

# Elmswood Court Lifecare Limited - Elmswood Retirement Village

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## 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:

<b>Legal entity:</b>	Elmswood Court Lifecare Limited	
<b>Premises audited:</b>	Elmswood Retirement Village	
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 4 February 2020	End date: 4 February 2020
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	76	

# Executive summary of the audit

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## 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

Elmswood Retirement Village is privately owned and provides rest home and hospital level care for up to 79 residents in the care centre and up to 33 rest home residents in the apartment studios. On the day of the audit there were 76 residents in the care centre and no rest home residents in the studio apartments.

This unannounced surveillance audit was conducted against a subset of the Health and Disability sector 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, relatives, staff, the GP and management.

The facility manager (non-clinical) has been in her role for four years and she is supported by a clinical manager who has been in the role for three years and has experience in aged care management. They are supported by a RN service coordinator and a RN rest home coordinator. Residents, relatives and the GP interviewed were very complimentary of the services and care they receive.

This surveillance audit identified no areas for improvement.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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A policy on open disclosure is in place. There is evidence that residents and relatives are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. A system for managing complaints is in place.

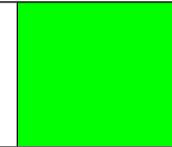
## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The quality and risk management plan and quality and risk policies describe Elmswood Retirement Village quality improvement processes. Policies and procedures are maintained by a contracted aged care consultant who ensures they align with current good practice and meet legislative requirements. Quality data is collated for infections, accident/incidents, concerns and complaints, internal audits and surveys. Quality data is discussed at meetings and is documented in minutes. The health and safety programme meets current legislative requirements. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. 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.

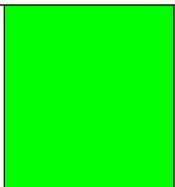
The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed on the electronic system demonstrated service integration and were evaluated at least six monthly. The general practitioner reviews the residents at least three monthly. Allied health professionals are involved in the care of residents as required.

Medication policies reflect legislative requirements and guidelines. The registered nurses and senior healthcare assistants are responsible for administration of medicines and complete annual education and medication competencies. The electronic medicine charts reviewed met legislative prescribing requirements and were reviewed at least three monthly by the general practitioner.

The activity team provide and implement an interesting and varied activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each resident group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building holds a current warrant of fitness. There is a reactive and planned maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The restraint coordinator is the clinical manager. There were four residents using restraint, and no residents using an enabler on the day of audit. Assessments, monitoring and regular evaluations had been completed for the restraint and the enabler. Staff receive regular education and training on restraint minimisation.

## 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 clinical manager is the infection control coordinator. The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. Staff complete annual training on infection control.

