

Oakwoods Lifecare (2012) Limited - Oakwoods Retirement Village

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, 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: Oakwoods Lifecare (2012) Limited

Premises audited: Oakwoods Retirement Village

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

Dates of audit: Start date: 29 September 2020 End date: 30 September 2020

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: 48

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

Oakwoods retirement village provides hospital and rest home level care for up to 48 residents in the care facility and 43 apartments that are certified for rest home level care. On the day of audit there were 48 residents including one resident in the serviced apartments. Oakwoods Retirement village is part of the Arvida Group.

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

The service is managed by a village manager who has been in the role for one year and was previously the clinical manager. He is supported by a clinical manager who has been in the role one year and has aged care experience. The residents, relatives and general practitioner interviewed, all spoke positively about the care and support provided.

The service continues to implement the Arvida quality and risk management system. The service met all the standards at this certification audit.

The service has achieved a continuous improvement rating around personalised medication storage and administration.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

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

Staff at Oakwoods retirement village strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights (the Code). Residents' cultural needs are met. Information about the Code and services is easily accessible to residents and families. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Policies are implemented to support residents' rights, communication and complaints management. Complaints and concerns have been managed and a complaints register is maintained.

Organisational management

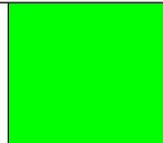
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Standards applicable to this service fully attained.

Oakwoods retirement village implements a quality and risk management system that supports the provision of clinical care. Quality activities are conducted which generates opportunities for improvement. Corrective actions are developed and implemented. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and appropriately managed. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training. The service has an orientation programme that provides new staff with relevant information for safe work practice. The staffing policy aligns with contractual requirements and includes appropriate skill mixes provide safe delivery of care. Staffing is based on the occupancy and acuity of the residents.

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.

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. A registered nurse assesses, plans, and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers responsible for administration of medicines complete education and medication competencies. The medication charts were reviewed at least three-monthly by the general practitioner.

An integrated activity programme is implemented for residents at rest home and hospital level of care. The programme includes community visitors and outings, entertainment and activities that meet the individual physical, cultural and cognitive abilities, and preferences for each resident group. Residents and families reported satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The kitchen is well equipped for the size of the service. 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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There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident bedrooms are personalised with a mix of ensuites and communal facilities. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services. Civil defence equipment and supplies were readily available. There is a staff member on duty at all times with a current first aid certificate.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Oakwoods retirement village has restraint minimisation and safe practice policies and procedures in place. During the time of the audit there were three residents with enablers and one resident with a restraint. The clinical manager is the designated restraint coordinator and oversees the completion of restraint documentation and monitoring requirements. Staff receive training around restraint minimisation and the management of challenging behaviour.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The service has a robust Covid-19 screening process in place. The infection control programme is reviewed annually and meets the needs of the service. Infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education. There has been additional education provided around outbreak management including Covid-19. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	49	0	0	0	0	0
Criteria	1	100	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with four caregivers, two registered nurses (RN), one enrolled nurse (EN), one wellness leader and one diversional therapist (DT,) confirmed their familiarity with the Code. Interviews with five residents (two rest home and three hospital) and three families (one rest home and two hospital) confirmed the services being provided are in line with the Code. The Code is discussed at resident, staff and quality meetings. Code of Rights training is included as part of the orientation and ongoing, last completed November 2019.</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</p>	FA	<p>Informed consent processes are discussed with residents (as appropriate) and relatives on admission. Written general and specific consents have been scanned onto the electronic system for the seven resident files reviewed (four hospital including two residents on a YPD contract and three rest home including one resident on a LTS-CHC contract in the serviced apartments). Signed admission agreements were sighted, general consents were appropriately signed, and advance directives and medically initiated 'do not resuscitate' had been appropriately signed by the resident and general practitioner (GP) and were all scanned onto the electronic system. Copies of EPOA are contained within the electronic resident file where appropriate. Caregivers and registered nurses (RNs) interviewed confirmed consent is obtained when delivering cares. Discussion with relatives identified that the service actively involves them in</p>

