

Observatory Village Charitable Trust - Observatory Village Lifecare

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 Health and Disability Auditing New Zealand 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:	Observatory Village Charitable Trust
Premises audited:	Observatory Village Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 May 2018 End date: 30 May 2018
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:	41

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

Observatory Village Lifecare is owned and operated by a community trust. Observatory Village Charitable Trust provides hospital (medical and geriatric) and rest home level services for up to 41 residents in the care centre and up to 12 residents in serviced apartments. On the first day of the audit there were 41 residents in the care centre including an admission on day one of the audit. There were no rest home level residents in the serviced apartments.

This certification audit was conducted against the Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents' and staff files, observations, and interviews with residents, a relative, a general practitioner, management and staff.

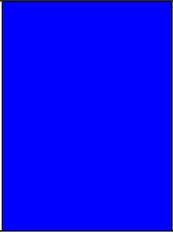
The village opened in August 2017 and has established a comprehensive quality and risk management programme that generates improvements in practice and service delivery. Key components of the quality management system link to monthly quality assurance meetings and monthly staff meetings.

The general manager position has over 30 years' experience as a registered nurse, seven of those as an auditor and is an experienced manager. She is supported by a clinical manager and a financial manager who have both been employed since the service opened.

This audit did not identify any areas requiring improvement.

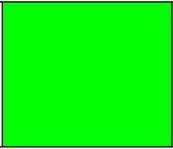
The service has been awarded continuous improvement ratings around good practice, quality programme, activity programme and training.

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.		All standards applicable to this service fully attained with some standards exceeded.
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The staff at Observatory Village Lifecare ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Discussions with families identified that they are fully informed of changes in their family member's health status. Information about the Code and advocacy services is easily accessible to residents and families. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process.

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 quality and risk plan describes Observatory Village Lifecare's quality improvement processes. Progress with the quality and risk management plan has been monitored through the monthly quality and staff meetings. Data is collected on complaints, accidents, incidents, infection rates and restraint use. There is a current business plan in place. Resident/relative meetings have

been held monthly. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The internal audit schedule for 2018 is being completed as per schedule. The service has an annual training schedule for in-service education. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

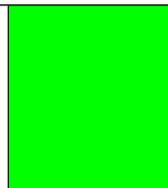
Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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There is comprehensive service information available. Residents are assessed prior to entry to the service. Initial assessments and risk assessment tools are completed by the registered nurse on admission. Registered nurses are responsible for care plan development with input from residents and family. Residents and family members interviewed confirmed that the care plans are consistent with meeting residents' needs. Care plans demonstrated service integration and are evaluated six monthly. Short-term care plans are in use for changes in health status. The activity staff provide an activities programme for residents that is varied and interesting, and involves the families and community. Staff responsible for medication administration have completed annual competencies and education. There are three monthly GP medication reviews. Meals are prepared on-site. The menu is designed by a dietitian with summer and winter menus. Individual and special dietary needs are catered for. Residents interviewed responded favourably to the meals provided.

Safe and appropriate environment

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



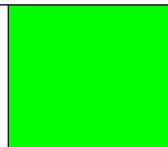
Standards applicable to this service fully attained.

The Observatory village has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely, and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician or are less than one year old. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry and cleaner's cupboard. The service has implemented policies and procedures for civil defence and other emergencies and six-monthly fire drills are conducted. External garden and courtyard areas are available with suitable pathways, seating and shade provided.

An emergency/disaster management plan is documented for the service. There is a staff member on duty at all times with a current first aid certificate.

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.

Observatory Village Lifecare has restraint minimisation and safe practice policies and procedures in place. At the time of the audit there were no residents requiring restraint and one resident using an enabler. There was evidence of voluntary consent in the resident's file reviewed. Staff receive training in restraint minimisation and challenging behaviour management.

