

Aberleigh Rest Home Limited - Aberleigh Rest Home

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: Aberleigh Rest Home Limited

Premises audited: Aberleigh Rest Home

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

Dates of audit: Start date: 12 June 2019 End date: 13 June 2019

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: 43

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

Aberleigh Rest Home provides hospital (medical, geriatric and psychogeriatric), rest home and dementia level care for up to 62 residents including one funded respite bed. The service is divided into four separate units - a secure psychogeriatric unit, a secure dementia unit and two dual purpose hospital and rest home units. Occupancy on the days of audit was 43 residents.

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 family, management and staff.

An operations manager and clinical manager are responsible for managing the service on a day-to-day basis. The operations manager has been in the role for five years. The clinical manager is an experienced registered nurse and has been in the role for seven years. They are supported by an organisational management team from DCNZ. Staff interviewed and documentation reviewed identified that the service continues to provide services that are appropriate to meet the needs and interests of the resident group. The resident and families interviewed all spoke positively about the care and support provided.

The audit identified that improvement is required around registered nurse cover in the PG unit.

The service is commended for achieving continuous improvements in the areas of community links, quality, staff education, restraint and reduction of infection rates.

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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Aberleigh Rest Home provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights such as: privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the Code of Health and Disability Services Consumer Rights (the Code) and related services is readily available to residents and families. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. The resident and families interviewed verified ongoing involvement with community.

Policies are implemented to support individual rights such as: privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the Code of Health and Disability Services Consumer Rights (the Code) and related services is readily available to residents and relatives.

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is embedded into practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified. Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented and includes in-service education and competency assessments. A professional development process is in situ for regulated staff. Registered nursing cover is provided twenty-four hours a day, seven days a week.

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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A comprehensive information pack is available for residents and relatives at entry, which includes information on the service philosophy, services provided and practices particularly to the secure units.

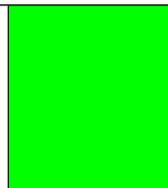
Initial assessments, initial care plans, interRAI assessments, long-term care plans and evaluations are completed by registered nurses. Care plans reviewed were based on the interRAI outcomes and other assessments.

The activity programme includes meaningful activities that meet the recreational needs and preferences of each resident. Individual activity plans are developed in consultation with residents and relatives.

Meals are prepared in the main kitchen and delivered to each home. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are provided. The resident and relatives interviewed were complimentary about the food service.

Safe and appropriate environment

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



Standards applicable to this service fully attained.

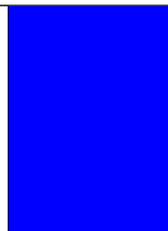
There is a current building warrant of fitness. The facility is divided into four separate homes. Residents' rooms are personalised and have sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are lounge and dining areas in each unit. Furniture is appropriate to the setting and arranged in a way that allows residents to mobilise. Communal living areas and resident rooms are appropriately heated and ventilated. Residents have access to natural light in their rooms and there is adequate external light in communal areas

There is a designated laundry, which includes storage of cleaning and laundry chemicals. Chemicals and cleaning trolleys are stored securely when not in use.

The service has implemented policies and procedures for civil defence and other emergencies. External garden areas are available with suitable pathways, security, seating and shade provided.

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.



All standards applicable to this service fully attained with some standards exceeded.

Restraint policy and procedures are in place. The definitions of restraints and enablers are congruent with the definitions in the restraint minimisation standard. There were no residents using restraints or enablers. Staff regularly receive education and training on restraint minimisation and managing challenging behaviours.

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.
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The infection control programme is appropriate for the size and complexity of the service. The infection control nurse (registered nurse) is responsible for coordinating the infection control programme and providing education and training for staff. The infection control manual outlines the scope of the programme and includes a comprehensive range of policies and guidelines. Information is obtained through surveillance to determine infection control activities.

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	43	0	0	1	0	0
Criteria	5	87	0	0	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Aberleigh Rest Home has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Five caregivers (two from the dementia units, one from the psychogeriatric unit and two from the hospital and rest home units), one diversional therapist, one activities coordinator and three registered nurses (RN) were able to describe how they incorporate resident choice into their activities of daily living. The service actively encourages residents to have choices and this includes voluntary participation in daily activities as confirmed on interview with five residents (rest home) and four relatives (one psychogeriatric, one rest home and two hospital level).</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General consent is obtained for collection, storage, release, access and sharing of information, photograph for identification and social display and consent for outings. All files reviewed (three dementia, one psychogeriatric (PG), two hospital and one rest home) included completed consents. There was documented evidence of discussion with the enduring power of attorney (EPOA) where the general practitioner has made a medically indicated not for resuscitation status. Copies of the residents' advance directive where applicable is on file.</p> <p>All files reviewed of residents in the secure units (three dementia, one psychogeriatric) had copies of the EPOA on file. Interviews with staff, residents and relatives stated they have input in care and are given</p>