consent.		decisions that affect their relative's lives.
<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	A policy describes access to advocacy services. Information about accessing advocacy services information is available in the two entrances. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interviews with staff and residents informed they are aware of advocacy and how to access an advocate. Staff receive training on advocacy.
<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	Residents are encouraged to be involved in community activities and maintain family and friends' networks. Community links include (but are not limited to) Age Concern, Alzheimer's Nelson and churches. On interview, all staff stated that residents are encouraged to build and maintain relationships. Residents interviewed confirmed that relative/family visiting could occur at any time.
<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 and procedure in place and residents and their family/whānau are provided with information on the complaints process in the admission pack. Complaint forms are available at each entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints. An online complaints register is in place. There has been one HDC complaint in August 2019 which was investigated, and a response sent to the Commissioner. The complaint was closed off with no further action required. A DHB complaint received October 2019 was investigated with corrective actions implemented where required. The complaint was closed. There has been one internal complaint that has been responded to appropriately. Advocacy is offered as part of the resolution process. The village manager is responsible for the management of complaints and has attended Code of Resident Rights training.</p> <p>Residents and family members advised that they are aware of the complaint's procedure. The village manager and clinical manager operate an open-door policy.</p>
Standard 1.1.2: Consumer Rights During Service Delivery	FA	There are posters and brochures of the Code on display at both main entrances. The service is able to provide information in different formats and/or in large print if requested. On entry to the service, the village manager or nurse manager discusses the information pack with the resident and the

Consumers are informed of their rights.		family/whānau. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss during the admission process.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting resident's privacy and knocking on doors before entering the resident rooms. The Arvida Living Well model of care is being implemented with a focus on resident choice which encourages independence and choice in their daily activities of life. Residents and families interviewed confirmed they were treated with respect at all times. Personal belongings were not used for communal use.
Standard 1.1.4: Recognition Of Māori Values And Beliefs 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.	FA	The service has a Māori health plan and an individual's values and beliefs policy, which includes cultural safety and awareness. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. There were no residents at Oakwoods retirement village that identified as Māori. The service has links with local Māori for advice and support as required.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service has established cultural policies aimed at helping meet the cultural needs of its residents. All residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment included residents' cultural beliefs and values in consultation with the resident/whānau. Information is used to develop a leisure and pastoral care plan as a guide for care staff and the wellness team. Staff receive training on cultural safety/awareness.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion,	FA	The facility has a staff code of conduct which states there will be zero tolerance against any discrimination occurring. The abuse and neglect processes cover harassment and exploitation. Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The orientation and employee

harassment, sexual, financial, or other exploitation.		agreement provided to staff on induction includes standards of conduct. All residents interviewed reported that the staff respected them.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	CI	The service has policies to guide practice that align with the health and disability services standards, for residents with aged care needs. Staffing policies include pre-employment reference checks, the requirement to attend orientation and ongoing in-service training. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management and clinical team. The staff are committed to providing a caring and de-institutionalised environment that aligns with the Arvida Wellness Model of Care. Each household has its own staff who complete cares, administer medications and provide individualised care. The care staff (interviewed) stated that providing a household environment means they know the residents and their families very well. Care staff are also involved in resident activities. Residents and families interviewed spoke positively about the care and support provided. Hospice has held bereavement sessions for staff following a resident's death. This has been a quality initiative suggested by care staff and beneficial for the staff well-being.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Residents and relative interviewed, stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incidents. Fourteen accidents/incidents reviewed identified the relative/EPOA had been notified. Full and frank open disclosure occurs. Relatives confirmed that they are notified of any changes in their family member's health status. Progress notes confirm discussions with family members. Household meetings are held for residents who are given the opportunity to provide feedback on the services provided. There are six monthly family meetings. The village manager produces monthly newsletters with information on facility matters. Relatives stated they were kept updated on infection control matters/visiting during the lockdown period. Interpreter services are available as required.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of	FA	Oakwoods retirement village is owned and operated by the Arvida Group. The service provides care for up to 48 residents in the care facility at hospital and rest home level care and 43 serviced apartments that are certified for rest home level care. All 48 beds in the care facility are dual-purpose (hospital and rest home). On the day of the audit, there was a total of 48 residents. There were 24 residents at rest home level including one resident in a serviced apartment who was on a long-term chronic health condition contract (LTS-CHC), and 24 residents at hospital level (including two residents on younger persons with