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 control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	44	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and relevant legislation. An information pack is available to residents/families prior to admission and contains information of their rights. Discussions with eleven care staff, (seven caregivers and four registered nurses) confirmed their familiarity with the Code. Eight residents (five rest home and three hospital) and four family members (one rest home and three hospital) interviewed, confirmed the services being provided are in line with the Code.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed	FA	There are established informed consent policies/procedures and advanced directives. General written consents are obtained on admission. All seven resident files (four hospital, including one resident under long-term chronic health condition, and three rest home resident) included signed general consents. In files sampled resuscitation status had been signed appropriately. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The caregivers (CG) interviewed, demonstrated a good understanding in relation to informed consent and informed consent processes. Family and residents interviewed, confirmed they have been made aware of and fully understand informed

consent.		consent processes and that appropriate information had been provided. Seven resident files reviewed had signed admission agreements.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Client right to access advocacy and services is identified for residents. Advocacy leaflets are available in the service reception area. The information pack provided to residents prior to entry includes advocacy information. The information identifies who the resident can contact to access advocacy services. Staff were aware of the right for advocacy and how to access and provide advocate information to residents if needed. Residents and family members that were interviewed were aware of their access to advocacy services.
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	Residents and relatives confirmed that visiting could occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups. Entertainers are regularly invited to perform at the facility.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints policy and procedures have been implemented and residents and their family/whānau are provided with information on admission. The residents and families interviewed were aware of the complaints process and to whom they should direct complaints. Complaint forms are visible at the entrance of the facility. A complaints procedure is provided to residents within the information pack at entry. A complaints register is maintained. There have been four complaints (one in 2017 and three in 2018 year-to-date) made since the service opened in August 2017. The documentation for the complaints reviewed showed investigation and action taken for the resolution to the satisfaction of the complainant.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The Code and advocacy pamphlets are located at the main entrance of the service. On admission, a manager discusses the information pack with the resident and the family/whānau. This includes the Code, complaints and advocacy information. The service provides an open-door policy for concerns/complaints. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are well informed about 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>	<p>FA</p>	<p>Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. House rules are signed by staff at commencement of employment. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. There is an abuse and neglect policy in place and staff have received training.</p> <p>The staff at the Observatory have embraced the companies vision and values and search for ways to ensure that all residents have equal opportunities. The vision and values of Observatory Village Lifecare are evidenced in action. Staff have embraced the values of the village in particular:</p> <p>An example of providing care and support for kindness with compassion was provided</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 service has guidelines for the provision of culturally safe services for Māori residents. There is a Māori health plan in place. On the day of the audit there was one resident that identified as Māori. The file of the resident was reviewed and included cultural beliefs and a Māori health plan. The service has established links with the Otago hospice Māori liaison and the local iwi (Moeraki Runanga) who provide advice and guidance on cultural matters. The process of Tapu/Noa is acknowledged and supported to enable effective communication and support for resident and whānau. Staff confirm they are aware of the need to respond appropriately to maintain cultural safety. Cultural safety/Treaty of Waitangi training was proved to staff in May 2018.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they were asked on admission to identify any spiritual, religious and/or cultural beliefs. Family members reported that they feel they are consulted and kept informed, and family involvement is encouraged.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on privacy and personal boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>CI</p>	<p>The service has exceeded the required standard around good practice. The service meets the individualised needs of residents with needs relating to rest home and hospital level care. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, the requirement to attend orientation and ongoing in-service training. The general manager is responsible for coordinating the internal audit programme. Monthly quality and staff meetings, and monthly residents' meetings are conducted. Residents and relatives interviewed spoke positively about the care and support provided. Staff interviewed stated that they feel supported by the management team.</p> <p>The operations manager meets with residents and family on a regular basis to identify issues that are present. The outcome of the resident/relative satisfaction survey conducted in February 2018, was that the overall service result for the facility was at 94.1% (either excellent, very good or good), other key overall results were resident's room (100%), staffing (100%), communication (100%), activities programme (100%), food service/meals (95%), environment (100%), general manager accessibility (90%), clinical manager accessibility (100%) and facility (100%).</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is a policy to guide staff on the process around open disclosure. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. Information is provided in formats suitable for the resident and their family. Residents and relatives interviewed, confirmed that the staff and manager are approachable and available. Twelve incident forms reviewed identified family were notified following a resident incident. Relatives interviewed confirmed they are notified of any incidents/accidents. Families are invited to attend the monthly resident/relative meeting. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau have difficulty with written or spoken English, then interpreter services are made available.</p>
<p>Standard 1.2.1:</p>	<p>FA</p>	<p>Observatory Village Lifecare is a purpose-built facility (opened on 1 August 2017) situated in Oamaru and is across one level. The service provides care for up to 53 residents at hospital (geriatric and medical) and rest</p>

