

# Observatory Village Charitable Trust - Observatory Village Lifecare

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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 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:

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| <b>Legal entity:</b>  | Observatory Village Charitable Trust   |
| <b>Premises audited:</b>  | Observatory Village Lifecare   |
| <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: 7 October 2020 End date: 8 October 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> | 81   |

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

## General overview of the audit

Observatory Village Lifecare provides rest home and hospital level care for up to 81 residents in the care facility and a further twelve in serviced apartments. At the time of the audit there were 81 residents in the care facility and none in the serviced apartments.

This unannounced surveillance audit was conducted against a sub-set of 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 has an experienced general manager who is responsible for operational management of the service. She is supported by a management team including an assistant manager (non-clinical) clinical manager, clinical team leader, financial officer and a team of experienced staff.

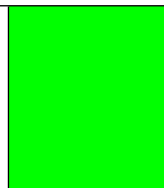
The continuous improvements previously awarded around the quality programme and training continue.

The two building shortfalls identified at the previous partial provisional audit were addressed prior to occupancy.

The service continues to meet the standards that were audited as part of this surveillance audit.

## 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.

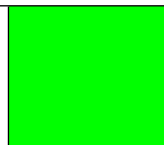


Standards applicable to this service fully attained.

There is evidence that residents and relatives are kept informed of any changes. A system for managing complaints is in place, complaints were well managed.

## 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.

Key components of service delivery are linked to the quality management system. There is an implemented internal audit programme to monitor outcomes. The quality process being implemented includes regularly reviewed policies, an internal audit programme and a health and safety programme that includes hazard management. Quality information is reported through the quality, clinical governance, health and safety and staff meetings.

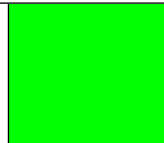
There is an electronic reporting process being used to record and manage resident incidents. Incidents are collated monthly and reported to the meetings. Relatives are notified of all incidents promptly.

The staff training programme is implemented and based around policies and procedures. Annual resident and relative satisfaction surveys are completed.

Human resources are managed in accordance with good employment practice and meeting legislative requirements. An orientation programme is in place. The service has sufficient staff allocated to enable the 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. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. The electronic care plans reviewed demonstrated service integration and had been evaluated at least six-monthly. Resident files included interRAI assessments, medical notes by the contracted GP and visiting allied health professionals.

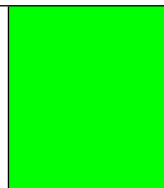
Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers responsible for administration of medicines undertake education and complete medication competencies. The medicine charts reviewed on the electronic medication system met prescribing requirements and were reviewed at least three monthly.

The activities team implement and coordinate the activity programme for the residents. The programme includes community visitors and outings, entertainment and activities and integrated activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each resident group. Residents and relatives 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.

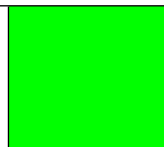


Standards applicable to this service fully attained.

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.

Observatory Village Lifecare has restraint minimisation and safe practice policies and procedures in place. At the time of the audit there were no residents using restraint or enablers. Staff receive training in restraint minimisation and challenging behaviour management.

## Infection prevention and control

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| <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> |
|--|--|---|

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility. There was one outbreak in 2019, which was well documented, logs were maintained and debrief meetings were held. Covid-19 has been well managed. Adequate supplies of personal protective equipment were sighted. Logs have been maintained and contact tracing remains in place. Staff relatives and residents felt they were very well informed throughout the lockdown period.