<p>consumers.</p>		<p>disabilities [YPD] contracts). All other residents were under the age-related residential care (ARRC) contract.</p> <p>The service is managed by a village manager who has been in the role for one year and was previously the clinical manager for one year. He is a registered nurse with a current practicing certificate. The village manager is supported by a clinical manager who has been in the role for one year and has 25 years of broad nursing experience including 15 years in aged care.</p> <p>The village manager reports to the general manager of wellness and care and provides a monthly report. The management team are supported by personnel at support office including of the health and safety manager and the national quality manager (the latter present on the day of audit). There are regular village manager and support office meetings.</p> <p>Arvida has an overall business/strategic plan. Oakwoods Lifecare has a 2019-2020 quality/risk management plan that is reviewed every two months at the quality/risk meetings. The plan includes the Arvida mission, vision and values which are based on Arvida's attitude of living well model of care.</p> <p>The village manager has completed/attended an aged care workshop, attended a DHB emergency planning session and completed retirement village association training. The clinical manager has completed orientation to the role and has attended a two-day clinical managers forum and interRAI training for managers.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>In the absence of the village manager, the clinical manager is in charge. Support is also provided by the general manager operations and the general manager wellness and care. The clinical manager provides after hours call support for the care facility. A lead RN role is being created to assist with the on-call responsibilities.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that</p>	<p>FA</p>	<p>The village manager is responsible for providing oversight of the quality programme on site, which is also monitored at organisational level. There is a 2019-2020 quality/risk plan that includes quality goals and risk management plans for Oakwoods. Quality goals align with the five pillars of wellness – eating well, moving well, thinking well, resting well and engaging well. Arvida Oakwoods have initiated a sixth pillar of 'Sensing well' which focuses on improving the 'Sensing well' for each resident, including touch, vision, audition, olfaction, and gustation. Other goals include improving the dining experience and refurbishment</p>

<p>reflects continuous quality improvement principles.</p>		<p>of the households. Buffet breakfasts have been introduced and individualised medication locked boxes in rooms as part of the goal to de-institutionalise care.</p> <p>There is discussion about quality data at the monthly quality/risk meetings, heads of department meetings, health and safety and infection control committee meetings, RN/enrolled nurse and caregiver meetings and other service meetings.</p> <p>The quality and risk management programme are designed to monitor contractual and standards compliance. There are policies and procedures appropriate for service delivery, which are reviewed at least every two years across the group. Arvida support office reviews policies at least two yearly or earlier for any changes to practice. Staff are notified of updates through the weekly intranet email.</p> <p>Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed. Where results are less than expected, re-audits occur. Audit outcomes are discussed at facility meetings. Areas of non-compliance identified through quality activities are actioned for improvement.</p> <p>Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. Areas for improvement from the January 2020 survey have been identified as quality goals in the quality/risk plan.</p> <p>The service has a health and safety management system that is regularly reviewed. Health and safety goals are established and regularly reviewed. The village manager provides health and safety reports to the health and safety manager at support office. The health and safety committee (representatives across all services) meet monthly. Currently there is a ballot process in place for three committee members. The health and safety representative (cleaner) were interviewed and has completed health and safety training. Hazard forms are completed by staff for identified hazards. The service is transitioning from paper-based to MANGO reporting system. The generic hazard register has been reviewed September 2020. The service supports a return to work programme in consultation with ACC.</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. The physiotherapist provides safe manual handling and hoist training for all new staff and regular refreshers for all care staff.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the</p>	<p>FA</p>	<p>There is an accidents and incidents reporting policy. The clinical manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at management and staff meetings including actions to minimise recurrence. Fourteen incident forms reviewed demonstrated that appropriate RN clinical assessment, follow-up and investigation occurred following incidents. Neurological observation forms were documented and completed for five unwitnessed</p>