<p>Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>home level care. There are 41 dual-purpose beds in the care centre, which includes two wings. The two wings (Wanbrow wing has 21 rooms and Kakanui wing has 20 rooms) are self-contained and both have a nurses' office. There is a separate wing of 12 serviced apartments certified to provide rest home level care.</p> <p>At the time of the audit there were 19 rest home level residents and 22 hospital level residents including one resident on a long-term support chronic health condition (LTSCHC) contract in the care centre. There were no rest home level residents in the serviced apartments. There were no residents on respite care. All other residents were on the aged related residential care (ARRC) agreement. Thirty-five residents (18 rest home and 17 hospital) from Rendell on Reed in Oamaru (which closed) transferred across to the facility on the 8 August 2017. A further four hospital residents from Oamaru hospital transferred later in August 2017.</p> <p>The Waitaki District Health Services Trust established the Observatory Village Charitable Trust (five trustees appointed from the North Otago community) to own and operate Observatory Village Lifecare, which includes Observatory Village Lifecare Ltd (land and buildings) and Observatory Village Care Ltd (operating company). An experienced general manager is employed to manage the service and reports to the Observatory Village Care Ltd board of directors (three directors). The general manager (RN) has previous aged care management, consulting and auditing experience. The general manager is supported by a clinical manager, financial officer, administrator and head chef.</p> <p>Observatory Village Lifecare has set a number of quality goals around the opening of the facility and these also link to the organisations 2017-2022 strategic plan and the 2017-2018 business plan. The annual review for the business plan is due to be completed at the end of July 2018. The general manager reports monthly to the board of directors on a variety of matters. The Trust meets bi-monthly and also receives the general managers' report.</p> <p>The general manager has maintained at least eight hours annually of professional development activities related to managing a hospital.</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</p>	<p>FA</p>	<p>The clinical manager will fulfil the general manager role during a temporary absence with support from the financial officer. The clinical manager has a number of years nursing experience in aged care.</p>

consumers.		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The quality manual and the business, quality, risk and management planning procedure describes the quality improvement processes. The quality and risk management plan describes objectives, management controls and assigned responsibility. Progress with the quality and risk management plan is monitored through the monthly quality meeting. Meeting minutes have been maintained and staff are expected to read the minutes and sign off when read. Minutes for all meetings have included actions to achieve compliance where relevant. Discussions with caregivers confirmed their involvement in the quality programme. A resident/relative meeting is held monthly. Monthly data is collected and collated relating to falls, skin tears, bruising, infections, pressure injuries and restraint use is discussed at the monthly staff meeting. Staff interviewed confirmed they are well informed and receive quality and risk management information including accident/incident graphs and infection control statistics. The internal audit schedule for 2018 is being completed as per schedule. Areas of non-compliance identified at audits have been actioned for improvement.</p> <p>The service has policies/procedures to support service delivery. Policies and procedures align with the client care plans. A document control policy outlines the system implemented whereby all policies and procedures are reviewed two yearly, last occurring in February 2018. A resident/relative satisfaction survey was completed in February 2018 and the overall service result was at 94.1%. A corrective action was put in place around any improvements required around food variety and temperatures, range of activities and health services consultation, and this was completed and signed off in April 2018.</p> <p>The service has implemented a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has policies/procedures to support service delivery. A document control policy outlines the system implemented whereby all policies and procedures are reviewed two yearly. Falls prevention strategies are implemented for individual residents.</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</p>	FA	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Twelve accident/incident forms for the month of May 2018 were reviewed. All document timely RN review and follow-up. Post-fall assessments are completed by RNs for any unwitnessed resident falls. There is documented evidence the family had been notified of incidents/incidents. Discussions with the general manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications including section 31 notifications. There have been six section 31 notifications lodged since the service opened on 1 August 2017. There have been four pressure injuries notified, including two stage four pressure injuries in September 2017 and May 2018, one unstageable pressure injury in April 2018 and one stage three pressure injury in September 2017. There have been two health and safety risks to residents notified, one in March 2018 and one in December 2017.</p>