## 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)
<b>Standards</b>	0	16	0	0	0	0	0
<b>Criteria</b>	0	39	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>The facility manager maintains an electronic record of all complaints, both verbal and written. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Ten complaints have been logged for 2019 and 2020 YTD. All complaints documented a comprehensive investigation, follow-up, and replies to the complainant. Complaints all included a section to confirm that the complainant was happy with the outcome. Training and education sessions have been provided to staff where appropriate.</p> <p>Staff interviewed; two registered nurses, five HCAs (one care lead), the diversional therapist, two activities coordinators, and the head chef could describe the procedure for directing complaints to the most senior person on duty.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms.</p>
<p>Standard 1.1.9: Communication</p>	FA	<p>Comprehensive information is provided at entry to residents and family/whānau. Six residents interviewed (three rest home and three hospital) stated that they were welcomed on entry and were given time and explanation about the services and procedures. The facility manager, clinical manager and rest home unit coordinator (RN) were</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>available to residents and relatives and they promote an open-door policy. Ten electronic incident forms reviewed for January 2020 evidenced that relatives had been notified on all occasions. Three relatives (two rest home and one hospital) interviewed, advised that they are notified of incidents and when residents' health status changes promptly.</p> <p>Staff interviewed fluently described instances where relatives would be notified. Residents newsletters are sent quarterly, and staff newsletters are sent bi-monthly.</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>Elmswood Retirement Village provides care for up to 79 rest home and hospital level residents in the care facility. There are 25 dual-purpose beds. There are 33 studio apartments certified for rest home level of care. On the day of audit there were 53 rest home residents including one respite care and 23 hospital level residents. All residents were under the ARCC. There were no rest home level of care residents in the studio apartments.</p> <p>The 2019-2020 quality goals were evaluated against progress and achievements documented at the monthly quality meetings. Quality goals for 2019 included (but not limited to) improving community engagement and socialisation, combining activities with Fendalton (sister home), reviewing emergency preparedness and procedures, improving staff training, commencing a staff wellness clinic. The 2020 goals are in the process of being developed.</p> <p>The general manager is supported by a full-time facility manager (previously a psychiatric RN), who is now non-clinical and has been in the role for four years. She has a business and management background in the health and disability sector. A clinical manager with aged care experience has been in the role three years and has overall responsibility for clinical operations. They are supported by a service coordinator (RN) and the rest home coordinator (RN). The service coordinator oversees the studio apartments and supports management at both sites and is part of the quality team. The rest home coordinator oversees the rest home unit and is also part of the quality team.</p> <p>The facility manager has attended at least eight hours of education within the last year, related to managing a rest home and hospital including attending an immigration forum, a managers' seminar and regularly attends the ARCC forums.</p> <p>The clinical manager has attended an infection control study day at the DHB, syringe driver training, and also attends the ARCC forums. The clinical manager accesses education sessions through the health learn online site.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	<p>FA</p>	<p>The quality and risk management plan and quality and risk policies describe the company's quality improvement processes. Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data, surveys and complaints management. Data collected, is analysed and compared monthly and annually for a range of adverse event data. Where improvements are identified, corrective</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>actions are developed, implemented and regularly evaluated.</p> <p>Health and safety committee meetings are held monthly, every second month there is a combined health and safety, infection control and restraint meeting. The health and safety and infection control committees have representatives from all departments in the facility. Quality data from all meetings are discussed at the monthly quality/risk meeting. Meeting minutes evidenced quality data, trends and analysis including areas for improvement around infections, accidents and incidents, health and safety, restraints/enablers, concerns/complaints, internal audit outcomes and quality goals. Benchmarking occurs against NZ industry standards. Information is shared with all staff, as confirmed in meeting minutes and during interviews. Staff receive a bi-monthly newsletter that includes quality data and statistics for infection control and accidents/incidents. Staff meeting minutes are available to all staff on the on-line system.</p> <p>The contracted quality consultant visits Elmswood six monthly, completes both clinical and environmental internal audits and completes a report detailing corrective actions which are completed and signed off by the clinical manager when completed. Corrective actions sighted had been completed and closed out as documented in meeting minutes.</p> <p>Annual satisfaction surveys are completed. The results have been collated, analysed and discussed at meetings. The 2019 rest home resident survey identified overall satisfaction with the service and 97% of respondents felt their expectations were met and the facility felt like home, this went up from 92% in 2018; 92% were happy with the meals and food services, this is similar to 2018 at 91%. Areas for improvement were identified around the way the question is worded on the value of resident meetings as 42% of respondents answered, "don't know". 34% of residents were aware of the code of rights, this will be presented at three of the five meetings through the coming year. Code of rights were printed and are available in resident rooms, and visible on noticeboards, this was relayed to relatives through newsletters.</p> <p>The hospital resident survey identified 100% of respondents were happy with the catering services, up from 82% in 2018; 86% of respondents felt comfortable raising concerns or complaints, with 100% stating they had a satisfactory response in a timely manner. Areas for improvement were identified around activities, and resident meetings. The service plans to engage families to help residents to complete the surveys.</p> <p>Hospital and rest home next of kin surveys are also held annually. Areas of satisfaction in the hospital included the staff, security and freedom, communication, housekeeping and maintenance. Areas for improvement were identified around the meaningfulness of activities. The corrective action included increasing communication with families around resident participation, and due to the 36% return rate, the service are looking at ways to remind families to complete the survey.</p> <p>The rest home relatives survey identified satisfaction around staff, nursing care, housekeeping, catering, laundry, communication and activities. Areas for improvement were identified around being aware of the code of rights, and dietary likes and dislikes. Corrective actions included having the code of rights available in resident rooms and more visible in noticeboards and emphasising dietary preferences in the MDT meetings.</p>
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		<p>There is a risk management plan in place. The health and safety coordinator (HCA) and the facility manager (health and safety officer) were interviewed. Committee meeting minutes evidenced discussion on health and safety matters including accidents/incidents and hazard management. A report is forwarded to the quality/risk committee. Staff receive health and safety training during orientation and ongoing. Actual and potential risks are documented on the hazard register, which identifies risk ratings and documents actions to eliminate or minimise the risk. The hazard register was last updated in September 2019.</p> <p>Falls management strategies include wireless sensor mats, and the development of specific falls management plans to meet the needs of each resident who is at risk of falling.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is collated online and benchmarked across comparable services. Ten electronic resident-related accident/incident forms were reviewed. Each event involving a resident reflected follow-up by a registered nurse. Incidents are benchmarked and analysed for trends. Neurological observations are conducted for suspected head injuries, and where possible opportunities to minimise future risks were identified and implemented.</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. Notifications were made to Public Health following two outbreaks, one norovirus in June 2018 and one respiratory outbreak in June 2019. Three section 31 notifications have been made since the certification audit for changes in management, following an intruder. A section 31 notification was sent retrospectively for the outbreaks in 2018 and 2019 where all other agencies were appropriately notified at the time. The service has now reviewed the outbreak checklist to include section 31 notification.</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</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed (clinical manager, rest home coordinator, one activities coordinator, one chef, and two healthcare assistants (HCAs) evidenced implementation of the recruitment process, employment contracts, completed orientation and annual performance appraisals. A register of practising certificates was maintained.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed.</p> <p>A competency programme is in place. Core competencies are completed annually, and a record of completion is maintained (signed competency questionnaires sighted in reviewed files included: fire assessments (all staff) fire warden training (senior staff) medications and second checker competency, restraint, infection control, ceiling hoists</p>

