them to staff to complete. Those reviewed are detailed and complete with recommendations identified and implemented.</p> <p>Each month an analyses of quality data is collated and graphs of the adverse events are on display in the staff room. Staff members interviewed confirmed that they receive information about the events</p>

		<p>which occur in the facility and how these are managed. They also demonstrated an understanding of their responsibilities in the quality system appropriate to their role.</p> <p>There is a risk management plan, which identifies the risks to the business and includes strategies to mitigate these. This is reviewed regularly at the same time as the review of the quality plan and strategic plan. A corrective action plan is in place for any shortfalls.</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 incident and accident policy includes the essential notifications and statutory and regulatory reporting, including the requirement to report pressure injuries of category 3 under section 31 of the Health and Disability Services (Safety) Act. At interview, the nurse manager demonstrated clearly her responsibility in this area and explained the process, for example, for pressure injury reporting.</p> <p>Adverse events are reported and recorded on appropriate event reporting forms. The data from collated adverse events is summarised by the quality manager monthly and reported at meetings and in graph form on the staff room notice board. Staff confirmed that they report events using the reporting forms, or verbally to the nurse manager. They understand the importance of reporting and recording events.</p> <p>General practitioners (GPs) are notified of adverse events when they occur and this was confirmed during interview with one GP who visits the service and when reviewing event forms. Residents and family members reported that they are also notified of events and appreciate receiving this information.</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>Policies and procedures for recruitment, appointment and management of staff reflect current legislation and good employment practice. All recruitment is managed by the nurse manager with the assistance of the regional manager if required. Both were interviewed during the audit. All appropriate checks are undertaken during the appointment process and this was confirmed during a review of personnel files. Professional qualifications are verified and monitored annually. Records reviewed verify current practising certificates / professional registrations for registered nurses, medical practitioners and allied health professionals. Personnel files reviewed confirmed that performance appraisals are also current.</p> <p>A comprehensive training and education programme is available for all staff. This includes an orientation and induction programme and ongoing annual training. The nurse manager maintains a training register, which includes essential training, competencies, and other in-service and external training attended by staff. The programme includes wound and pressure injury management.</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>A staffing policy is in place to alter staffing according to the skill mix and residents' needs. Rosters are the responsibility of the office administrator with oversight by the nurse manager. Three weeks of rosters reviewed verified a registered nurse (RN) on every shift with a varying number of resident care assistants (RCA) throughout the facility and across all shifts over 24 hours and seven days a week. Two charge nurses and the nurse manager are supernumerary to the RN numbers.</p> <p>There are two cooks and several kitchen hands, two laundry and separate cleaning staff seven days a week. There are two full time activities persons five days a week and a diversional therapist providing oversight of activity plans and programmes. A maintenance person and two gardeners complete the compliment of staff at the facility. The nurse manager and charge nurses share on call. The current staffing levels meet the requirements of residents.</p> <p>Residents, family, staff and the GP interviewed reported that there are sufficient numbers of suitably skilled staff.</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>Consumer information management systems are being managed as per the organisational policies and procedures and the Privacy Act 1993. Personal information is entered into the electronic system on the day of admission. Personal files are held securely in nurses' stations that are locked and have key pad entry. Archived files are secure and records can be easily accessed.</p> <p>Residents' records are in individualised organised folders. Entries into residents' records are legible and are consistently being dated, signed and include the designation of the author. Residents' personal records are fully integrated.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Information packages are available to any person who enquires about entry to the service. The nurse manager informed that an opportunity to look around the facility is provided for all people asking for information. These documents describe entry criteria, assessment and entry screening processes. A copy of the information package was sighted and includes all essential documents as well as brochures on the Code and advocacy services.</p> <p>An admission policy was sighted and includes information and timeframes in relation to the electronic waiting list, an admission pack, an admission agreement and a checklist. The resident agreements are mostly being completed within 24 hours of admission, or shortly afterwards, but within 10 days. An interRAI assessment is undertaken within three weeks of admission, or is updated if a previous one is available. Both subsidised and non-subsidised residents receiving rest home or hospital level care have been assessed by the local aged care needs assessment and services co-ordination unit.</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>A transfer, exit and discharge policy and procedure details these processes. In the event of a person being transferred or discharged a transfer information form is completed. When relevant, it includes GP and family notifications. Examples of such documentation following internal transfers were sighted, as were some for people who had been to the public hospital and returned to the facility. Copies of key documents such as the advance directive and the medicine record accompany the resident. The nurse manager noted that a verbal handover is also provided and that staff make themselves available to answer any post transfer or discharge question that may arise. These processes are consistently used for respite care residents.</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>Organisational policies and procedures include a full suite of documents for medicine management. The organisation is currently negotiating with a company to introduce an e-medicine management system. Meantime, they are continuing with the established manual system.</p> <p>Medicines of all types are being stored safely in locked cupboards in the nurses' stations.</p> <p>Records of medicines with additional recording requirements are accurate. There is evidence of pharmacy involvement in maintaining safe medicine management systems that comply with legislative requirements and other relevant guidelines and protocols.</p> <p>All staff administering medicines have an up to date medicine administration competency. Completed competencies for managing specialist systems such as syringe drivers were also sighted.</p> <p>The only medicines that are self-administered are those such as inhalers and nitro-glycerine sprays, and staff review residents' safe administration of these on a three monthly basis.</p> <p>Medicine prescribing and administration records are being maintained as required, medicines are being consistently reviewed every three months and pro re nata medicines are being used as prescribed.</p> <p>A lunchtime medicine round was observed in the hospital one day and in the rest home the next day. The administration processes for medicine management were observed as meeting expectations.</p> <p>Internal audit systems ensure safe practice and ongoing compliance with legislation, protocols, and guidelines</p>
<p>Standard 1.3.13: Nutrition, Safe</p>	<p>FA</p>	<p>A dietitian signed off the six weekly rotating winter menu in July 2017 and the summer menu in November 2016. Residents who require additional nutritional requirements and have specific food</p>