in an open manner.		
<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>Staff have received training to enable them to better care for the resident with a long-term chronic health condition.</p> <p>There is a human resources policy folder including (but not limited to) recruitment, selection, orientation and staff training and development. Eight staff files (one clinical manager, two RNs, three caregivers, one activities coordinator and one head chef) reviewed, evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of practising certificates is maintained. An orientation programme in place, provides new staff with relevant information for safe work practice. All staff were orientated at the commencement of the facility in August 2017. There are seven RNs in total and four are interRAI trained. Registered nurses have access to external education via Oamaru hospital and Otago hospice.</p> <p>The general manager is a Careerforce assessor with a wide scope to assess national certificate courses including Health and Wellbeing level 3 for caregivers. There is an annual education and training schedule that is being implemented for 2018. As at 30 May 2018, 35 of 47 staff have a qualification relevant to their role (74.5%), 16 of 21 caregivers have either national certificate level three, four or equivalent qualification (76%), the industry standard is (66.8%), the five remaining caregivers are enrolled to complete the national certificate level three training. A competency programme is in place for all staff with different requirements according to work type (e.g., caregiver, RN, and cleaner etc). Core competencies are required to be completed annually as per policy.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a staffing level and skills mix policy which aligns with contractual requirements and includes skill mixes. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. A staff availability list ensures that staff sickness and vacant shifts are covered. Staff carry pagers that is connected to the call bell system. The general manager and clinical manager (both RNs) work full time from Monday to Friday. The general manager is on call 24/7. At the time of the audit there were 41 residents in total (21 residents in the Wanbrow wing, six rest home and 15 hospital, and 20 residents in the Kakanui wing, 13 rest home and seven hospital).</p> <p>In the Wanbrow wing, there is an RN rostered on the morning and afternoon shifts and one RN on the night shift. The RNs are supported by three caregivers on the morning shift, two caregivers on the afternoon shift and one caregiver on the night shift. In the Kakanui wing, there is a RN rostered on the morning and afternoon shift, the night duty RN covers both wings. The RNs are supported by three caregivers on the morning shift, two caregivers on the afternoon shift and one caregiver on the night shift. Interviews with residents and relatives confirmed that staffing levels are sufficient to meet the needs of residents.</p>

<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Other residents or members of the public cannot view sensitive resident information. Resident files are protected from unauthorised access by being held in a locked office. Care plans and notes were legible and where necessary signed (and dated) by a RN. Entries are legible, dated and signed by the relevant caregiver or RN including designation. There is an allied health section that contained general practitioner notes and the notes of allied health professionals and specialists involved in the care of the resident.
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission. Admission agreements reviewed align with contractual requirements. Exclusions from the service are included in the admission agreement.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exit or discharges to and from the service. Files sampled of residents that had been transferred to hospital demonstrated that appropriate information went with the resident using the yellow envelope model.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current</p>	FA	There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs and senior caregivers that administer medications complete annual medication competencies. Annual in-service education on medication is provided. Medications (robotic rolls) are checked on delivery against the medication chart and any discrepancies fed back to the pharmacy. All medications are stored safely in a central treatment room attached to the nurses' station in the Kakanui wing. Standing orders are not used. There were no self-medicating residents on the day of audit. The medication fridge is monitored weekly. All eye drops were