<p>requirements of legislation.</p>		<p>and manual handling, simple wounds, and hand hygiene).</p> <p>There is an annual education and training schedule being implemented. The healthcare assistants undertake aged care education (Careerforce). Currently eight HCAs have level 3 NZQA and eight have equivalent qualifications. Three have level 4 NZQA and 11 have equivalent qualifications.</p> <p>Elmswood have been looking at ways to make education sessions more accessible to staff as low attendance rates had been identified. They now have access to a web-based system which staff have access to. Training sessions are held at each staff meeting, if staff are unable to attend, they have a set period of time to complete the online sessions. This is boosting attendance rates and staff interviewed reported they enjoy having the online education sessions.</p> <p>Education and training for clinical staff is linked to external education provided by the district health board. RN specific training viewed included: syringe driver, wound care, and first aid. All six RNs are competent in interRAI.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager, clinical manager and rest home coordinator are full-time Monday to Friday. The service coordinator works 9 am to 3.30 pm Monday to Thursday. Residents, relatives and staff interviewed stated there were sufficient numbers of staff on duty to safely deliver residents cares.</p> <p>There are 23 hospital level residents in the hospital. On the morning and afternoon shifts in the hospital wing there is one RN, four HCAs; 2x HCAs (one senior) from 7 am to 3 pm, and two 7 am to 1.30 pm. The afternoon shift has an RN and four HCAs rostered, 2x 3 pm to 11 pm and 2x 4 pm to 9 pm. Night shift has an RN, 10.45 pm to 7 am and two HCAs, 11 pm to 7 am.</p> <p>In the rest home there are 53 rest home residents. On mornings there is one care lead (senior HCA) from 6.45 am to 3.15 pm, 1x HCA from 7 am to 3 pm and 2x HCAs from 7 am to 1.30 pm. The afternoon shift has a team leader from 3 pm to 11 pm, 1x HCA 3 pm to 11 pm and 2x HCA 4.30 pm to 9 pm. Night shift is covered with one team leader 10.45 pm to 7 am and 1x HCA 11 pm to 7 am. The rest home staff are available to answer call bells for the studios overnight.</p> <p>There is a team leader in the studio apartments in the mornings from 6.45 am to 3.15 pm. One HCA in the afternoon from 3 pm to 10 pm.</p> <p>Residents, and relatives interviewed stated there were sufficient numbers of staff on duty to safely deliver residents cares. Staff interviewed felt there was sufficient staff on duty and report low usage of agency staff.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The service uses an electronic medication system. Clinical staff who administer medications (RNs and senior healthcare assistants) have been assessed for competency on an annual basis and attend annual medication education. The registered nurses have completed syringe driver education and competency. All medication in blister packs is checked on delivery by the RN against the medication chart. The RN signs a medication reconciliation checklist and any discrepancies are fed back to the supplying pharmacy. All medication is stored safely in the designated medication areas in the rest home and hospital unit. Medication fridges in both areas are maintained within the acceptable temperature range. Medication room air temperature monitoring is in place. All eye drops and ointments were dated on opening. There was one rest home and no hospital residents self-medicating on the day of audit. Self-medication competencies had been completed and reviewed three monthly (sighted on the electronic system). The hospital bulk supply order (for hospital residents) is checked regularly for stock levels and expiry dates.</p> <p>Twelve medication charts reviewed (six rest home and six hospital level residents) on the electronic medication system, had photo identification and allergy status noted. The effectiveness of 'as required' medications had been documented in the electronic medication system.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals at the service are prepared and cooked on site. The head chef is supported by a second chef, preparation chef, morning and afternoon kitchenhands. The five-weekly summer menu has been reviewed by a dietitian May 2019. The main meal is in the evening. Alternatives are provided for the midday and evening meal. Meals are prepared in a well-appointed kitchen adjacent to the rest home dining room and served directly to residents in the dining room. Meals are plated and delivered to the hospital kitchenette in heated scan boxes. Staff were observed delivering meals and assisting residents with their lunch time meals as required. The head chef receives dietary profiles for each resident and notified of any dietary changes. The service provides pureed/soft, dairy free and diabetic desserts. Food allergies, dislikes, cultural and religious preferences are accommodated. Fluids including Complian and smoothies are readily available.</p> <p>Kitchen staff are trained in safe food handling, and food safety procedures were adhered to. The food control plan expires March 2021. Fridge, freezer, chiller and end cooked temperatures are taken and recorded daily. All foods were date labelled.</p> <p>Resident meetings and surveys allowed for the opportunity for resident feedback on the meals and food services generally. Interviews with residents and family members indicated satisfaction with the food service.</p>
<p>Standard 1.3.6: Service</p>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP consultation. There is documented evidence in the electronic progress notes and correspondence section of family/whānau contact in</p>