<p>Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>preferences or diets confirmed they are having these needs met. All residents had a completed nutritional/dietary profile in a folder in the kitchen with evidence of copies in the files of those reviewed. There were three examples of prescribed additional nutrition sighted in a medication record folder. The chef described how he transfers the information to a spreadsheet that is updated as required. This was sighted with the last renewed spreadsheet dated 12 December 2016. In addition, recent changes and special needs are written onto white boards.</p> <p>All aspects of food procurement, production, preparation, storage and disposal comply with current legislation and guidelines. Dry goods are dated and kept in sealable containers, leftovers were dated and covered and are reportedly not kept any longer than twelve (maximum 48) hours. Stock is being rotated, fridges and freezers and walk in chillers have their temperatures checked twice daily, waste is disposed of in the waste disposal unit, or in the general rubbish, and all kitchen staff have undertaken a food safety course within the past 18 months.</p> <p>During an inspection of the kitchen, ingrained dirt on the edges of the vinyl and on kitchen units was noted, as was an accumulation of grease and dirt on the wheels of kitchen trolleys. A cleaning regime is in place and was being signed off every day. The kitchen is older style and plans to rebuild it because of damage sustained to it during the Christchurch earthquake are in place. Immediate action was undertaken and the kitchen was deep cleaned during the audit with attention to detail made. Further inspection prior to the end of the audit revealed that any potential risk to food hygiene had been mitigated. Audits of kitchen hygiene are an item in the organisation's internal audit schedule.</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 nurse manager noted that there are times when it had been necessary to decline entry to the services provided at the Merivale Retirement Village. These were discussed and the nurse manager stated that admission is declined if the prospective person's care needs sit outside the entry criteria, such as the person requires dementia services. The manager informed she speaks with family members and uses her knowledge of the sector to inform residents/families where entry is declined. She has also accessed Eldernet to assist the enquirer to look at other options and/or refers them back to talk to the needs assessment team.</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>Residents' needs are re-assessed using interRAI every six months. Six of the seven registered nurses are trained in its use and all residents have up to date interRAI assessments. The organisation reviews hospital residents' needs and their care plans every three months and those for rest home residents every six months. There was evidence during staff and resident interviews that if a person's condition changes then a re-assessment process is undertaken. Additional assessments are initiated if indicated and/or triggered through interRAI with examples being for nutritional needs, behaviour management,</p>