<p>legislative requirements and safe practice guidelines.</p>		<p>dated on opening.</p> <p>Fourteen electronic medication charts were reviewed. All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three monthly. The electronic administration signing sheets reviewed identified medications had been administered as prescribed. Prescribed 'as required' medications include the indication for use. The dose and time given is electronically signed for on the administration signing sheet. The effectiveness of analgesia is recorded electronically and in the resident's progress notes.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals and home baking are prepared and cooked on-site by the qualified chef (the kitchen manager) or weekend cook. There is a four-weekly seasonal menu in place, which was reviewed by a dietitian in August 2017. The kitchen manager is informed of resident dietary needs and changes. Likes and dislikes are accommodated. Additional or modified foods such as soft foods, pureed and vegetarian meals are provided. There are two dining rooms with staged meal deliveries. A small number of residents requiring assistance with meals are served first in the secondary dining room. The majority of residents are served from the large dining room adjacent to the kitchen, half an hour later. Residents are able to collect meals from the servery and request portion size and condiments. The food service was included in the recent resident survey and results were food service/meals (95%), Residents and family members interviewed were very complimentary about the meals provided.</p> <p>The main kitchen is adjacent to the dining room where all meals are prepared. Meals are plated and served to residents in the dining rooms. A current food control plan is in place. Fridge and freezer temperatures are monitored and recorded daily. End-cooked temperatures are taken twice daily. All containers of food stored in the pantry are labelled and dated. All perishable goods are date labelled. A cleaning schedule is maintained.</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</p>	<p>FA</p>	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management would communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>

appropriate.		
<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>The RNs complete an initial assessment on admission, including risk assessment tools as appropriate. An interRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes for long-term residents under the ARCC. Resident needs and supports are identified and included in the care plan, through the ongoing assessment process in consultation with the resident and significant others, and form the basis of the long-term care plan. The long-term care plans reflect the outcome of the assessments. The long-term chronic health resident had a comprehensive suite of paper-based assessments completed and these informed the care plan.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Residents' long-term care plans reviewed were resident-focused and individualised. Care plans documented the required supports/needs to reflect the resident's current health status. Relatives and residents interviewed, confirmed they were involved in the care planning process. Long-term care plans evidenced resident and/or relative and staff input into the development of care plans. Care plans are reviewed six monthly and updated to reflect changes to supports/needs. The care plan for the long-term chronic health conditions contained detailed information to guide staff in managing the medical condition.</p> <p>Short-term care plans were sighted for short-term needs and these were either resolved or transferred to the long-term care plan.</p> <p>There was evidence of allied health care professionals involved in the care of the resident.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition alters, the RN initiates a review and if required, GP or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. A wound assessment and wound care plan (includes dressing type and evaluations on change of dressings) were in place for ten residents with thirteen wounds including five skin tears, two pressure injuries (one unstageable and one stage two), one ulcer, one surgical and four lesions. There is access to a wound nurse specialist and district nurses for advice for wound management. The care plans for the two residents with pressure injuries and other residents at risk of pressure injuries, contained information to guide staff in reducing the risk. Air beds were in use for appropriate residents.</p> <p>Continence products are available. The residents' files include a urinary continence assessment, bowel management plan, and continence products used.</p> <p>Monitoring occurs for blood pressure, weight, vital signs, blood glucose, pain, food intake and challenging</p>

		behaviours.
<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>	FA	<p>The three activities staff provide an activities programme over five days each week. The programme is planned monthly with significant resident input, and residents receive a copy of planned weekly activities. A lifestyle activity plan is developed for each individual resident based on assessed needs, and documented on the social profile. Activities care plans were reviewed six monthly in files sampled. Activity attendance sheets are maintained. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities. Families and volunteers are actively involved in the service. The service has a van that is used for resident outings. Residents were observed participating in activities on the day of audit. Resident meetings provide a forum for feedback relating to activities. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents. The service has developed an activities handbook that gives an overview of the activities service and is provided to all new staff as part of the orientation programme. The service has exceeded the required outcome around activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans reviewed were evaluated by the RNs within three weeks of admission and a long-term care plan developed. Care plans had been evaluated six monthly for six of the seven resident files reviewed. One resident had not been at the service six months. Written evaluations identified if the desired goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Short-term care plans reviewed had been evaluated at regular intervals. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the residents' files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files. Examples sighted include the palliative nurse specialist, the wound nurse specialist, a speech language therapist, mental health and a dietitian.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</p>