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>each resident file that indicates family were notified of any changes to their relative's health, including (but not limited to) accident/incidents, behaviours, infections, health professional visits, referrals and changes in medications. Discussions with families confirmed they are notified promptly of any changes to their relative's health.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. An online wound register is maintained. Wound assessments, treatment plans and ongoing evaluations were in place for nine hospital residents (skin tears, chronic venous ulcers, infected toe) and 11 rest home residents (skin tears, non-healing lesions, abrasions and chronic leg wound). There were two rest home residents with facility acquired pressure injuries (one stage one toe and one stage two ankle) and one hospital level resident with a stage two sacrum. All chronic wounds and pressure injuries were linked to the long-term care plan. Nurse Maude wound specialist has been involved in wound management.</p> <p>Continence products are identified in resident files and include a urinary continence assessment, bowel management, and continence products identified. There is access to a continence nurse specialist by referral.</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission, identifying resident nutritional status and preferences. Electronic monitoring forms are used for weight, vital signs, blood sugar levels, pain, challenging behaviour, food and fluid charts, repositioning, 30-minute checks, daily input charts, restraint monitoring and neurological observations.</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>	<p>FA</p>	<p>The service currently employs a diversional therapist (DT), and three activity coordinators to coordinate and implement the rest home and hospital level activity programme Monday to Friday from 9 am to 3 pm. There are volunteers involved in the programme for church services and one on one chats and reminiscing with residents and other activities.</p> <p>The DT has completed a physiotherapy assistance course and takes musical exercises for hospital level residents. Rest home residents enjoy a variety of exercises to music and dance. Activities reflect the physical and psychosocial well-being of the residents with specific activities for each care level such as newspaper reading, arts and crafts, board games, quizzes, knitting and sing-a-longs. 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. There are many integrated activities for all residents to attend such as entertainment, gardening club, walking group, animal farmyard and birthday afternoons. Community visitors include pre-school children, Japanese choir, guest speakers and entertainers. Themes and events are celebrated.</p> <p>There are regular outings for rest home and hospital level residents including library visits, inter-home visits and scenic drives. The men's group attendance has increased with men joining from all areas of the service including apartments and village. Weekend activities are set and are resident led such as movies and sports on TV. There is a resource trolley available with a variety of activities.</p> <p>A diversional therapy resident profile is completed on admission. Electronic resident files include a personalised</p>