		choices on daily basis. Long-term care plans and 24-hour multidisciplinary care plans demonstrate resident choice as appropriate.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Residents and/or families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlet on admission. Interviews with family confirmed they were aware of their right to access advocacy. Advocacy pamphlets are displayed in the main foyer. Advocacy is regularly discussed at resident/relatives' meetings (minutes sighted).</p> <p>The service provides opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on the resident's family and chosen social networks.</p> <p>Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy. Aberleigh encourages their residents to maintain their relationships with friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, evidenced through interviews and observations. Interview with relatives confirmed that visiting can occur at any time and families are encouraged to be involved with the service and care. Residents are supported to maintain former activities and interests in the community if appropriate. The service has exceeded the standard around community involvement.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of complaints process. The complaints procedure is provided to residents and families during entry to the service. Access to complaints forms are located on a noticeboard at reception. A record of all complaints received is maintained by the manager in hard copy and in an electronic database. Documentation reviewed (four from 2018 and three for 2019 year to date), including acknowledgement letters and resolution sighted demonstrated that complaints are well-managed. Discussions with residents and families/whānau confirmed they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</p> <p>The response to an HDC complaint received in December 2017 was sighted and met requirements. No further follow-up by the service was required.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There is a welcome pack provided to residents on entry that includes information on how to make a complaint, Code of Rights pamphlet, advocacy and Health & Disability (HDC) Commission. Relatives are informed of any liability for payment of items not included in the scope of the service. This is included in the service agreement. Family members interviewed confirmed they received all the relevant information during admission.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has policies, which align with the requirements of the Privacy Act and Health Information Privacy Code. Resident preferences are identified during the admission and care planning process with family involvement. Staff have completed education around privacy, dignity and elder abuse. Staff were observed respecting resident's privacy and could describe how they manage maintaining privacy and respect of personal property. The resident and families interviewed confirmed staff respect their privacy, and support residents in making choice where able.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>Aberleigh Rest Home is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents.</p> <p>Staff education on cultural awareness begins during their induction to the service and continues as a mandatory (two-yearly) in-service. The caregivers interviewed provided examples of how they ensure Māori values and beliefs are upheld by the service. Two residents identified as Māori on the day of the audit and cultural needs were addressed in care plans sampled. One of the residents was interviewed and confirmed that their needs were being met by the organisation. Linkages with Māori community groups are available and accessed as required.</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>	FA	<p>The resident and family are invited to be involved in care planning and any beliefs or values are discussed and incorporated into the care plan. Care plans sampled included the residents' values, spiritual and cultural beliefs. Six monthly reviews occur to assess if the resident's needs are being met. Discussion with four family members (two hospital, one PG and one rest home) and five rest home residents confirmed values and beliefs are considered.</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>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the seven staff files sampled. Staff comply with confidentiality and the code of conduct. The registered nurses and allied health professionals' practice within their scope of practice. Management and staff meetings include discussions on professional boundaries and concerns/complaints as they arise (minutes sighted). Interviews with the operations managers, the clinical manager, registered nurses and care staff confirmed an awareness of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Aberleigh Rest Home policies and procedures meet the health and disability standards. Staff stated they are made aware of new/reviewed policies and sign to say they have read them. An environment of open discussion is promoted. Staff reported that the operations manager and clinical manager are approachable and supportive. Allied health professionals are available to provide input into resident care. Staff complete relevant workplace competencies. The registered nurses have access to external training. A quality monitoring programme is implemented, and it monitors contractual and standards compliance and the quality of service delivery. The service monitors its performance through resident/relatives' meetings, quality meetings, infection control meetings, health and safety meetings, staff appraisals, satisfaction audits, education and competencies, complaints and incident management. Family members interviewed spoke very positively about the care provided and were well informed and supported. There are clear ethical and professional standards and boundaries within job descriptions.</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>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed at all times. The policy also describes that open disclosure is part of everyday practice. The care staff interviewed understood about open disclosure and providing appropriate information and resource material when required.</p> <p>Families receive newsletters that keep them informed on facility matters and events. Families interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Twelve accident/incident forms reviewed reflected documented evidence of families being informed following an adverse event.</p> <p>An interpreter service is available and accessible if required through the DHB. Families and staff are utilised in the first instance.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the</p>	<p>FA</p>	<p>The service provides care for up to 62 residents requiring rest home, hospital, psychogeriatric and secure dementia (rest home) level care. The service has a 15-bed dual purpose unit, a ten-bed dual</p>