		pain management and the maintenance of skin integrity. All care plans were individualised with resident specific interventions. Residents' goals reflected the outcomes of the assessments and the content of care plans showed that identified needs are being addressed.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	CI	Interventions for all aspects of a person's care are described in individualised and comprehensive care plans. Using information from outcomes of the assessment processes, problems are identified, goals to address them are established and interventions determined according to key headings. All aspects of residents' care are described in the care plan, including activities, allied health professionals, laboratory results, previous hospital discharge records, specialist reports, consent documentation and medical examination and reviews. The introduction of a primary nursing process has enhanced care plan development and therefore the detail and continuity of care.
<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	Positive feedback about the care and support services provided in both the rest home and the hospital was consistently provided by all people who were interviewed. This included options being provided for service provision as appropriate. All stated that they can come and go as they want and as they are able. Additional services are provided when this is indicated and there were multiple examples of these: podiatry; dental; nutritional advice; wound care and physiotherapy. A multidisciplinary team approach is enabling residents' needs and desired outcomes to be met.
<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>All residents' files that were reviewed had a completed social history record. These were comprehensive and demonstrated information had been gathered from more than one source. The social history is used to develop certain sections of the care plan covering social relationships, cultural, activities and community groups. A team leader in the hospital is a qualified diversional therapist and activities coordinators in both the hospital and rest home are well underway to becoming qualified diversional therapists. Monthly activity plans include a variety of options and examples of social outings, in-house entertainment, games, celebrations and one on one activities varied from reading to a resident to taking them for a walk.</p> <p>Ongoing continuous improvement has been attributed for the efforts being made to integrate the community into the Merivale Retirement Village and for the village to be integrated into the local community and to stimulate the less active residents.</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 care and support packages of all rest home and hospital residents are reviewed every three months and as needed if a person's condition changes unexpectedly. Family are invited to participate and a multidisciplinary approach is taken if a person has other professionals involved in their care. InterRAI re-assessments are being completed every six months for all residents and the outcomes are being consistently used to update care plans for the six monthly reviews. The GP, in-house physiotherapist, activities staff, charge nurses and nurse manager contribute to the feedback and evaluation and review processes. Changes are made to care plans as needed, additional equipment accessed and/or referrals made if required and family members and caregiver staff updated.</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>Multiple examples of referrals to other services were found during the review of residents' records. The charge nurses and nurse manager described examples of possible reasons, who makes the referrals and what documentation is required. There is a section in each resident's file for the specialist to write up the consultation and any follow-up. Examples of referrals varied from those made to a dietitian, physiotherapist, podiatrist, older persons' health, the wound clinic, dentist and the needs assessment services.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are policies and procedures for the safe and appropriate storage and disposal of waste and hazardous substances. The health and safety manual includes policy around safe storage and handling of chemicals. Waste is appropriately managed. All chemicals sighted were stored securely. Staff interviewed demonstrated knowledge of handling chemicals and were observed using personal protective equipment.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The current building warrant of fitness expires 1 October 2017. There have been no changes to the building since the previous audit.</p> <p>Residents and family members interviewed during this audit reported that they find the environment is maintained to a high standard at all times and it is well presented.</p> <p>There is a regular system for preventative maintenance, relevant testing, and calibration of equipment. This was maintained and current. All hazards have been identified in the hazard register.</p>

		Outside areas were easily accessed from the facility and were well maintained.
<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	All residents' rooms have a full ensuite. Residents' rooms have hand-washing facilities with soap dispensers and paper towels. There are sufficient showers and toilets for residents. Separate visitor and staff toilets are available.
<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>Residents' rooms are spacious enough to allow care to be provided and for the safe use and manoeuvring of mobility aids. Transfer of residents can occur and equipment can be transferred between rooms. Doors have an additional opening to allow beds and stretchers to be moved through. Mobility aids can be managed in communal rooms.</p> <p>Rooms were observed to be personalised with furnishings, photos and other items and the service encourages residents to bring in personal items.</p> <p>There was room to store mobility aids such as walking frames safely in a separate alcove.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	The facility has several communal lounge/dining areas. There are smaller seating areas for residents and families within the facility. Furniture in all areas is arranged to allow residents to freely mobilise. Residents and families interviewed verify that the service is spacious and residents may stay in their own areas or use any of the communal lounges.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry</p>	FA	All laundry is completed on site in a large laundry. A survey of residents and family confirmed satisfaction with cleaning and laundry services. The service has secure cupboards for the storage of cleaning chemicals. All chemicals sighted were labelled. Material safety datasheets are displayed and a copy held on the cleaning trolleys. Cleaning processes are monitored for effectiveness and