<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Housekeeping trolleys include a locked chemical compartment. Laundry and sluice rooms are locked when not in use. Product use charts were available, and the hazard register identifies hazardous substances. Personal protective clothing is available for staff and was observed being worn by staff when they were carrying out their duties on the day of audit. Safe chemical handling training has been provided.</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 Observatory is a spacious, purpose built building on one level. There is a current building warrant of fitness that expires 31 July 2018. There are two wings in the care centre – the Kakanui wing has 20 rooms and the Wanbrow wing has 21 rooms. All resident rooms are large and include full ensuites. There is a large shared open plan lounge and dining room between the two wings. Communal rooms include a library, well equipped gymnasium, a games room, media room, hairdresser, a chapel and a meeting room. There is a separate wing of 12 serviced apartments (ORAs) that have also been verified as suitable to provide rest home level care.</p> <p>A maintenance contractor is scheduled two days per week and is available more often if required. A maintenance and repairs register are maintained (sighted) at reception. There is a 12-monthly planned maintenance schedule in place that includes the calibration of medical equipment, functional testing of electric beds and hoists and electrical testing. There are essential contractors available 24/7. The maintenance contractor is available on-call for urgent facility matters. Hot water temperatures in resident areas are monitored monthly and are stable below 45 degrees Celsius.</p> <p>The facility has wide corridors with handrails and sufficient space for residents to mobilise using mobility aids. There is adequate storage and space in both wings for safe manoeuvring of hoists within bedrooms and for hospital level lounge chairs in communal areas.</p> <p>The doors off the communal lounge open into an enclosed landscaped courtyard with verandas providing seating and shade. All landscaping around the facility has been completed. An outdoor chess board is available for resident use.</p> <p>There are environmental audits and building compliance audits, which will be completed as part of the internal audit. Staff interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans, including the following equipment; sensor mats, standing and lifting hoists, hospital level lounge chairs, mobility aids, transferring equipment, wheel-on and chair scales, shower chairs and a shower</p>

		bath, pressure relieving mattresses and cushions. All rooms have high low beds including a number of ultra-low beds.
<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 bedrooms are single with full toilet/shower ensuites. There are sufficient numbers of resident communal toilets in close proximity to resident rooms and communal areas. Visitor toilet facilities are available. Residents interviewed stated their privacy and dignity were maintained while attending to their personal cares and hygiene. The communal toilets and communal showers are well signed and identifiable and include large vacant/in-use signs.
<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	All residents' rooms are of an appropriate size in both wings to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. The bedrooms were personalised, and residents interviewed were proud of their rooms.
<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,</p>	FA	There is a spacious open plan lounge/dining area between the two wings. There is also a smaller whānau room/lounge in Wanbrow wing. There is a large village communal lounge/café/dining area connected and accessible from the serviced apartments and care centre. Communal rooms include a small gymnasium, a well-appointed library, games room with card and pool table, a chapel, a meeting room, hairdresser salon and a media room. The communal areas including the grounds and internal courtyard, are easily accessible.

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 Observatory has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are completed as scheduled. The chemical provider conducts monthly quality control checks on the equipment and efficiency of chemicals in the laundry and housekeeping areas. The laundry has an entry and exit door with defined clean/dirty areas. All linen and personal clothing is laundered on-site. The laundry operates from 8:30 am to 2.00 pm daily. There is a small laundry in the serviced apartment area for residents. There are areas for storage of clean and dirty laundry. Cleaner's trolleys (sighted) were well equipped with lockable compartments for safe storage of chemicals while trolleys are in use. All chemical bottles have the correct manufacturer's labels. The cleaners' cupboards are in the designated service area and provide secure storage and are stored securely.</p> <p>Residents interviewed stated they are happy with the cleanliness of their bedrooms and communal areas. Other feedback is received through resident meetings, annual surveys (resident and relative) and the results of internal audits.</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>There is an emergency/disaster management plan in place to ensure health, civil defence and other emergencies are included. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in July 2017. Six-monthly fire evacuation practice documentation was sighted, with the last fire evacuation drill occurring on 19 January 2018. Fire training and security situations are part of orientation of new staff and include competency assessments. Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and as part of the annual training programme. All staff received fire safety and fire evacuation drill training before commencing work at Observatory Village Lifecare. There are civil defence and first aid kits available that are checked annually. There are adequate supplies in the event of a civil defence emergency including sufficient food, water, blankets and alternate gas cooking (BBQ and gas hobs in the kitchen). The facility has emergency lighting and torches. Key staff are required to hold a first aid certificate. All RNs employed have up-to-date first aid certificates. Smoke alarms, sprinkler system and exit signs are in place in the building. The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas, (i.e., bedrooms, ensuite toilet/showers, communal toilets, dining rooms). Residents were observed to have their call bells in close proximity.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided</p>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated. There is underfloor heating throughout the facility managed from a central computer. Panel wall heaters in all resident rooms and staff offices are available for additional heating as required. All rooms have external windows with plenty of natural sunlight.</p>