<p>service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>falls, where there was risk of potential head injury.</p> <p>Discussions with the village manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p> <p>There have been no essential notifications to report.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resource management policies in place. This includes that the recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications and experience. Seven staff files were reviewed (one clinical manager, one kitchen manager, two RNs, one caregiver, one enrolled nurse and one diversional therapist) and included evidence of the recruitment process including police vetting, signed employment contracts, job descriptions, orientation checklists and annual appraisals. A copy of practising certificates for RNs, enrolled nurse, GPs and the physiotherapist are kept. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>Completed orientation is on files, and staff interviewed could describe the orientation programme. The in-service education programme for 2019 has been completed and the plan for 2020 is being implemented. Some on-site education has been postponed due to Covid-19 lockdown restrictions. Staff complete required learning modules through on-line Altura education system. Eight hours of staff development or in-service education has been provided annually. Clinical in-service is included in the RN meetings. There are eight RNs and two have completed interRAI training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Oakwoods Lifecare has a fortnightly roster in place, which provides sufficient staffing cover for the provision of care and service to residents. The village manager and clinical manager each work 40 hours per week and are available on call after-hours. There is at least one RN on duty at all times. There is an enrolled nurse seven morning shifts a fortnight. The RN on each shift is aware that extra staff or the short shifts can extend for increased resident requirements.</p> <p>The care facility is divided into four homes: Ascot, Otterson A & B, and the Lodge. There are 24 rest home residents (including one in the serviced apartment) and 24 hospital level of care residents.</p> <p>Ascot (17 residents): Thirteen rest home and four hospital residents. There are two caregivers on the full morning shift (7.30 am - 4 pm) and one caregiver on the full afternoon shift (3.30 pm – 11.30 pm).</p> <p>Otterson A (11 residents): Four rest home and seven hospital. There are two caregivers on the full morning shift.</p> <p>Otterson B (10 residents): Four rest home and six hospital. There are two caregivers on the full morning</p>

		<p>shift.</p> <p>There are two caregivers on the full afternoon shift for the Otterson “homes”. There is one caregiver on from 4 pm to 9.30 pm for medications and to “float” between the “homes”.</p> <p>The Lodge (9 residents): Two rest home and seven hospital level. Two caregivers on the full morning shift and two caregivers on the afternoon shift from 4 pm - 9.30 pm. There are two caregivers and an RN on night shift.</p> <p>In the serviced apartments there is one rest home resident. The village nurse (EN) is rostered on the morning shift and is supported by two caregivers on the morning and one on the afternoon. The night shift is covered by the care staff and RN in the care facility.</p> <p>There are dedicated activity, housekeeping and laundry staff. Interviews with staff, residents and relatives confirmed there are sufficient staff to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident 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 electronic individual record. Residents’ files are protected from unauthorised access by password. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and identify the relevant caregiver or registered nurse.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers’ entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents’ entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs on the services and levels of care are provided for families and residents prior to admission or on entry to the service. All admission agreements reviewed align with all contractual requirements and kept within the electronic file. Exclusions from the service are included in the admission agreement. The signed service agreements are available on the resident electronic file.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and relatives to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The ‘yellow envelope’ system is used for transfers to hospital and often involve a verbal handover. The residents and their relatives were involved</p>

<p>planned and coordinated transition, exit, discharge, or transfer from services.</p>		<p>for all exit or discharges to and from the service.</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. Medications are stored safely in the locked boxes in the resident rooms. Clinical staff who administer medications (RNs, enrolled nurses and caregivers) have been assessed for competency on an annual basis and attend annual medication education. Registered nurses have completed syringe driver training. All medication (blister packs) is checked on delivery against the paper-based medication charts by one RN and one caregiver. Weekly checks of extra medications (non-blister packed medications including inhalers and creams) held in the treatment room has been performed weekly to ensure there is no expired medication in stock. There were no self-medicating residents. The medication fridge is checked daily and temperatures are maintained within the acceptable temperature range. Temperatures have been checked in resident rooms to ensure the temperature does not exceed the recommended 25 degrees Celsius. All eye drops sighted were dated on opening.</p> <p>Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts at least three-monthly. 'As required' medications had prescribed indications for use. Arvida Oakwoods have introduced a quality initiative around medication management (link 1.1.8.1).</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>The food services are overseen by a chef/kitchen manager. All meals and baking are prepared and cooked on site by qualified chefs who are supported by kitchen assistants, and afternoon kitchenhands. All food services staff have completed food safety training. The Arvida seasonal menu is reviewed twice yearly and includes resident preferences. The chef receives resident dietary profiles and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies and gluten free diets. The menu provides pureed/soft meals. The kitchen is adjacent to the serviced apartments dining room. Meals are delivered to the hospital and rest home dining rooms in bain maries and served to residents by caregivers. Food is placed in crockpots for residents requiring assistance to ensure all residents receive hot meals.</p> <p>The food control plan has been verified and expires 14 June 2021. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. The dishwasher rinse and wash temperatures are taken and recorded. All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely.</p> <p>Buffet breakfasts in place, in line with the household model, have been developed into a 'breakfast club' as</p>

