

The Maples Lifecare (2005) Limited - Maples Lifecare

Introduction

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

The audit has been conducted by Health 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: The Maples Lifecare (2005) Limited

Premises audited: Maples Lifecare

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 10 June 2019 End date: 11 June 2019

Proposed changes to current services (if any): Arvida Maples has reconfigured certified services and is removing hospital services. A total of 78 rest home beds remain on the certificate as described in the MOH letter dated 10 April 2019.

Total beds occupied across all premises included in the audit on the first day of the audit: 57



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Maples Lifecare is part of the Arvida group. The service provides rest home level of care for up to 53 residents in the care facility and rest home level of care for up to 25 residents in studio apartments. On the day of the audit there were 57 residents, which included 15 residents at rest home level in studio apartments. The residents, relatives and general practitioner commented positively on the care and services provided at Maples Lifecare.

This surveillance audit was conducted against the health and disability services standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, a family member, staff and management.

The current village manager is responsible for two Arvida villages and was orientating a new full-time manager for Maples on the days of the audit.

The two previous audit shortfalls around essential notifications and implementation of care have been addressed.

The service has achieved a continuous improvement rating around food services.

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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The service has a culture of open disclosure. Families are regularly updated of residents' condition, including any acute changes or incidents. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with the community.

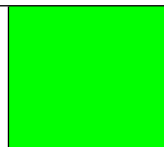
Organisational management

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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Maples Lifecare is implementing a quality and risk management system that supports the provision of clinical care. Quality activities are conducted, which generates opportunities for improvement. Corrective actions are developed and implemented. 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 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.

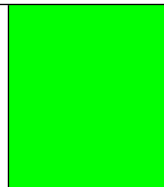


Standards applicable to this service fully attained.

The registered nurses are responsible for each stage of service provision. The assessments and care plans are developed in consultation with the resident/family/whānau. The activity programme is varied and appropriate to the level of abilities of the residents. Medications are appropriately managed, stored, and administered with supporting documentation. Medication training and competencies are completed by all staff responsible for administering medicines. Food is prepared on site with individual food preferences, dislikes and dietary requirements assessed by the registered nurses and a dietitian.

Safe and appropriate environment

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



Standards applicable to this service fully attained.

Maples Lifecare has a current building warrant of fitness. Chemicals are stored safely throughout the facility. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised with ensuites.

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.

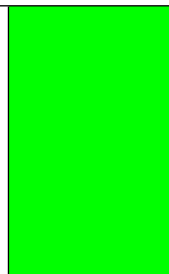


Standards applicable to this service fully attained.

Maples Lifecare has restraint minimisation and safe practice policies and procedures in place. Staff receive training around restraint minimisation and the management of challenging behaviour. At the time of the audit, the service had no residents using restraints and no residents using any enablers.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

The 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. The service implements effective outbreak management procedures. There have been two recent outbreaks.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	1	40	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>There is complaints' form available in the foyer of Maples Lifecare. Information about complaints is provided on admission. Interview with residents and one relative demonstrated an understanding of the complaints process. There is a complaints' register in the electronic system. Verbal and written complaints are documented. Four complaints were made in 2018 and three complaints received in 2019 year-to-date. One complaint in 2018 and two in 2019 were around food services. A corrective action has been implemented.</p> <p>There have been two complaints referred to the Health and Disability Commissioner (HDC). All complaints reviewed had noted investigation, timeframes and corrective actions when and where required, resolutions were in place. Results are fed back to complainants. All documentation and correspondence are kept in hard copy format. All complaints have been resolved to the satisfaction of the complainant and the HDC. All staff interviewed were able to describe the process around reporting complaints.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>There are policies and procedures in place which describe the process around open disclosure. These alert staff to their responsibility to notify relatives/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Ten incident/accidents forms reviewed had documented evidence of family notification or noted if family did not wish to be informed. Five residents and one relative interviewed confirmed that the staff and management are approachable and available. The relative interviewed confirmed that they are notified of</p>