with adequate natural light, safe ventilation, and an environment that is maintained 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 Observatory has implemented an infection control (IC) programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system and is benchmarked against industry standards. The general manager is the designated infection control nurse. The IC coordinator provides support and advice to the registered nurses and care staff. The quality meeting representatives also include infection control as part of the standard agenda. Meeting minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme was first implemented in August 2017.</p> <p>Visitors are asked not to visit if they are unwell. Residents and staff are offered the annual influenza vaccine. There are adequate hand sanitisers and signage throughout the facility.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>Infection prevention and control is combined with quality team meetings and includes a cross-section of staff from areas of the service. The infection control officer has completed infection control education. The facility also has access to an infection prevention and control nurse specialist from the DHB, public health, GPs and the local laboratory.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current</p>	FA	<p>There are comprehensive infection prevention and control policies that are current and reflected the Infection Prevention and Control Standard SNZ HB 8134:2008, legislation and good practice. These policies are specific to the Observatory and the policies have been developed by the GM with input from the clinical manager and registered nurses. The infection prevention and control policies link to other documentation and cross reference where appropriate.</p>

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.		
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control officer is responsible for coordinating/providing education and training to staff. The orientation/induction package includes specific training around hand hygiene and standard precautions and training is provided both at orientation and as part of the annual training schedule. Resident education occurs as part of providing daily cares. Care plans include ways to assist staff in ensuring this occurs.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	The surveillance policy describes the purpose and methodology for the surveillance of infections. Definitions of infections are appropriate to the complexity of service provided. Individual infection report forms are completed for all infections and are kept as part of the resident files. Infections are included on an electronic register and the infection prevention officer completes a monthly report. Monthly data is reported to the quality assurance meeting. Staff are informed through the variety of meetings held at the facility and are displayed on the staff noticeboard. The infection prevention and control programme links with the quality programme including internal audits. There is close liaison with the GPs and laboratory service that advise and provide feedback and information to the service. Systems in place are appropriate to the size and complexity of the facility. There have been no outbreaks, but the IC nurse contacted public health for advice when a resident presented with C Diff.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is	FA	The service is committed to restraint minimisation, and safe practice was evidenced in the restraint policy and in interviews with clinical staff. At the time of the audit there were no residents requiring restraint and one hospital resident using an enabler (lap belt). There was evidence of voluntary consent in the resident's file reviewed. Staff training has been provided around restraint minimisation in January 2018 and challenging behaviour management in November 2017.

actively minimised.		
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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 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	The Observatory has an ethos of good practice, and exceeded requirements in this area.	<p>Staff and management at The Observatory had a desire to provide effective, compassionate end of life care which aligns with the facility mission, vision and values and is appropriate to residents assessed needs.</p> <p>A wide variety of strategies to implement this have been established since opening, including engagement with the Otago Hospice, having the clinical nurse specialist (CNS) visit fortnightly to review residents and liaise with RNs to support primary/general palliative care, making referrals to the hospice speciality team if required, (e.g., counselling, spiritual, cultural, medical). The house GP has been engaged for weekly visits to pre-empt issues and to see residents more frequently if required, including anticipatory prescribing encouraged as required, using the Te Ara Whakapiri end of life care pathway (prior to launch by Ministry of Health in 2017 at previous facility). Caregiving staff are encouraged to complete the Careerforce NZ Certificate in Health and Wellbeing Level 3 palliative care unit standard. A whānau room is provided in</p>