<p>organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>purpose unit, an 18-bed dementia unit and a nine-bed psychogeriatric unit. On the day of the audit, there were 11 residents at rest home level care (including one on a LTS-CHC contract), nine residents at hospital level care, five in the psychogeriatric home and 18 in the secure dementia home (including one on respite care and one on a LTS-CHC contract).</p> <p>There is a strong focus within the organisation to promote independence, and to value the lives of residents and staff and this is supported by the vision and values statement of the organisation. DCNZ has an overall 2018-2019 business/strategic plan based on “our services”, “our people”, “our environment” and the “sharing of experiences”. The business plan is regularly reviewed. The organisation has a philosophy of care, which includes a mission statement.</p> <p>The clinical manager has been in the role for five years. The clinical manager reports to the national clinical manager and the clinical advisor. The clinical manager attended the biannual DCNZ National Forums in advanced nursing practice, competency driven (total of 40 hours annually). The operations manager (non-clinical) of Aberleigh has been in the role for five years. The operations manager reports to the operational management leader at head office. The operational manager is supported by an organisational quality systems manager, education coordinator, a national clinical manager clinical advisor and the owners/directors at head office. The operations manager has attended at least eight hours of professional development including health and safety transition training. The operations manager attends DCNZ seminars and has completed more than eight hours training related to managing a rest home and hospital in the past year.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>During the temporary absence of the operations manager, the weekend manager covers the operations manager’s role. During the temporary absence of the clinical manager a senior registered nurse covers for the clinical manager under the supervision of the national clinical manager.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk</p>	<p>FA</p>	<p>There is a quality plan that includes quality goals and risk management plans for Aberleigh Rest Home. The quality programme is managed by the operations manager and clinical manager. A quality systems manager for the organisation oversees the quality programme, ensuring all aspects of quality management is implemented.</p> <p>Interviews with staff confirmed that there is discussion about quality data at various facility meetings</p>

<p>management system that reflects continuous quality improvement principles.</p>		<p>including monthly quality improvement meetings and clinical meetings. There is documented evidence in meeting minutes of quality data, trends and analysis. Minutes and the staff monthly bulletin (displayed on the staff noticeboard) contain topical information and quality data. Organisational policies meet all current requirements and are reviewed at head office. Staff have access to the policy manuals.</p> <p>Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed. The operations manager completes environmental and non-clinical audits. The clinical manager undertakes all clinical audits. The internal audit programme continues to be implemented and all issues identified were logged in an electronic database with corrective action plans and resolutions. The quality systems manager completes compliance site audits.</p> <p>Annual welfare guardian surveys were completed in June 2018. Results were published in the family newsletter. Quality improvements raised and implemented were an increase in activities and ensuring cultural preferences and special dietary needs are captured and communicated to staff. The service has a cultural advisor on staff. A number of improvements have been initiated in response to quality improvements including (but not limited to): new organisational vision and values, end of life conversations, improvements in assessments related to urinary tract infections and mental health input into residents with challenging behaviours.</p> <p>The service has a Health and Safety committee which comprises of three health and safety representatives, and care staff. The health and safety representatives have completed external health and safety education. Health and safety objectives for 2019 are known by staff and include a reduction of staff accidents and minimisation of falls.</p> <p>Falls prevention strategies are in place that includes 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 where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is an accidents and incidents reporting policy. An online incident/accident register is maintained. The clinical manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at quality improvement and clinical meetings including actions to minimise recurrence. A registered nurse conducts clinical follow-up of residents. Twelve incident forms reviewed demonstrated that all appropriate clinical follow-up and investigation had occurred following incidents. Discussions with the operations manager and clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications and were able to provide examples. A recent outbreak notification had been made to the local DHB and public health. Three incidents of wandering (rest home resident) were reported to the Ministry of Health</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 resources management policies in place. This includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. Current practising certificates were sighted. Seven staff files were reviewed (one clinical manager, one operations manager, one registered nurse, two caregivers, one diversional therapist and one cook) and there was evidence that reference checks and police vetting were completed before employment. Annual staff appraisals were evident in all staff files reviewed for those who have been with the service over twelve months. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. Completed orientation was evidenced and staff described the orientation programme. The service uses the "Best Friends" approach to caring for residents and staff complete an in-service education programme on this approach to care.</p> <p>The in-service education programme for 2018 has been completed and the plan for 2019 is being implemented. The service identified not all staff were able to attend education sessions and developed a comprehensive self-directed workbook for new caregivers.</p> <p>The organisation has developed a user-friendly caregiver orientation workbook that includes a self-directed learning package that aligns with the first year of education requirements. The workbook includes the policy and comprehension questionnaire. A second-year workbook has been developed to cover the mandatory requirements of the two-yearly training calendar. Staff receive this workbook at their first annual appraisal.</p> <p>The clinical manager and registered nurses are able to attend external training, including sessions provided by the local DHB. The clinical managers within the organisation attend biannual DCNZ National Forums in advanced nursing practice, competency driven (total of 40 hours annually). Eight hours of staff development or in-service education has been provided annually. All RNs have completed first aid training. The organisation has an education coordinator who is a registered psychiatric nurse. The clinical advisor leads the professional development project across the organisation.</p> <p>There are 24 caregivers who work in the dementia and psychogeriatric units. Twenty-two caregivers have completed the required dementia unit education modules. Two caregivers are in the process of completing national dementia unit modules and have been employed for less than 18 months.</p> <p>Three of six registered nurses (including the CM) have achieved and maintained interRAI competency.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely,</p>	<p>PA Moderate</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. Aberleigh roster identifies there is sufficient staffing cover for the safe provision of care for dementia, psychogeriatric, rest home and hospital residents.</p>