<p>provide an environment conducive to effective communication.</p>		<p>any changes in their family member's health status.</p> <p>Interpreter services are available as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Maples Lifecare is owned by the Arvida group. The service has requested removal of hospital services from their current certificate. All 78 beds at Maples are now rest home level care.</p> <p>Maples Lifecare provides rest home level care for up to 78 residents with 53 rest home beds in the care home, and 25 studio apartments) certified to provide rest home level care.</p> <p>On the day of audit, there were 57 rest home residents in total, 42 residents in the care home, and 15 residents in the studio apartments. Of the 57 residents, there was one resident on respite and one YPD resident in the rest home. All other residents were admitted under the ARRC agreement.</p> <p>The current village manager manages two Arvida facilities. The new full-time village manager was being orientated on the day of the audit. The current manager is non-clinical and has experience in management. The current manager has been managing the two facilities since 2017.</p> <p>The new village manager is also non-clinical and has experience managing an age care facility.</p> <p>The village managers are supported by a clinical manager (registered nurse) who has been in the position since 2018, she has experience in age care. They are supported by experienced registered nurses and experienced staff.</p> <p>The village manager reports to the CEO of Arvida on a variety of operational issues and provides a monthly report. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement. Maples Lifecare has a business plan for 2019 and a quality and risk management programme. The goals for Maples in 2019 include the introduction of the wellness and household models of care.</p> <p>The village manager and clinical manager have completed in excess of eight hours of professional development in the past 12 months.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and</p>	<p>FA</p>	<p>There is a business/strategic plan that includes quality goals and risk management plans for Maples Lifecare. Interviews with staff confirmed that there is discussion about quality data at various staff meetings. The village manager advised that they are responsible for providing oversight of the quality programme on site, which is also monitored at organisational level. The quality and risk management programme is designed to monitor contractual and standards compliance. Updates to policies are available online through the Arvida Intranet to all staff. Hard copies of new/updated policies are sent from the Arvida Support office as appropriate. Staff</p>

<p>risk management system that reflects continuous quality improvement principles.</p>		<p>have access to the policy manuals and the Arvida intranet.</p> <p>The internal audit programme continues to be implemented and all issues identified had corrective action plans and resolutions and have been discussed at meetings.</p> <p>Data is collected in relation to a variety of quality activities. Areas of non-compliance identified through quality activities are actioned for improvement. The clinical manager identified a rise in skin tears in December 2018, a corrective action plan included prescribing of moisturiser for caregivers to apply, the clinical manager provided toolbox talks at handovers and a review of data shows a reduction of skin tears, and one month where there were no skin tears sustained by residents. There were residents with skin tears on the day of the audit, however the number remains less than first identified. Education around skin integrity is planned and the corrective action remains ongoing.</p> <p>Maples Lifecare has implemented the Altura system, the annual staff training programme based around policies and procedures. A spreadsheet of education sessions staff have completed is maintained. The infection control programme is implemented, and all infections are documented monthly.</p> <p>Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and relatives. The 2017 resident survey result shows overall satisfaction with services provided. Lower rates of satisfaction were identified around food services. Corrective action plans were put in place increasing the satisfaction in these areas increasing the satisfaction in food services (link 1.3.13.1). The 2018 survey shows a decrease in satisfaction around activities, the corrective action plan includes the implementation of the wellness and household models of care at Maples Lifecare. The staff and residents interviewed commented enthusiastically and positively around the household model of care and are in the early stages of the wellness model. Resident/family meetings occur every six months.</p> <p>Maples Lifecare has a health and safety management system that is regularly reviewed at the monthly quality and risk meeting. Health and safety education is provided through the Altura system. The hazard register has been reviewed. Restraint and enabler use (when used) is reported within the quality and clinical staff meetings. Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</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</p>	<p>FA</p>	<p>Ten incident forms reviewed demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Neurological observations were documented and completed for any unwitnessed falls with potential head injuries, NOK have been informed of all incidents and accidents.</p> <p>The clinical manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at staff meetings including actions to minimise recurrence. A registered nurse (RN) conducts clinical follow-up of residents. Discussions with the village manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There</p>

<p>where appropriate their family/whānau of choice in an open manner.</p>		<p>have been two recent outbreaks, public health was notified and kept updated throughout the outbreak period. The IC coordinator (CM) sent a report once the outbreak had resolved. The previous finding has been addressed.</p> <p>There has been one section 31 completed since the last audit for a resident who self-harmed.</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>	<p>FA</p>	<p>There are human resource management policies in place. This includes that the recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Five staff files were reviewed (one clinical manager, one RN, two caregivers and one activities assistant) and there was evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. Completed orientation is on files and staff described the orientation programme. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>The in-service education programme for 2018 has been completed and the plan for 2019 is being implemented using the Altura system. Staff training has included sessions on privacy/dignity and spirituality/counselling to ensure the needs of the younger resident are met. The village manager, clinical manager and RNs are able to attend external training, including sessions provided by the district health board (DHB). Discussions with the caregivers and the RNs confirmed that ongoing training is encouraged and supported by the service. Eight hours of staff development or in-service education has been provided annually. The three RNs and the clinical manager have completed interRAI training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented rationale for rostering staff. Staffing rosters were sighted and there are staff on duty to match needs of different shifts. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 48 staff in various roles. The village manager and clinical manager work 40 hours per week, Monday to Friday, and the clinical manager is available on call after-hours.</p> <p>The service currently has 43 rest home residents in the care home.</p> <p>The RN is supported by four caregivers on the morning shift all working 7 am to 3.30 pm.</p> <p>On the afternoon shift there are four caregivers, 2 x 3.30 pm to midnight (medication competent), 1 x 3.30 pm to 10 pm, and 1 x 4.30 pm to 7.30 pm.</p> <p>Three caregivers are on duty overnight for the whole facility.</p> <p>In the serviced apartments (15 rest home residents), there are three caregivers on the morning shift; 1 x 7 am to 2.30 pm (medication competent), 1 x 7 am to 2 pm and 1 x 7 am to 1.30 pm.</p>