		<p>a result of Covid-19. Each area was allocated a 'bubble' of staff, and did not include the kitchen staff who previously served the breakfast meals. Residents can choose where they sit for breakfast. Conversations, background music and discussions about the weather, all play a part in breakfast meals and setting the theme for the day. Breakfast club runs over one to two hours. A recent meeting included discussion from the residents around "enjoying the warm fresh toast", "starting the day with a smile", and "it sets you up for a good day". When the Covid-19 regulations were relaxed, usual service was recommenced. The residents called a meeting and requested the breakfast club to be reinstated. Staffing roles were realigned to ensure sufficient staff were available to accommodate the residents' request. The wellness team are now involved in delivering the breakfast meal and running the breakfast club. The wellness leader completed the living well achievement pillar for the Eating well pillar, which evidences a 15.3% improvement from December 2019 to June 2020.</p> <p>Residents provide feedback on the meals through resident meetings and resident survey and provide verbal feedback. The chef receives feedback directly both verbally and through resident meetings. Residents and relatives interviewed spoke positively about the choices and meals provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The RN completes an admission interim assessment including relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes. The outcomes of assessments are reflected in the care plans on the electronic eCase system. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the long-term care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery</p>	FA	<p>Resident care plans on the resident electronic system for all resident files reviewed were resident focused and individualised. Support needs as assessed were included in the long-term care plans. The eCase</p>

<p>plans are consumer focused, integrated, and promote continuity of service delivery.</p>		<p>programme identifies interventions that cover a comprehensive set of goals including managing medical needs/risks. Care plans include the involvement of allied health and community workers to assist the residents in meeting their specific goals around wellbeing. Key symbols on the resident's electronic home page identify current and acute needs such as (but not limited to); current infection, wound or recent fall. Any changes are added to the relevant care plan.</p> <p>There was evidence of allied health care professionals involved in the care of the resident including physiotherapist, podiatrist, speech and language therapist, community mental health services and wound care specialist.</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>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or nurse specialist consultant. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs use monitoring charts including repositioning, bowel chart, behaviour chart, food and fluid chart, weight, blood pressure monitoring, blood sugar levels, neurological observations and toileting regime to enter checks as directed by the Care plans. Monitoring charts are well utilised. Relatives are notified of all changes to health as evidenced in the electronic progress notes.</p> <p>Wound assessments are completed. Wound management plans including body maps, photos and wound measurements were reviewed on eCase for eight wounds in the facility: two hospital residents (one resident with two wounds) and four rest home residents, (one resident with two wounds). Wounds included two chronic ulcers and skin tears (which indicated category). There were no pressure injuries on the day of audit. When wounds require a change of dressing this is scheduled on the RN daily schedule. There is access to the wound nurse specialists.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence and stoma specialist as required. Residents interviewed reported their needs were being met. The relatives interviewed stated their relative's needs were being appropriately met.</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,</p>	<p>FA</p>	<p>The service wellness leader Part-time (26hrs/week) and has been in the role for seven months. She is supported by a full-time diversional therapist (DT). The programme is integrated (rest home and hospital residents) from Monday to Friday with a three-hour session over the weekend. A resident leisure profile is completed soon after admission. Individual leisure plans were seen in resident electronic files. The activity team are involved in the six-monthly review with the RN.</p> <p>The wellness (activity) team provide individual and group activities. These include (but not limited to); daily exercise groups, newspaper reading, board games, quizzes, happy hours, outdoor garden walks and</p>