<p>appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>The operations manager and the clinical manager are on site full time and available for on call after hours. There is also a registered nurse on duty 24/7 based in the Kowhai home each shift where eight of the nine hospital residents reside and also responsible for the 15 bed Ngaio home. The dementia home (Koromiko) and the nine-bed psychogeriatric home are managed on a day-to-day basis by senior caregivers. They are supported by the RNs on each shift and the clinical manager. Adequate numbers of caregivers are rostered.</p> <p>In the 15-bed Ngaio dual-purpose home (eleven rest home and one hospital residents), there are two caregivers (one long and one short shift) and a short shift home assistant rostered on the morning shift, three caregivers (one long and two short shifts) and a short shift home assistant on the afternoon shift and one caregiver on the night shift.</p> <p>In the ten-bed Kowhai dual-purpose home (eight hospital residents), there are two caregivers (two long) rostered on the morning shift, two caregivers (one long and one short) and the RN is based in this area on the night shift.</p> <p>In the 18-bed Koromiko home dementia home (18 dementia residents), there are two caregivers (one long and one short shift), and a short shift home assistant rostered on the morning shift, two caregivers (one long and one short-shift) and a short shift home assistant on the afternoon shift and one caregiver on the night shift.</p> <p>In the nine-bed Rata psychogeriatric home (five PG residents), there is one caregiver on a full morning shift and one home assistant from 9 am to 12.30 pm, one caregiver on a full afternoon shift and one home assistant from 4.45 pm to 7.45 pm. There is one caregiver on the night shift. Extra staff are called on for increased resident requirements.</p> <p>An activity programme is implemented seven days a week with six hours per day in the dual-purpose unit and three hours per afternoon in each of the dementia units.</p> <p>Staff are visible and available to meet residents' needs, as reported by four rest home residents and family members interviewed. Staff interviewed stated that overall the staffing levels are satisfactory and that the managers provide good support.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential,</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being held securely in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Entries in records are legible, dated and signed by the relevant care staff. Individual resident files demonstrated service integration with only medication charts held on the electronic medication</p>

and accessible when required.		management programme.
<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	<p>Residents are assessed prior to entry by the needs assessment coordinators and where required by the psychogeriatric team. The clinical manager liaises closely with the assessing teams to ensure Aberleigh can meet the prospective resident's needs.</p> <p>Relatives interviewed stated that they received sufficient information on the services provided and are appreciative of the staff support during the admission process.</p> <p>Admission agreements reviewed in files sampled align with the ARRC and aged residential hospital specialised services (ARHSS) contracts. Exclusions from the service are included in the admission agreement and the information provided at entry includes examples of how services can be accessed that were not included in the agreement. Admission agreements had been signed in a timely manner.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. The facility uses the yellow envelope system. Relatives are notified if transfers occur. A file was reviewed of a hospital resident that was transferred acutely to the DHB hospital following a fall.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management system includes policy and procedures that follows recognised standards and guidelines for safe medicine management practice. The registered nurses check medications on delivery against the medication charts. RNs and medication competent caregivers administer medications and they have completed annual medication competencies and education.</p> <p>There were no self-medicating residents. The standing orders meet legislative requirements. All medications are stored safely. The medication fridge temperature is monitored. Fourteen medication charts had been reviewed three-monthly by the GP. All medication charts reviewed had photo identification and allergies noted. There were no gaps in the administration signing sheets. 'As required' medications had prescribed indications for use.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	FA	<p>All meals and baking are cooked on site in the centrally located kitchen. A kitchen service manual is located in the kitchen, which covers all aspects of food preparation, kitchen management, food safety, kitchen cleaning, and kitchen procedures. All kitchen staff have attended food safety and hygiene,</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>chemical safety and relevant in-service training. The dry goods are in the original packaging in sealed containers. There is good stock rotation with the delivery of food items. Daily monitoring of hot food temperatures, fridge and freezer temperatures, dishwasher rinse temperatures and delivery temperatures for chilled/frozen goods are maintained and within ranges. All perishable foods in the kitchen fridges and freezer were covered and dated. There is a food control plan in place expiring on 16 March 2020</p> <p>There is a kitchenette in the dining areas in each home where food is served to residents. Containers of food are transported in hot boxes to the kitchenettes, where caregivers plate and serve the meals. There were adequate fluids sighted in the kitchenette fridges and supplement protein drinks are available.</p> <p>The cook receives a nutritional assessment for each new resident and is notified of any changes, special diets or weight loss. Pureed and normal diets are provided. Resident likes and dislikes are known, and alternative foods are offered. Cultural and spiritual needs are met. Weights are monitored monthly or more frequently if required. Residents assessed by the dietitian who require supplements received these and this is recorded in the resident's file. The dietitian visits regularly for review of resident nutritional status and needs and notes are included in resident files.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The reason for declining service entry to potential residents is recorded should this occur and communicated to the potential resident and relatives (as appropriate). The clinical manager reported that the referring agency would be advised when a potential resident is declined access to the service.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The information gathered at admission is used to develop care needs and supports to provide best care for the residents. A range of paper-based assessments are completed as well as interRAI assessments. Risk assessment tools are reviewed at least six-monthly. InterRAI assessments have been completed for all residents and reviewed six-monthly. The outcomes of interRAI assessments including the risk assessments were reflected in the long-term care plans reviewed. The diversional therapist completes a comprehensive social assessment and comprehensive 24-hour activity care plan in consultation with the resident and relatives (as appropriate).</p> <p>Residents with identified behaviours that challenge included behaviour assessment and management plans in place.</p>