		<p>activity plan which is evaluated at the same time as the care plan.</p> <p>The service receives feedback and suggestions for the programme through two monthly resident meetings, direct feedback from residents and families and annual surveys. Residents and families interviewed were very satisfied with the activity programme offered.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans reviewed were evaluated by the RNs within three weeks of admission and a long-term care plan developed. Care plans had been evaluated six monthly for long-term residents who had been at the service six months. Written evaluations were identified if the desired goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Short-term care plans reviewed had been evaluated at regular intervals. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Families (interviewed) confirmed they are invited to attend the six-monthly care plan evaluation. This was evidenced in the electronic correspondence section.</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 service displays a current building warrant of fitness, which expires on 1 April 2020. Daily maintenance requests are addressed. There is a monthly maintenance plan, which includes monthly and 6 monthly checks, (eg, hot water temperature, call bells, resident equipment and safety checks). Medical equipment and electrical appliances have been tested and tagged and calibrated. Essential contractors are available 24-hours.</p> <p>The facility has wide corridors with sufficient space for residents to safely mobilise using mobility aids. The hospital unit has ceiling hoists available in every room. There is safe access to the outdoor areas and courtyards on the ground floor. Seating and shade are provided.</p> <p>Some of the studio apartments have been vacated and safely cordoned off in preparation for earthquake repairs.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection</p>	FA	<p>The infection control coordinator (clinical manager) collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at the monthly quality meeting, bi-monthly infection control meeting and staff meetings. Data and graphs of infection events are available to staff. The service completes monthly, six monthly and annual comparisons of infection rates for types of infections. Trends are identified, analysed and preventative measures put in place.</p> <p>Elmswood were awarded a continuous improvement award around the management of urinary tract infections, which they continue to monitor. Elmswood has been successful in continuing to reduce urinary tract infections in the rest home from 3.32 per 1000 bed days on 2017, 1.35 per 1000 bed days in 2018 and 0.98 per 1000 bed days in 2019.</p> <p>The hospital results were 3.6 per 1000 bed days in 2017, 1.09 in 2018 and up slightly in 2019 to 2.01. The data was</p>

control programme.		<p>analysed, and the findings identified a change in residents' status with recently admitted residents admitted with higher complexities.</p> <p>Two outbreaks (Norovirus in 2018 and respiratory in 2019) were well managed and documented and timely notifications were made. All staff were updated daily with logs maintained. A debrief meeting was held post outbreaks and the outbreaks were discussed at meetings (sighted in the minutes).</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<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. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation of any restraint and enablers is reviewed through internal audits, RN and facility meetings. Interviews with the staff confirmed their understanding of restraints and enablers.</p> <p>On the day of audit, there were four residents using restraint and no residents using an enabler. The resident files had signed consent forms with evidence of GP, clinical manager and relative input, all risks associated with its use were identified and managed. Two hourly checks were documented, and interventions were included in the care plans.</p>

## Specific results for criterion where corrective actions are required

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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
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## Specific results for criterion where a continuous improvement has been recorded

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

No data to display
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End of the report.