			<p>the East Lounge for family and friends to gather as needed. Family and friends are provided with care and compassion, including overnight stays, meals and hospitality and the chapel is available for family and friends to gather.</p> <p>As a result of these interventions the Te Ara Whakapiri end of life pathway is effectively used for residents at end of life – prior to roll out from MOH. The education and support from the CNS at Otago Hospice has added value to the outcomes for residents and staff. Staff (RNs and caregivers) are confident and supported in providing end of life care and MDT meetings are held to discuss care and support needs of residents. The CNS attends along with representatives of all departments.</p>
<p>Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	CI	<p>The Observatory identified that using benchmarking would assist in reducing infections and incidents.</p> <p>Progress with the quality and risk management plan is monitored through the monthly quality meeting. Quality improvements are implemented to document actions that have improved or enhanced a current process or system or actions, which have improved outcomes or efficiencies in the facility. Monthly data is collected and collated relating to falls, skin tears, bruising, infections, pressure injuries and restraint use is discussed at the monthly staff meeting. The service identified that to benchmark this data effectively they needed referenced parameters and reference ranges with the view to reduce the rate reportable events. They determined that this will mean a better outcome for residents. Reference ranges have been developed by the general manager which are based on researched data and clinical</p>	<p>The Observatory developed a goal to benchmark quality data against referenced parameters and reference ranges, with the view to reduce the rate of reportable events. Monthly data is collected and collated relating to falls, skin tears, bruising, infections, pressure injuries and restraint use. The general manager has developed reference ranges which are based on researched data and clinical indicators. Action plans have been put in place for skin tears, bruising and pressure injuries. Incident report data is collected and collated. Incident rates are reported at quality assurance and staff meetings and graphs with monthly tracking are available to staff. Education and training for staff and residents has taken place around skin tear prevention and pressure injury reduction and pressure injuries and bruising have reduced. Infection rates remain within the reference ranges for all types of infections. Nineteen residents had restraint at the previous facility before moving to Observatory. All restraint has been removed and there is currently no-one with bedrails. Falls rates have been reducing and are now within the reference range.</p>

		indicators.	
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	CI	<p>There is a human resources policy folder including (but not limited to) recruitment, selection, orientation and staff training and development. There is an annual education and training schedule that is being implemented for 2018. The goal for Observatory Village Lifecare was to have every staff member with a recognised qualification relevant to their position to exceed the HDSS standard.</p>	<p>The general manager is a Careerforce assessor with a wide scope to assess national certificate courses including Health and Wellbeing level 3 for caregivers. As at 30 May 2018, 35 of 47 staff have a qualification relevant to their role (74.5%), 16 of 21 caregivers have either national certificate level three, four or equivalent qualification (76%), the industry standard is (66.8%), the five remaining caregivers are enrolled to complete the national certificate level three training. Residents receive care and services from staff who are skilled and qualified in their relevant work areas. The outcome of the resident/relative satisfaction survey conducted in February 2018, was that residents/relatives surveyed were 100% satisfied with the standard of care received and the skills and knowledge of the caregivers and registered nurses.</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>Following a low satisfaction rate with activities, the team at the Observatory reviewed the programme with a number of new activities to improve satisfaction.</p>	<p>The service identified low rates of satisfaction (less than 70%) from residents regarding the activities programme on opening of the facility. To address this, the service developed two goals: to provide a stimulating and engaging activities and recreation programme that is appropriate to residents needs and interests and to evidence an improvement in the satisfaction for residents in the activities programme. To achieve this the service increased activities hours to 60 hours per week. The activities coordinator enrolled and commenced a diversional therapy training apprenticeship with Careerforce in October 2017. A regular activity planning meeting is held between the activities coordinator and the clinical manager to produce a vibrant and interesting programme that includes staff in the activities. The Observatory now uses committed volunteers for activities and a new van purchased and fitted out for residents including space for two wheelchairs.</p> <p>Following these changes, the results from the March 2018 resident survey show an increase in overall satisfaction in the activities programme to 100%.</p>

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End of the report.