		<p>The psychogeriatric and dementia resident files reviewed include assessments for signs of wellness and unwellness.</p> <p>Assessments include (but are not limited to); nutritional assessment, continence, falls and pain.</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>Long-term care plans are developed by the RNs in consultation with the resident (as appropriate), relatives and care staff. The outcomes of interRAI assessments form the basis of the long-term care plan. Short-term care plans are used for short-term needs. The care plans sampled included documented interventions to meet the resident's assessed care needs. The long-term care plans reviewed demonstrated allied health input into the resident's care and well-being. The relatives interviewed confirmed they are involved in the care planning process.</p> <p>One file reviewed of a resident in the psychogeriatric (PG) home and three long-term residents in the dementia home all had identified current abilities, level of independence, identified needs and specific behavioural management strategies documented within their care plans.</p> <p>Behaviours that challenge have been identified through the assessment process. Twenty-four-hour multidisciplinary care plans describe the resident's usual signs of wellness, changes and triggers, interventions and de-escalation techniques (including activities), for the management of challenging behaviours.</p> <p>Behaviour charts and behaviour monitoring were sighted in use for exacerbation of resident behaviours or new behaviours.</p> <p>Care plans were integrated. Physiotherapist assessment, management plans and dietitian assessment and plans were reflected in the LTCPs.</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>Registered nurses and caregivers follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the RNs will initiate a referral (eg, to the district nurse, wound care specialist, or the mental health nurses). If external medical advice is required, this will be actioned by the GPs. There is specialist input into the residents' care in the psychogeriatric unit as needed. The caregivers and diversional therapist could describe strategies for the provisions of a low stimulus environment.</p> <p>Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described.</p> <p>Staff have access to sufficient medical supplies (eg, dressings). There were six wounds currently being</p>

		<p>managed by the service (one skin tear, and two chronic ulcers in the dementia unit, one skin tear and one melanoma wound in the hospital and one skin tear in the PG unit). The wound care specialist was involved with the management of the two chronic wounds in the dementia unit. All wounds had an individual wound assessment, plan and evaluation to show progression or deterioration of the wound.</p> <p>Monitoring charts were sighted for food/fluid, behaviours, intentional rounding, vital signs, weight and pain.</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>A team of one full-time diversional therapist and two part-time activities assistants, (one is completing diversional therapist training) provide an activities programme for part of each day in all of the homes. Caregivers on duty are involved in individual activities with the residents as observed on the day of audit. There are resources available to staff for activities.</p> <p>Activities are provided seven days a week. The programme is divided into three (dementia, psychogeriatric and rest home/hospital) and is based on the resident's interests and current level of ability. In all homes, there are regular exercises, group activities, crafts, movie afternoons, happy hours, van outings, and planned entertainment. Resident meetings are held monthly.</p> <p>Activity assessments, activity plan, 24-hour MDT care plan, progress notes and attendance charts are maintained. A comprehensive social history is completed on or soon after admission and information gathered from the relatives (and resident, as able) is included in the activity care plan. A 24-hour MDT care plan is reviewed at least six-monthly.</p> <p>The programme for the psychogeriatric residents is focused on individual and small group activities that are meaningful, including pet therapy, group game, entertainment, watering the plants, aromatherapy, hand massages and nail care, and baking. The programme for the dementia residents includes bird feeding and watching, a music day, storytelling and singing.</p> <p>The activities staff have current first aid certificates.</p> <p>Caregivers were observed at various times throughout the day diverting residents from behaviours. The programme observed was appropriate for older people with mental health conditions and dementia. Activities were observed to be occurring in the lounges during the audit.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely</p>	FA	<p>Files sampled demonstrated that the long-term care plans were evaluated at least three-monthly, or earlier if there was a change in health status. Care plan evaluations describe progress to meeting goals. There was at least a three-monthly review by the GP. Overall changes in health status were documented and followed up. Short-term care plans sighted were evaluated and resolved or added to</p>