services appropriate to the setting in which the service is being provided.		compliance with the service policies and procedures. Cleaning staff have completed chemical safety training.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	There is at least one staff member on duty at all times with a first aid certificate. Emergency plans are accessible to staff and includes management of all potential emergency situations. The organisation has policies and procedures for civil defence and other emergencies. There are enough supplies available, such as dressing and first aid equipment. There is an approved evacuation plan for the facility. Fire evacuation training and drills are conducted six monthly. Emergency equipment, water and food are available in a separate cupboard and routinely checked. Appropriate security systems are in place. The call system functions throughout and when activated they are responded to promptly. The service has a visitors' book at reception for all visitors, including contractors, to sign in and out.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	Residents' rooms are provided with adequate natural light, ventilation, and in an environment that is maintained at a safe and comfortable temperature. Temperatures are routinely monitored.
Standard 3.1: Infection control management 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.	FA	The nurse manager has the role and responsibilities of infection control co-ordinator. These are detailed in the infection control policy and procedure manual. Part of this role is the development of an infection control report in the monthly manager's report that is presented to the head of department meeting, the quality and risk meeting and the all staff meeting. In addition, as part of the annual review of infection prevention and control, the nurse manager prepares an annual infection control report that is presented to the governing board and used for the review of infection control quality improvement processes. Service providers are isolated when a potentially transmissible infection is detected and infection prevention education is provided both individually and at the two monthly residents' meetings. Staff are educated about the risks of going to work when unwell and the nurse manager informed that there have been instances where people have been requested to go home, or to wear a mask depending on circumstances. There are precautionary notifications and equipment available at entry points and

		throughout the facility to minimise spread of infections.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator has undertaken specific infection prevention and control education and has a seven member committee that meets bi-monthly to support infection prevention and control management. One of the team members is the medical liaison person for one of the key laboratories in the city and another is an infection control officer for the local district health board. The nurse manager informed that the public health unit is contacted and advice sought if an outbreak persists.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control manual was last formally reviewed by the service in 2015; however the nurse manager advised that the medical liaison person from a local laboratory also reviewed its content in 2016. Policies and procedures are relevant to the facility and meet all requirements of the standard. Flow charts and pictorial guides facilitate comprehension of the documents. Information about a comprehensive range of infectious diseases and recommended precautions is included, as is a summary chart of transmissible diseases.</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 nurse manager assesses all caregivers at orientation and twice a year thereafter for their competence in handwashing, basic infection prevention management and the use of personal protective equipment. Staff infection prevention and control education sessions are built into the organisational training programme. These sessions are led by the nurse manager, the medical advisor from a laboratory and the local district health board infection control officer.</p> <p>Residents are provided with information on infection prevention and control at the bi-monthly residents' meetings. This was evident in the minutes of these meetings.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The infection control programme in the infection control manual details the requirements for the surveillance of infections within this facility. In the event of a suspected or confirmed infection, infection records are completed by the charge nurse of the rest home or hospital respectively. Monthly data on the incidence of infections is collected and collated. Graphs are developed for each service area and any rationale, explanations and/or recommendations are documented. The charge nurses present these to the nurse manager each month and the nurse manager completes a summary report. Meeting minutes show that these summary reports are discussed at the infection control committee meetings and at quality and staff meetings. Recommendations of good practise around preventing infections, such as use of hand sanitiser, provision of ice blocks and lemonade to supplement drinks on hot days, and the isolation of residents for 48 hours following their return from a stay in the public hospital, are a component of these reports.</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 are policies and procedures for the use of restraints and enablers which comply with the standard. All alternatives to restraints are considered and used before any restraint is considered.</p> <p>On the days of audit there were no restraints in use and two residents with enablers. The enablers used were a wheelchair lap belt and a bedrail. The restraint coordinator is the nurse manager and was interviewed in relation to this standard. She has attended all training provided at the facility. She demonstrated her understanding of restraint and enabler procedures.</p> <p>Enablers are approved, monitored and reviewed. The residents' files were reviewed and all documentation was current and as described in the organisation's policies and procedures.</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
<p>Criterion 1.2.3.1</p> <p>The organisation has a quality and risk management system which is understood and implemented by service providers.</p>	CI	<p>Quality improvement projects are a regular occurrence at the service. This has seen the introduction of several initiatives including ensuring all staff are informed of ongoing activities and changes within the service. Meeting personnel, timeframes for suitable for attendees, and meeting agendas were reviewed. As a result of this process, the implementation of a head of department meeting once a fortnight to compliment the quality, health and safety and staff meetings was introduced. The agenda is detailed and reflects what is occurring in each department (this includes maintenance, gardening, kitchen, cleaning, and care staff). Verbal positive feedback from residents, family members and staff about this project has occurred. Family and residents feel confident all staff are 'on the same page' and know the processes for all services, regardless of where they work. Staff report they feel equal with all other areas and know what each area is attaining. An evaluation and review of the benefits for residents, family and staff has occurred.</p>	<p>The introduction of a head of department meeting has improved the information and quality across all services and is at a level of continuous improvement. Residents and family can approach any staff member (including the gardener and maintenance person) to find out what is occurring within the facility. Open communication processes have been developed between staff, residents and family, although these are formalised within the meeting structure. Staff have a sense of being valued equally, and share responsibility for informing residents, family and each other. This is reflected in written feedback from residents and family. An evaluation showed positive feedback from staff, residents and family</p>