		<p>On the afternoon shift there are two caregivers; 1 x 3.30 pm to midnight (medication competent) and 1 x 4.15 pm to 7.15 pm (medication checker).</p> <p>Interviews with residents and one relative confirmed there are sufficient staff to meet the needs of residents. The caregivers interviewed stated that they have sufficient staffing levels.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Maples Lifecare use a paper-based medication system. Medications are administered by the RNs and medicine competent caregivers. RNs and caregivers interviewed were able to describe their role regarding medicine administration. All medications are managed appropriately in line with required guidelines and legislation. Ten medication charts sampled met all the prescribing requirements. Each drug chart has a photo identification of the resident and allergies or nil known allergies are recorded on the medication chart. There were four rest home and three residents in the serviced apartments self-medicating on the day of the audit. All self-medicating residents have competencies completed, and reviewed three monthly, a copy is in the residents electronic file and in the medication folder.</p> <p>Internal medication audits are conducted. The medication charts reviewed identified that the GP had seen and reviewed the resident at least three monthly. Standing orders had been signed per medication by one GP for his residents only.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals are prepared and cooked on-site. All kitchen staff have completed food safety and chemical safety training. The menu has been reviewed by a dietitian. Maples Lifecare has recently installed two new commercial fridges and one freezer, a new gas cooker and a new oven. Fridge and freezer temperatures are taken and recorded daily. End-cooked food and serving temperatures are recorded daily. Perishable foods sighted in all the fridges were dated.</p> <p>Special diets are accommodated, including gluten free, vegetarian, and modified food textures. Meals are served to rest home residents directly from the kitchen which is adjacent to the dining room. Food is transported to the studio apartment dining room in hot boxes. Cultural preferences and special diets are met. The cook receives a resident dietary profile for all residents and is notified of any dietary changes. Likes and dislikes are known and accommodated, and alternatives are available.</p> <p>The service has a buffet style breakfast. Residents are left to wake at their leisure and then attend the dining room. Residents choose from a selection of cereals or porridge and can cook fresh toast in the dining room. A caregiver is present in the dining room at all times while the residents are having breakfast and assists in serving residents that are not able to be independent.</p> <p>Resident meetings along with direct input from residents, provides resident feedback. There have been complaints from residents around the food in late 2018 and early 2019. A food committee was formed, and</p>

		residents are now very satisfied with the meals.
<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>An electronic record of each resident's progress is documented. Changes are followed up by a RN (evidenced in all residents' progress notes sighted). When a resident's condition alters, the RN initiates a review and if required, a GP consultation or referral to the appropriate health professional is actioned. The caregivers interviewed advised that they have all the equipment referred to in care plans necessary to provide care. The long-term care plans are updated when there is an acute change in condition such as infections and is updated when resolved.</p> <p>Dressing supplies were available, and the treatment room was well stocked for use. There were five wounds across the facility on the day of the audit; four superficial skin tears and one abrasion. All wounds had an individual wound assessment, plan and evaluation which shows progression towards healing. The RNs advised a wound specialist is available on referral.</p> <p>Contenance products are available and specialist continence advice is available as needed. Monitoring charts were in use and examples sighted included (but are not limited to), weight and vital signs, neuro observations, blood glucose, food and fluid, and behaviour monitoring as required. The monitoring forms currently in use were all fully completed. The RN reviews the monitoring charts daily on the electronic system. Care staff report any changes to the RN. The previous findings around completion of monitoring forms has been addressed.</p> <p>A physiotherapist and physiotherapy assistant are contracted to assess and assist resident's mobility and transfer needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>Maples Lifecare employs a diversional therapist (DT) that works Monday to Thursday. She is supported by an activity assistant that works Tuesday to Friday. The programme is Monday to Friday and integrated to meet the physical and psychosocial well-being of the residents.</p> <p>A social activity profile is completed on admission. Individual activity plans were seen in the integrated electronic care plans which were reviewed six monthly, and progress notes are written daily. The DT is involved in the six-monthly review with the RN, resident and relatives (if available) as sighted in the case conference forms.</p> <p>Maples Lifecare is introducing the wellness and household models. Caregivers were enthusiastic around having more input in assisting the residents with activities and were enjoying participating in spontaneous activities such as happy hours, baking and outings with the households.</p> <p>Rest home residents in the studio apartments can choose to attend the rest home activity programme and are</p>