manner.		the long-term care plan if the problem is ongoing, as sighted in resident files sampled. Where progress is different from expected, the service has updated changes in the long-term care plan.
<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	The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals to nurse specialists, dietitian and other allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. The staff provided examples of where a resident's condition had changed, and the resident was reassessed.
<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>	FA	There are policies and procedures in place for waste management. There is an approved system in place for the safe disposal of sharps. Chemicals are labelled with manufacturer labels. There are designated areas for storage of chemicals and chemicals are stored securely. Laundry and sluice rooms are locked when not in use. Product use information is available. Protective equipment including gloves, aprons, and goggles are available for use by staff. Staff interviewed were familiar with accepted waste management principles and practices.
<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>Aberleigh Rest Home is divided into four units, known as homes. There is one dementia (Koromiko), one psychogeriatric (Rata), one dual-purpose but predominantly rest home (Ngaio), and one dual-purpose but predominantly hospital (Kowhai). The facility displays a current building warrant of fitness, which expires on 1 July 2019. A staff member provides general maintenance. There is a scheduled maintenance plan in place. Contractors are contacted when required. The director oversees the maintenance programme. Hot water temperature checks are conducted weekly. Hot water is provided at up to 45 degrees Celsius maximum in resident areas. Medical equipment has been checked and calibrated and testing and tagging of electrical equipment has been conducted.</p> <p>Residents were observed safely mobilising throughout the facility. There is easy access to the outdoors from each home. The interior courtyards and gardens are well maintained with safe paving, outdoor shaded seating, lawn and gardens. The residents can access secure outdoor areas. A smoking area is provided for residents. Interviews with the registered nurses and the caregivers confirmed that there was</p>

		<p>adequate equipment to carry out the cares according to the residents' care plans.</p> <p>The service has recently improved the configuration of the facility by altering the layout and improving the flow for residents. In the process of these changes the wings were refurbished with new carpet and paint. Residents were surveyed following the changes to assess how the residents found the process and their overall satisfaction (link 1.2.3.6). Results from the survey were very positive from all respondents.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>A mixture of full ensuite, shared ensuite and communal facilities are provided. There are sufficient communal toilets adjacent to the lounge and dining areas. The number of visitor and resident communal toilets provided is adequate. The communal toilets and showers are well signed and identifiable and include vacant/engaged and in-use signs. Liquid soap and paper towels are available in all toilets. Fixtures, fittings and floor and wall surfaces are made of accepted materials to support good hygiene and infection prevention and control practices.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>The rooms are spacious enough to meet the assessed needs of residents. Residents were able to manoeuvre mobility aids around their bed and personal space areas. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient space to allow cares to take place. All residents have personalised their rooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are large communal lounges and dining areas in each unit. There are also smaller sitting areas for residents and relatives to access. Communal areas in each unit are used for activities, recreation and dining activities. All dining rooms are spacious and located directly off the kitchen/servery area. All areas are easily accessible for residents. The furnishings and seating are appropriate. Residents were seen to be moving freely both with and without assistance throughout the audit.</p>

<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>There are documented systems for monitoring the effectiveness and compliance with the service policies and procedures. There is a separate laundry area where all laundry items are processed by caregivers. Staff attend safe chemical handling and infection prevention and control education and there is appropriate protective clothing available. Cleaners are employed seven days a week. Manufacturer's data safety charts are available for reference if needed in an emergency. Relatives interviewed reported satisfaction with the laundry service and cleanliness of the facility.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>The service has a fire and emergency procedures manual. New Zealand Fire Service has approved the evacuation scheme for Aberleigh Rest Home. Six-monthly fire drills are conducted. There is a trained person with a first aid certificate on each shift. Fire safety training has been provided. There is a call bell system in place. A civil defence kit is stocked and checked regularly. Water is stored, sufficient for at least three days. Alternative heating and cooking facilities are available. Emergency lighting is installed. Staff conduct checks of the building in the evenings to ensure the facility is safe and secure. There are emergency management plans in place to ensure health, civil defence and other emergencies are included.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All communal and resident bedrooms have external windows with plenty of natural sunlight. Heating throughout the facility is provided by central heating. Residents have heaters in their rooms in the Kowhai unit. Windows open for ventilation. The general living areas and resident rooms were appropriately heated and ventilated. The relatives interviewed stated the environment is comfortable.</p>
<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>Aberleigh Rest Home has an established infection control (IC) programme that is being implemented. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service and has been linked into the incident reporting system. A registered nurse has recently taken over the role of infection control nurse with the support of the clinical manager and national clinical manager. The IC team meets monthly to review infection control matters. Minutes are available for staff. Regular audits have been conducted and education has been provided for staff. The infection control programme has been reviewed annually. IC is supported through expert national education bi-annually.</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>	<p>FA</p>	<p>There are adequate resources to implement the infection control programme at Aberleigh Rest Home . The infection control (IC) nurse has maintained their practice by attending infection control updates. The infection control team (the quality team) is representative of the facility. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The facility is committed to the ongoing education of staff and residents. Education is facilitated by the infection control nurse who has completed training to ensure knowledge of current practice. All infection control training has been documented and a record of attendance has been maintained. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak had been resolved. Information is provided to residents and visitors that are appropriate to their needs and this was documented in medical records. Education around infection prevention and control has been provided. Specific training has been provided on a daily basis to all staff at handovers during the current respiratory outbreak.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is</p>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (RN) uses the information obtained through surveillance to</p>