## 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                           | 17                  | 0  | 0                                    | 0  | 0                                      | 0  |
| <b>Criteria</b>   | 2                           | 44                  | 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:<br/>Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p> | FA                | <p>The complaints procedure is provided to residents and relatives on entry to the service. Complaints forms are in a visible location at the entrance to the facility. The general manager maintains a record of all complaints, both verbal and written, by using a complaint's register. Four complaints/concerns made in 2019, and three in 2020 to date evidenced appropriate action was taken. Documentation including acknowledgement letters, follow-up letters and resolution dates demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Any corrective actions developed are followed up and implemented. Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms.</p>  |
| <p>Standard 1.1.9:<br/>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>          | FA                | <p>Comprehensive information is provided at entry to residents and family/whānau. Four residents interviewed (two rest home and two hospital including a resident on a younger person with a disability contract) stated that they were welcomed on entry and were given time and explanation about the services and procedures. The management team (general manager, assistant manager, clinical manager and clinical team leader) were available to residents and relatives and they promote an open-door policy. Incident forms reviewed for September 2020 evidenced that relatives had been notified on all occasions. The three relatives interviewed (three hospital including the younger person with disability) advised that they are notified of incidents and when residents' health status changes promptly. They all felt the service went "above and beyond" keeping everyone informed during the Covid-19</p> |

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| <p>conducive to effective communication.</p>  |           | <p>lockdown; through emails, newsletters and the use of FaceTime/Zoom.</p> <p>The two registered nurses, one enrolled nurse, five caregivers, and the activities coordinator interviewed fluently described instances where relatives would be notified. Weekly newsletters were provided to relatives during the lockdown period, this is now back to monthly. If residents or family/whānau have difficulty with written or spoken English, then interpreter services are made available.</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>Observatory Village Lifecare is a purpose-built facility and is across one level. The service provides care for up to 93 residents at rest home and hospital level care. There are 81 beds in the care facility. A new 30 bed serviced apartment building has been completed since the previous audit, which has 12 serviced apartments certified to provide rest home level care. All beds in the care facility are dual-purpose beds, which includes four wings with three nurses' stations. Wanbrow wing has 21 beds, Kakanui, Ahuriri and Waitaki wings each have 20 beds, which include the 20 occupational right agreement (ORA) rooms. There are three nurses' stations which cover the four wings. The nurse's stations are placed centrally to the areas they cover.</p> <p>At the time of the audit there were 51 rest home level residents and 30 hospital level residents including one resident on a long-term support chronic health condition (LTS-CHC) contract, one younger person with a disability (YPD), and one resident on an exceptional circumstances contract. There were no rest home level residents in the serviced apartments. There were no residents on respite care. All other residents were on the age-related residential care (ARRC) agreement.</p> <p>The Waitaki District Health Services Trust established the Observatory Village Charitable Trust (five trustees appointed from the North Otago community) to own and operate Observatory Village Lifecare, which includes Observatory Village Lifecare Ltd (land and buildings) and Observatory Village Care Ltd (operating company). An experienced general manager is employed to manage the service and reports to the Observatory Village Care Ltd board of directors (three directors). The general manager (RN) has previous aged care management, consulting and auditing experience. The general manager is supported by an assistant manager (non-clinical), a clinical manager (RN), a clinical team leader (RN) and an RN coordinator.</p> <p>Observatory Village Lifecare has set a number of quality goals around the opening of the facility and these also link to the organisations 2017-2022 strategic plan and the 2020-2021 business plan. The annual review for the business plan has been documented. The general manager reports monthly to the board of directors on a variety of matters. The Trust meets bi-monthly and also receives the general managers' report.</p> <p>The general manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility and is currently completing a master's degree. The general manager chairs the Waitaki district aged residential care meetings (currently through zoom) on a monthly basis (weekly during Covid-19).</p> <p>The clinical manager is also completing a master's degree, both the clinical manager and the clinical team leader</p> |