<p>and the setting of the service.</p>		<p>activities, hand and nail care and group games. Community visitors include volunteers, church services, school children who engage in projects with residents, kindy and baby groups, and entertainers. The service has two wheelchair vans for outings into the community. The wellness team are involved with the breakfast club resident led initiative.</p> <p>Residents receive a copy of the weekly programme which has set daily activities and additional activities, entertainers, outings, church services and movies that align with the Wellness pillars of thinking well, engaging well and moving well. Activities are held in either the hospital or rest home lounges. A recent initiative is to include caregivers in the provision of activities with residents. The caregivers have one and a half hours each shift, where they can engage in activities with residents in their allocated households. This is in line with the living well pillar. The wellness teams expressed they have a great deal of satisfaction seeing the caregivers perform music, crafts and bring their strengths and extend the variety of activities on offer especially over the weekend.</p> <p>One-on-one activities such as individual walks, chats and hand massage occur for residents who are unable to participate in activities or choose not to be involved in group activities. Volunteers are involved with crafts.</p> <p>Younger residents are encouraged to participate in activities of their choosing and to live the best life they can. The wellness team reported the current younger people residing in Oakwoods are very social. Younger residents are supported to go out with friends for shopping trips. Prior to Covid-19, an overnight stay was suggested, some caregiving staff were prepared to volunteer time to assist residents as they needed. Younger residents are involved in planning dress up days, BBQ meals, and outings of choice.</p> <p>The service receives feedback and suggestions for the programme through household resident meetings and surveys. The Arvida pillars are discussed and there is feedback from the residents provided around each one. Suggestions are sought around outing destinations and what residents would like to do.</p> <p>The residents and relatives interviewed were happy with the variety of activities provided.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans for long-term residents were evaluated by the RN within three weeks of admission. Long-term care plans have been evaluated by the RN six monthly or earlier for any health changes in the electronic resident files reviewed. Relatives are invited to attend the multidisciplinary review. Meeting (case conference) notes are kept on the electronic system. Written evaluations reviewed, identified if the resident goals remain current. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the electronic progress notes.</p>

<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>There are documented policies and procedures in relation to exit, transfer or transition of residents. Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Discussion with the registered nurses identified that the service has access to a wide range of support either through the GP, specialists and allied health services as required.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturers' labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-mixing (closed system) unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons and visors are available for staff and they were observed to be wearing these as they carried out their duties on the day of audit. There are sluice rooms with appropriate personal protective clothing. Staff have completed chemical safety training by the provider of chemicals.</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 employs a full-time maintenance manager who is supported by another full-time maintenance person. They alternate weekends on-call. The maintenance team ensure daily maintenance requests are addressed, and a planned maintenance schedule is maintained. Essential contractors are available 24 hours. Electrical testing is completed annually by an external contractor. The building has a current building warrant of fitness that expires 1 December 2020. Annual calibration and functional checks of medical equipment including hoists, is completed by an external contractor. The maintenance team completes regular visual and physical checks of transferring equipment, beds and call bells. Hot water temperatures in resident areas are monitored monthly. The hospital households have 'point of use' tempering valves. Recorded temperatures have been stable around 44-45 degrees Celsius for the rest home and hospital areas.</p> <p>All dual-purpose beds are on the ground floor (care centre).The studio apartments are on the ground and first floor. There is stair and lift access between the floors.</p> <p>The facility has wide corridors and sufficient space for residents to safely mobilise using mobility aids or for the use of hospital recliners on wheels. There is safe access to the outdoor areas and courtyards.</p>