<p>carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>determine infection control activities, resources, and education needs within the facility.</p> <p>Individual infection report forms and short-term care plans are completed for all resident infections. Infections are collated in a monthly register and entered into an electronic database. A monthly report is completed by the infection control coordinator. There are standard definitions of infections in place, appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality, infection control and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. The infection control programme is linked with the quality management programme. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. Benchmarking occurs against other Dementia Care New Zealand facilities.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>CI</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with caregivers and nursing staff confirmed their understanding of restraints and enablers. There were no residents using restraint or enablers on the day of audit. Staff training has been provided around restraint minimisation and enablers, falls prevention, and the management of challenging behaviours. The service is to be commended for attaining a restraint free environment.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a documented staffing rational and policy in place and rosters are published for staff. Residents and family interviewed praised the staff and the level of staffing. The PG unit does not have an allocated RN rostered in the unit as per D17.3b.</p>	<p>There is no specific RN allocated to the nine-bed PG home(five PG residents) 24-hours a day as specified by the ARHSS contract D17.3b. The service is currently working with the DHB to remedy this.</p>	<p>Ensure staffing meets the ARHSS contract D17.3b and D17.4 for the PG unit.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.12.1 Consumers have access to visitors of their choice.	CI	Aberleigh Rest Home have provided opportunities for resident involvement in community activities and promoted a positive and supportive environment to encourage increasing enjoyment.	Aberleigh Rest Home has actively sourced and promoted community involvement in a variety of ways including several annual community events. Aberleigh staff and residents support the Alzheimer’s memory walk and wear purple on the day with staff, residents and their families joining in the activities. The events are promoted with posters advertising the occasions and financial support from the events donated to Alzheimer’s association. Aberleigh has hosted three ‘cuppa for a cause’ events with invitations promoted by the diversional therapy team together with the operational manager. Events were promoted with posters and verbal communication along with entertainment. Aberleigh residents participate in the Blenheim Baptist Church’s Seniors Celebration held five times a year and also in the Cancer society’s daffodil day. In addition to the regular attendance at local community events, Aberleigh rest home initiated a darts club among Blenheim aged care facilities to promote community socialisation. The darts event which initially involved four groups, now involves seven groups. Residents who participated in the darts games were provided with feedback forms which were 100% positive. Aberleigh has monitored attendance at each event over three years and has demonstrated increasing attendance and participation. The seniors’ celebration event attendance has increased by 120% from 2016 to 2017 and

			by 150% from 2017 to 2018.
<p>Criterion 1.2.3.7</p> <p>A process to measure achievement against the quality and risk management plan is implemented.</p>	CI	<p>DCNZ and Aberleigh Rest Home are constantly striving to improve service delivery and utilise quality systems in various ways. Over 2017 and 2018 a number of initiatives have resulted in positive changes. Quality improvements are identified through meeting minutes and as a result of analysis of quality data collected. The service is proactive in developing and implementing quality initiatives. All meetings include feedback on quality data where opportunities for improvement are identified</p>	<p>Aberleigh Rest Home implemented the following strategies that have included (but are not limited to): (i) new vision and values (ii) development of information for families regarding funding processes (iii) developed a more efficient method of collecting survey results from staff and families (iv) increased access to information regarding the dementia journey and aged care for families of new residents.</p> <p>New Vision & Values were created as a result of change in directorship with input from managers at training days in 2017 and input and ideas were also sought from all other staff. Feedback was sought from managers once the draft vision and values was put together and the final version was released in November 2018. A Vision & Values education session facilitated by the director to introduce staff to the new concepts and staff survey results following this were very positive. The response rate from staff has increased from 51% to 86%. The service distributes surveys to residents, enduring power of attorneys and staff annually. This year, surveys have been sent out using an online google tool to all families with email addresses with paper documentation to those without online access. Surveys have also been used to seek families' response to the recent reconfiguration of services. All responses were very positive regarding all aspects of the change.</p> <p>In previous years, Aberleigh provided sessions to family which were called Orientation for Families and Sharing the Journey. Experience when providing these sessions identified that some families needed assistance with navigating the admission and funding processes. As a result of this feedback, DCNZ created a new administration position to advise/assist families with that process.</p> <p>An evaluation of the Orientation for Families and Sharing the Journey session provision found that it was not always feasible for families in some regions to attend. Analysis of surveys identified communication of available services was not always understood or available. It was decided to incorporate information from both sessions into a welcome booklet, allowing families to still receive this information and read it at their leisure or refer to it later on. The booklet provides comprehensive information on all aspects of life in DCNZ care homes including detailed explanations on enduring power of attorneys and dementia care.</p> <p>Aberleigh Rest Home has continued to use quality system information to implement strategies to improve service delivery.</p>