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|   |    | have attended the New Zealand Aged Care Association (NZACA) workshop for registered nurses.   |
| <p>Standard 1.2.3:<br/>Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p> | FA | <p>The Observatory has a business plan and a quality and risk management programme that outlines objectives/goals for the year. The quality and risk process being implemented includes regularly reviewed policies, an internal audit programme and a health and safety programme that includes hazard management. Quality and risk performance are reported across the facility meetings. The quality goals for 2020 include (but not limited to); staffing and decreasing stage 2 pressure injuries.</p> <p>Monthly meetings held included the quality/ infection control, full staff meeting and the clinical governance group. Health and safety meetings are held quarterly. Nurses meetings are held fortnightly and there is weekly management/ head of department meetings. Minutes of the meetings evidence discussion around quality data and corrective actions. Minutes have been signed as read if staff are unable to attend. Staff interviewed confirmed they are well informed and receive quality and risk management information including accident/incident graphs and infection control statistics. The Observatory continue to exceed the standard around analysis of data and benchmarking.</p> <p>The internal audit schedule for 2020 is being completed as per schedule. Areas of non-compliance identified at audits have been actioned for improvement.</p> <p>A resident/relative meeting is held bi-monthly. The residents interviewed report there is good discussion around all aspects of life at the Observatory and they feel comfortable discussing issues and providing suggestions. Education, information and discussion was provided around Covid19 guidelines, visitor restrictions and activities as per the Covid 19 guidelines throughout the lockdown levels.</p> <p>A resident/relative satisfaction survey is completed annually. The 2020 survey showed a slight increase in overall satisfaction from 97% in 2019 to 98% in 2020. Areas of high satisfaction included laundry services, the environment, staff, and the clinical team. Lower areas of satisfaction included the activities which were down slightly from 2019. A corrective action plan has since been implemented around activities, call bells and the teatime meals. The 'excellent' responses have risen from 30% in 2019 to 40% in 2020.</p> <p>Health and safety is discussed at every meeting including the residents meeting, as well as the quality meeting. The health and safety committee is representative of the facility. The health and safety programme has been updated following the general manager attending training around this. Staff interviewed could fluently describe hazard management. The hazard register is up-to-date and is reviewed at the three-monthly meetings. Falls prevention strategies are implemented for individual residents and statistics around falls are discussed at the meetings. Progress is measure at the clinical governance group and the quality meetings.</p> |

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| <p>Standard 1.2.4:<br/>Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p> | <p>FA</p> | <p>Ten electronic accident/incident forms (six rest home and four hospital) were reviewed for September 2020. All incident forms identified relatives were notified, with timely RN assessment of the resident. Corrective actions to minimise resident risk were included in the resident care plans. Neurological observations had been completed as per protocol for unwitnessed falls and any known head injury. Accident/incident data, trends and corrective actions are documented in meeting minutes sighted.</p> <p>The general manager, assistant manager, clinical manager and clinical team leader could describe situations that would require reporting to relevant authorities.</p> <p>The outbreak in 2019 was notified in a timely manner. Other notifications included a sprinkler failure in February 2019, a power outage in May 2019, and a stage 3 pressure injury in July 2019.</p>  |
| <p>Standard 1.2.7:<br/>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>Six staff files were reviewed (the clinical team leader, one registered nurse, the activities coordinator, one caregiver, one housekeeper, and one cook). All files contained documentation including current performance appraisals and completed orientations. The orientation programme provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service. All staff must complete annual refresher of competencies which include the five values of the Observatory. The register of nursing practising certificates and allied health professionals is current. There are eight RNs who are interRAI trained including the clinical team leader and the clinical manager. .</p> <p>The Observatory continues to maintain the previously awarded continuous improvement around staff qualifications and education.</p> |
| <p>Standard 1.2.8:<br/>Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably</p>   | <p>FA</p> | <p>There is a staffing level and skills mix policy which aligns with contractual requirements and includes skill mixes. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. A staff availability list ensures that staff sickness and vacant shifts are covered. Staff carry a pager that is connected to the call bell system. The general manager, clinical manager, and clinical team leader (all RNs) work full time from Monday to Friday. The RN coordinator works Friday to Monday and each Wednesday. The general manager is on call 24/7.</p> <p>There is one registered nurse and one registered nurse/enrolled nurse, and one medicine competent caregiver rostered each day from 7 am to 3.15 pm and 3 pm to 11.15 pm.</p>  |