		<p>invited to attend any household activities, as well as participating in their own household activities and outings.</p> <p>The programme includes new activities when requested by residents and is varied. There are regular outings into the community. The service has a van for regular outings. Activity staff and senior caregivers have current first aid certificates.</p> <p>One-on-one activities such as individual walks, reading and chats and hand massage occur for residents who choose not to be involved in group activities. Themes and events are celebrated. The specific needs of the younger resident are documented and addressed on a one-to-one basis.</p> <p>The resident's wellness meeting occurs monthly and any issues raised from these meetings are investigated by the village manager and there was evidence of implemented corrective actions. The service receives feedback and suggestions for the programme through the wellness meetings and direct feedback from residents and relatives. All five residents interviewed felt the previous activities programme was repetitive at times and were enjoying the more spontaneous style.</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 for long-term residents were evaluated by an RN within three weeks of admission and long-term care plans developed. Long-term care plans have been evaluated by an RN six monthly or earlier for any health changes for four of the five files reviewed. One resident was on short-term respite care.</p> <p>Changes to the electronic long-term care plan identify name and date to reflect the update. The evaluations reviewed identified if the resident goals had been met or unmet and summary changes recorded on the case conference forms. Relatives had been invited to attend the care plan review (case conference) and were informed of any changes if unable to attend. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Residents and relatives interviewed confirmed involvement in the case conference and evaluation of the care plan.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current building warrant of fitness that expires 1 July 2019. The maintenance person undertakes preventative and reactive maintenance. Daily maintenance requests are addressed. There is an annual maintenance plan, which includes monthly checks, for example, hot water temperature, call bells, resident equipment and safety checks. A new gas boiler has been installed ensuring a consistent hot water temperature. Electrical equipment has been tested and tagged.</p> <p>Essential contractors are available 24-hours. The caregivers and RNs stated they have sufficient equipment to safely deliver the cares as outlined in the resident care.</p> <p>The service is one level with the studio apartments formed in an 'outer ring' around the facility. Serviced</p>

		apartments are close to other resident rooms. The facility has wide corridors with sufficient space for residents to safely mobilise using mobility aids. There is safe access to the outdoor areas. A smoking area, seating and shade is provided for residents.
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	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. Long-term care plan interventions are updated if a resident has an infection and is then reviewed and resolved when the infection has cleared. Surveillance of all infections is entered onto a monthly infection summary in the electronic system. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the village manager and support office staff.</p> <p>Two outbreaks (one in February 2019 affecting 25 residents and seven staff was negative for norovirus. The second outbreak was in April 2019 affecting 17 residents and no staff were positive to type 2 norovirus). Both outbreaks were effectively managed. Appropriate notifications were made in a timely manner.</p>
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. There were no residents with restraints or using an enabler during the audit. Staff education on restraint minimisation and management of challenging behaviour has been provided using the Altura system.

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 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the</p>	CI	<p>The satisfaction survey in 2018, indicated satisfaction around the taste and food quality was 27% very satisfied, and 15% very satisfied around the variety and choice of food. The village manager also received written complaints around the food services in late 2018 and early 2019.</p> <p>A corrective action plan was implemented which included residents' participation. A food committee was developed including the village manager, the cook, a chef from a sister facility, and six residents from the care centre and the serviced apartments.</p> <p>When introducing the new household model, it was noted the morning and afternoon tea routines were very structured, and residents were coming out of their rooms at these times. The aim to review the routine was to provide a relaxed and ambient atmosphere for the residents to enjoy their drinks to be more in</p>	<p>At the first food committee meeting in mid-March 2019, there were 23 suggestions for improvement, all of which were addressed. A review of the waste/returns from residents' plates saw waste buckets go from having lots of waste food, to virtually no waste foods. By the second meeting five weeks later there was 100% satisfaction with only compliments and no suggestions for improvement. The last meeting was held in June, and there were only compliments and suggestions for the new winter menu. All residents interviewed were very complimentary of the meals they now receive. There have been written compliments around the meals provided from residents who had previously sent written complaints.</p> <p>A review of the new routine for the morning and afternoon teas revealed there were more residents coming to the</p>

<p>consumer group.</p>		<p>line with the Arvida living well model. The initial morning and afternoon tea trial did not go well, with a relative concerned for residents' health and safety. This was reviewed with the purchase of lighter teapots, trays and serving platters. This provided residents the opportunity to sit with their friends in small groups and serve themselves with trays of morning/afternoon tea. Staff are on hand to provide support if required.</p>	<p>dining room to share their morning/afternoon tea with their friends in small groups. The residents interviewed were enjoying the new morning and afternoon tea times and were observed sitting at tables enjoying a chat with friends.</p>
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End of the report.