<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	<p>CI</p>	<p>A registered psychiatric nurse has the role of education coordinator and implements a comprehensive staff education programme at head office level. The educator travels to each of the sites and delivers on site education and oversees training content, delivery and monitors staff attainment. The orientation programme has been enhanced with the introduction of comprehensive self-learning packages for home assistants and caregivers.</p>	<p>In 2018, the service developed a comprehensive self-directed learning package for caregivers to cover the following subject areas: Infection Control, Restraint Minimisation, Fire Safety, Chemical Safety, Food Safety, Advocacy and COR, Health and Safety, Ageing Process, Continence, Dementia and Changed behaviour, Safe Transferring, Pressure Area Care, Abuse and Neglect Awareness, Bi-cultural Awareness and Falls Minimisation. The self-directed learning package is provided in addition to both on site and Skype sessions. This package is given to new caregivers to complete during their first six weeks of employment and includes caregiving skills checklists. The programme is updated as required as evidenced in 2019 with the addition of food control plan requirements.</p> <p>In 2019, DCNZ developed a second self-directed learning package to be given to caregivers starting their second year of employment. This contains the following subjects: Vital Signs and Pain Management, Diabetes, Safe Transferring, Health and Safety, Infection Control, Restraint Minimisation, Fire Safety, Civil Defence, Documentation and Mental Health.</p> <p>Additionally, in 2018, DCNZ service developed a self-directed learning package for Home Assistants. This contains the following subjects: Fire Safety, Infection Control, Food Safety, Health and Safety, Chemical Safety, Manual Handling, Abuse and Neglect awareness, Advocacy and COR and Bi-cultural Awareness. The completed booklet is reviewed and provides evidence of learning. The programme is updated as required as evidenced in 2019 with the addition of food control plan requirements.</p> <p>On interview staff confirmed that education and in particular the self-directed education packages has assisted them in all aspects of resident care. Residents and family interviewed were positive about staff knowledge.</p>
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection</p>	<p>CI</p>	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in infection monitoring policy. Monthly infection data is collected for all infections based on</p>	<p>The service implemented the following strategies around reducing the incidents of urinary tract infections (UTIs) that included: (i) clinical manager training at advanced nursing practise including education on reduction of the unnecessary use of antibiotics, (ii) regular training and education of staff by the infection control resource nurse on importance of hydration and hygiene, (iii) thorough genito-urinary physical assessments are completed for residents with suspected urinary tract infections, (iv) oversight and supervision of staff during hygiene and toileting episodes, (v) use of yoghurt for residents who have regular urinary tract infections, (vi) and close observation of</p>

<p>reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>		<p>signs and symptoms of infection. All infections are individually logged monthly. The data has been monitored and evaluated monthly and annually and is benchmarked against similar DCNZ services.</p>	<p>residents who have a history of urinary tract infections ensuring adequate fluid intake, regular review of continence status and toileting regimes to meet individual needs and monitoring of genitourinary symptoms.</p> <p>As a result of the strategies implemented, the facility has remained below the organisational target range of 1.51 UTIs per 1000 bed nights consistently since 2016. In 2017 the average was 1.3 UTIs per 1000 bed days. For 2019 year to date including May, Aberleigh has achieved a rate of .4 UTIs per 1000 bed days.</p>
<p>Criterion 2.1.1.4 The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.</p>	<p>CI</p>	<p>Aberleigh Rest Home cares for a number of residents with significant symptoms of cognitive change. Staff and management have actively worked towards achieving a restraint free environment and achieved their goal in March 2019. The initiative has involved staff, management, families and allied health working together.</p>	<p>In early 2017 staff identified a goal for the reduction of restraint. Strategies used to identify potential change included RNs working with caregivers one-to-one, guiding and supporting the identification of residents with the potential for challenging behaviour, by identifying early signs of potential challenging behaviour and promotion of specific de-escalation techniques. Closer team RN supervision, oversight and support to manage challenging behaviours has reduced restraint use and in March the facility became restraint free. Staff have gained confidence and improved skill around managing early signs for potentially problematic symptoms of cognitive change and RNs are supporting staff directly to guide and praise diversion, activities, strategies and positive resident supports. A philosophy of no restraint is now a reality for the team, and they have the belief that their strategies and teamwork have effective positive change for residents previously requiring restraint and those residents who may have had the potential for restraint. In 2017 restraint was in use for seven residents. Four were discontinued during the year. There were five residents requiring restraint at the beginning of 2018 with a reduction to just one at the end of the year. Restraint was in place for one resident at the beginning of 2019 and this was discontinued in March. Aberleigh Rest Home has remained restraint free since this time while maintaining a similar falls ratio and low use of psychotropic medications.</p>

End of the report.