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| <p>qualified/skilled and/or experienced service providers.</p>  |           | <p>They are supported by nine caregivers in the morning. AM shifts include three housekeeping staff who make residents beds, tidy the resident's rooms and put out the washing etc (1x 8.30 am to 3 pm and 2x 8.30 am to 2 pm).<br/> Afternoon shifts have six caregivers and two housekeeping staff.<br/> Kakanui wing - 20 beds, 20 residents (11 rest home and nine hospital).<br/> Morning shift has 1x 7 am to 3.15 pm and 1x 7 am to 2 pm. There is a 'float' caregiver between Wanbrow and Kakanui wings from 7 am to 1 pm.<br/> Afternoon shift has 1x 3 pm to 11 pm, with a 'float' caregiver between Kakanui and Ahuriri wings from 3 pm to 9 pm.<br/> Ahuriri wing - 20 beds, 20 residents (11 rest home and nine hospital)<br/> Morning shift has 1x 7 am to 3.15 pm and 1x 7 am to 2 pm.<br/> Afternoon shift has 1x 3 pm to 11 pm and share the 'float' with Kakanui wing.<br/> Wanbrow wing has 21 beds, 21 residents (13 rest home and eight hospital)<br/> Morning shift has 1x 7 am to 3.15 pm and 1x 7 am to 2 pm.<br/> Afternoon shift has 1x 3 pm to 11 pm with a 'float' caregiver between Wanbrow and Waitaki wings from 3 pm to 9 pm.<br/> Waitaki wing has 20 beds, 20 residents (16 rest home and four hospital)<br/> Morning shift has 1x 7 am to 3.15 pm and 1x 7 am to 2 pm.<br/> Afternoon shift has 1x 3 pm to 11 pm with the shared 'float' with Wanbrow from 3 pm to 9 pm.<br/> Night shift has three caregivers and one registered nurse from 11 pm to 7.15 am.<br/> The general manager plans to increase the roster by two short shifts as the acuity of residents has increased. Interviews with residents and relatives confirmed that staffing levels are sufficient to meet the needs of residents.</p> |
| <p>Standard 1.3.12: Medicine Management<br/> Consumers receive medicines in a safe and timely manner that complies with current legislative</p> | <p>FA</p> | <p>Twelve electronic medication charts were reviewed. All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three- monthly. The electronic administration signing sheets reviewed identified medications had been administered as prescribed. Prescribed 'as required' medications include the indication for use. The dose and time given is electronically signed for on the administration signing sheet. The effectiveness of analgesia is recorded electronically and in the residents' progress notes.<br/> The nurses and senior caregivers that administer medications complete annual medication competencies. Annual in-service education on medication is provided. Medications (robotic rolls) are checked on delivery against the</p>  |