		Seating and shade are provided. The caregivers and RNs interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.
<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>All resident rooms in the rest home and hospital wings have hand basins. Nine rooms in the lodge area have no ensuite facilities. All other rooms in the rest home and hospital households have ensuite toilets, without showers. Ensuite facilities provided are of an appropriate size and design to meet the needs of the residents. There are communal toilets and large shower rooms located near rooms without showers. The communal facilities have privacy curtains and slide signs to indicate vacant or engaged.</p> <p>Residents interviewed confirmed care staff respect the residents' privacy when attending to their personal cares. Studio apartments have full ensuite facilities.</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>All rooms are single. There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms (all dual-purpose) within the care facility. There is sufficient space in the approved studio apartments assessed for rest home level care. Residents and families are encouraged to personalise bedrooms. A tour of the facility evidenced personalised rooms including the residents own furnishing and adornments.</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>The rest home and hospital households each have a large main lounge and an open plan dining room and kitchenette. There is a separate lounge/dining area for residents who require assistance in the centre of the facility. There is a separate large lounge and dining area for the residents residing in the serviced apartments. There are several seating alcoves within the facility. All communal areas are accessible to residents. Caregivers and the wellness team assist or transfer residents to communal areas for dining and activities as required. All communal areas are suitable for residents using mobility aids.</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</p>	FA	<p>All laundry and cleaning are done on site by dedicated laundry and housekeeping staff seven days a week. The laundry is divided into a "dirty" and "clean" area with an entry and exit door. The washing machines and dryers are checked and serviced regularly, and personal protective equipment was available. A closed system for chemicals was in place in the laundry.</p> <p>The cleaner's trolley was attended at all times, and stored in a cupboard when not in use, the chemicals</p>

<p>the setting in which the service is being provided.</p>		<p>are removed from the trolley and stored securely. All chemicals on the cleaner's trolley were in the original containers and labelled. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. Staff have completed chemical safety training.</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>	<p>FA</p>	<p>There is an emergency and evacuation procedures and responsibilities plan in place dated September 2020. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. The last fire evacuation drill occurred in October 2019 with the next six-monthly drill postponed due to lockdown. This is now scheduled for 2 October 2020. Fire training and security situations are part of orientation of new staff and include competency assessments. The RNs are the fire wardens on each duty.</p> <p>There are adequate supplies in the event of a civil defence emergency. Civil defence equipment including torches, batteries and gas bottles are checked six-monthly. There is 7 days of food stored, including frozen foods which was reviewed in preparation for Covid-19 lockdown. There are two gas barbeques available for alternative cooking. Bottled water is available and there are two 50,000 litre external water tanks. Short-term backup power for emergency lighting and call bells is in place. An on-site generator is checked six-monthly.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. All RNs hold a current first aid certificate. There are call bells in the residents' rooms, ensuites, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. There are night security porters on duty to escort caregivers to attend village callouts at night.</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>	<p>FA</p>	<p>All bedrooms and communal areas have ample natural light and ventilation. Heat pumps/air conditioning units are in communal areas. There is electric underfloor heating which is centrally adjusted as required.</p>
<p>Standard 3.1: Infection control management</p>	<p>FA</p>	<p>A registered nurse is the infection control coordinator who has been in the role since January 2020 and has had previous experience in infection control within a DHB setting. She has a job description that outlines the responsibility of the role. The infection control coordinator is supported by the clinical manager</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>		<p>and infection control committee. The committee meet monthly and represent services across the facility.</p> <p>The infection control programme is reviewed annually at head office in consultation with Arvida infection control coordinators. The programme is currently being reviewed to include policies around Covid-19.</p> <p>Visitors are asked not to visit if they are unwell. Covid-19 screening is in place for all visitors to the facility. Hand sanitisers were appropriately placed throughout the facility. Residents are offered the annual influenza vaccine.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator attended a DHB infection control study day in January 2020. Members of the infection control committee are required to complete online Altura learning for infection control. The infection control coordinator has access to expertise within the organisation, local laboratory, DHB infection control team, public health unit and the GPs. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. There is a Covid-19 resource book and pandemic cupboard with sufficient personal protective clothing and hand sanitisers. Isolation kits and foot pedal bins are set up ready for use in isolation rooms.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are infection control policies and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies are currently under review at support office and in consultation with infection control coordinators. Staff have access to policies on the intranet. There are Covid-19 MOH guidelines (including cleaning) and resource material available for staff.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides</p>	FA	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around standard precautions, hand hygiene,</p>