			to validate the continuation of the meeting structure.
<p>Criterion 1.2.3.3</p> <p>The service 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 as defined by policy.</p>	CI	<p>A quality improvement project ensuring forms are fit for purpose has occurred. This goes beyond a routine annual review, and has seen the introduction of a change in how documents and forms are reviewed, altered and used, including ensuring all staff are informed of the pilot phase and any change to any form or document.</p> <p>All forms are discussed at the quality and risk, head of department and staff meetings to gain constructive feedback. As a result of the evaluation of the pilot phase valuable information was gathered and analysed. This included an option for electronic versions being provided to residents and family for ease of completion (complaints form). A report of the analyses of the findings showed that the form review needed to be divided into different departments. Staff, residents and family input into the clarity and how to complete forms was also considered. Staff reported they felt included and better informed on completing forms. Information on what and how this is gathered was provided to residents and family informally and at meetings. Not all forms have been fully reviewed, however of those that have, an evaluation and review of the benefits for residents, family and staff has occurred with positive feedback.</p>	<p>Continuous improvement to ensure forms were fit for purpose was evident. Resident based forms have been reviewed to ensure that they are in the easiest format, are clear and concise, the information gathered meets best practice requirements, and forms are used to improve the quality of service delivery. Analyses of the new forms has occurred and the findings reported at meetings, including to residents and family members. Feedback from staff verifies they are now confident completing forms. Family and residents interviewed have provided positive feedback regarding the initiative and feel they are provided with timely, accurate and up to date information based on the new form format.</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	CI	<p>A quality improvement project around residents' care and care planning was developed. This has seen the introduction of a primary nursing process, giving each resident an identified primary staff member, a point of call and a staff member they can call their own. As a result of this process the primary nurse has become responsible for updating resident profiles and ensuring the care plan is accurate. Care plans sighted were all of a high calibre, reflected personal preferences, were comprehensive and up to date. Verbal positive feedback from residents and family members about this project has occurred. Staff reported an increased sense of responsibility and ownership and that they know all they need to know about caring for a person because the care plans are so good. Internal audits confirmed the effectiveness of the staff commitment to the care</p>	<p>The introduction of a primary nursing process has resulted in improved care planning at a level of continuous improvement. Residents' care plans are updated, comprehensive, personalised and 'tell a story'. Meaningful relationships and open communication processes have been developed between primary nurses and residents. Staff have become even more dedicated to residents' wellbeing and care continuity and expressed an increased sense of</p>

		plans.	responsibility and ownership. This is reflected in the detailed and personal nature of the care plans and the commitment to the evaluation and review processes. One hundred percent compliance in care plan internal audit results and positive verbal feedback from staff and residents validated these findings.
<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>	CI	<p>Three quality improvement projects have been developed and implemented. One of these is the plan for Merivale Retirement Village to develop its own 'social conscience', supporting a worthy local cause and holding events in which residents may participate. A second is intended to bring together the 'generational poles' through organised activities, promoting well-being, educational opportunities and preventing social isolation for those in residential aged care. The third is to use virtual reality technology as a tool to help alleviate social isolation and boredom for residents. This latter project is less advanced than the others. A range of activities are associated with these projects. Residents visit local junior and pre-school children, read to them and participate in activities such as an Easter egg hunt with them. In early 2017, a charity bed push to raise funds for Nurse Maude is planned and children have asked to decorate the beds with the help of residents. Another retirement village was involved in an inter-village quiz championship and a trophy is on display at Merivale as the winners. Two charity bridge tournaments have been held with further events planned to raise money for charities, and support has come from a range of community services. A set of virtual reality glasses has been purchased and were sighted at the facility. Progress is planned on this project into 2017.</p> <p>Each project, except the virtual reality project, has been evaluated with feedback sought from all involved, including the children, residents, family members and staff. There is enthusiasm to progress each one further and documented plans show ideas are being developed and ongoing reviews are planned.</p>	<p>Continuous improvement in relation to the introduction of meaningful and innovative activities for residents was evident. Three quality improvement projects have been introduced into this facility. These were intended to make Merivale a 'hub' in the local community, to bring together generational poles by pro-actively linking junior and pre-school children with residents, to enable this service to develop its own social conscience by supporting a charity and by introducing virtual reality technology. The evaluation and reviews of these projects to date have revealed positive outcomes, especially from residents and family members. There is an enthusiasm to develop more ideas and the local community, including children, have offered assistance and expressed a desire to be involved.</p>

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End of the report.