relevant education on infection control to all service providers, support staff, and consumers.		<p>personal protective equipment and Covid-19. Staff complete infection control competencies.</p> <p>Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records. Village Manager newsletters have also kept residents and families informed on Covid-19 updates.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Arvida group infection control manual. Infections are entered into the online register. Monthly infection data is collected for all infections based on signs and symptoms of infection. The monthly register is forwarded to the support office for benchmarking against other Arvida facilities. Oakwoods infection rates have been low. Infection data is discussed at the quality/risk meeting, infection control committee and clinical meetings.</p> <p>There have been two gastrointestinal outbreaks reported to the Public Health, one in October 2019 and one in May 2020 (which had negative norovirus stool samples). There was one outbreak of respiratory flu-like symptoms from 3 March 2020 to 11 April 2020. Testing did not identify any positive cases. There is documented evidence of correspondence with the Public Health unit and case logs for all outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. During the audit there were three hospital residents voluntarily using enablers (two lap belts and one shoulder harness) and one hospital resident with a restraint (bedrails). Restraint minimisation is overseen by the clinical manager, who is the restraint coordinator. Staff education on restraint minimisation and management of challenging behaviour has been provided.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and</p>	FA	<p>The restraint approval process is described in the restraint minimisation policy. The restraint team is the clinical manager and RNs. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements. Restraint consents had been completed by the RN and EPOA. The GP had been notified.</p>

<p>this process is made known to service providers and others.</p>		
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>A restraint assessment tool had been completed for the one resident requiring an approved restraint for safety. Assessments are undertaken by the restraint coordinator in partnership with the GP, resident (as appropriate) and their EPOA. Restraint assessments are based on information, accident/incidents, staff discussion, resident/family discussions and observations. The one resident file where bedrails were in use was reviewed. The completed assessment considered those listed in 2.2.2.1 (a) - (h).</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints are documented. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions trialled before implementing restraint. The use of restraint is linked to the residents' care plan and document risks/interventions associated with the use of the restraint. Monitoring is documented on a specific electronic restraint monitoring form. The type of restraint used, when required, has a time on and time off recorded as well as the restraint checks as per the documented frequency. Restraint checks include supports/needs provided during the episode of restraint such as position change, food and fluids and toileting. A restraint register is in place providing a record of restraint use.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The restraint evaluation form includes the areas identified in 2.2.4.1 (a) – (k). The current restraint has been implemented for one week only and not due for an evaluation however the clinical manager has been evaluating the restraint use and monitoring daily. Restraint and enabler use are discussed and evaluated at the RN meetings.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>Staff and RN meeting minutes record the restraint used. Internal restraint audits measure staff compliance in following restraint procedures. There is a monthly review of accidents/incidents and there have been no incidents for the resident since restraint was implemented. Restraint is discussed at the annual Arvida clinical manager forum.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>The purpose of using medication locked boxes in resident rooms was introduced to Arvida Oakwoods for the following reasons: a) to support the living well philosophy of Arvida. b) to de-institutionalise medication ‘rounds’, c) to individualise management of regular medications (excluding controlled drugs), d) provide privacy when managing medications.</p>	<p>A time in motion study of medication rounds showed that the previous trolley round took an estimated four hours out of the registered nurses’ day, and this system had the potential for distractions and interruptions. A resident and relative meeting was held in August to discuss installing locked medication boxes in residents’ rooms. Locked boxes of appropriate size to house the existing blister pack system were sourced. Caregivers with levels 3 and 4 NZQA were upskilled in medicine management and completed the medication competency (this equates to three or four caregivers per household). Medication competent caregivers wear lanyards with the keys of the medication boxes. An electronic medication management system was already in place and mobile laptops were placed in each household. Registered nurses check the medications on a weekly basis. There have been no major medication errors reported since having medications in individualised locked boxes. The theme for May was “Medication May”, which provided a forum for feedback on the locked boxes.</p> <p>Since the change in practice, the caregivers have become more knowledgeable around the medications they are dispensing. Residents have their medications as they would have had when in their own homes, for example on waking, rather than being woken, or waiting for the</p>

			medicine trolley. One resident commented on having privacy around what medications were required “there is more privacy around whether the ‘brown pill’ (laxative) is required”. The RN time available as a result is now utilised for prioritising clinical needs of residents during that shift.
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End of the report.