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| <p>requirements and safe practice guidelines.</p>   |           | <p>medication chart and any discrepancies fed back to the pharmacy.</p> <p>There are two medication rooms. One in nurses' station one and nurses' station three. There are three medication trolleys. All medications are stored safely . Medication fridge and room temperatures have been checked and recorded and are within expected ranges. All eye drops were dated on opening. Standing orders are not used. There was one resident self-medicating their inhalers on the day of audit, a competency has been completed and is reviewed three-monthly by the GP.</p>   |
| <p>Standard 1.3.13:<br/>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 Observatory are prepared and cooked on site in a well-equipped kitchen. A head cook is supported by a second cook and kitchen assistants. There is a four-weekly seasonal menu which had been reviewed by a dietitian. The main meal is at midday. Dislikes and resident preferences are known and accommodated. Pureed/soft meals are provided as requested. Meals delivered to the atrium dining room and Ahuriri dining area are in hot boxes and served to the residents via the servery in each dining room. Meals are served to the residents in the main dining area adjacent to the kitchen by kitchen staff. The cook interviewed described the new initiative around increasing satisfaction around tea meals, and was knowledgeable around the residents requiring special diets, or who were losing weight.</p> <p>The service has a food control plan that expires July 2021. End-cooked food temperatures, reheating and serving temperatures are taken and recorded on each meal. Fridge, freezer and chiller temperatures are taken and recorded daily. Temperatures of inward goods are recorded. The dishwasher is checked regularly by the chemical supplier. All food services staff have completed training in food safety and hygiene and chemical safety. A kitchen cleaning schedule is in place and implemented. Dried goods and perishable foods are dated.</p> <p>Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> |
| <p>Standard 1.3.6:<br/>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 RN initiates a review and if required, GP or nurse specialist consultation. Discussions with families and notifications are documented in the resident files on the relative contact form and include GP visits, medication changes, infections, accident/incidents, multidisciplinary meetings, appointments and referrals.</p> <p>Adequate dressing supplies were sighted in the three nurses' stations. Electronic wound assessments, wound maps, treatment and evaluations including photos and short-term care plans were in place for all current wounds. There were 16 wounds on the day of the audit (three rest home residents and eight hospital residents including one hospital resident with four wounds, and another hospital resident with two wounds). Chronic wounds were linked to the long-term care plans. Change of dressings and evaluations had occurred at the required frequency. The wound</p>   |

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|   |           | <p>nurse specialist had been involved in the management of chronic wounds. There was one resolving stage 2 pressure injury on the day of the audit. Pressure relieving equipment was in place.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>There are a number of electronic monitoring forms used to monitor a resident's health status. Residents are weighed monthly or more frequently if weight is of concern. Monitoring occurs for weight, vital signs, blood glucose, pain, food and fluid intake, two hourly positioning, challenging behaviours and neurological observations.</p>  |
| <p>Standard 1.3.7:<br/>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 employs a qualified occupational therapist (activities coordinator) and two activity team members. The activity programme runs over Monday to Saturday.</p> <p>An activity assessment, social profile and plan are completed on admission in consultation with the resident/family (as appropriate). Activity plans in all files were reviewed six-monthly. The activities team document a monthly progress note for each resident with information on the activities they have participated in. Extra progress notes are documented when required to capture special events such as birthdays. The service also receives feedback and suggestions for the programme through the bi-monthly resident meetings and one-on-one feedback from residents (as appropriate) and families.</p> <p>Due to the decreased satisfaction on the resident survey, a corrective action plan has been implemented to include a change in personnel and improving the programme.</p> <p>The weekly activity programme includes activities that are meaningful and meet the resident preferences, physical and cognitive abilities of the resident group. There are one-on-one activities such as individual walks, wheelchair walks, massage, and reading that occur for residents who are unable or choose not to be involved in group activities. There are two main volunteers involved in the activities who drive the van for outings and play bowls with the residents. Group activities include exercises, music, group games, baking, and walking groups. Church services are provided weekly. Two residents from the village go around the facility with a shopping trolley and hand out the weekly activity plan. Residents from the village and serviced apartments are invited to join activities.</p> <p>Special events are celebrated including (but not limited to), the Observatory birthday, a Victorian day with high tea, and a cultural day. There are members of staff from various different cultures, a day is held where they dress up in their cultural dress, perform dances, talk about their culture and sing for residents. The afternoon finishes with a fashion parade.</p> <p>Younger people who reside in the Observatory, join in with the activity programme as they choose. One resident enjoys making jewellery and another playing on the play station. Residents are encouraged and supported to be as active and involved in the community as much as they prefer.</p> <p>The service has a van that is used for resident outings three times a week. Wednesday's van ride is for the men's</p> |

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|  |    | group. The van driver is accompanied by a member of the activities team (all have current first aid certificates). Outings include a picnic afternoon tea and an ice-cream on the way home. Residents and relatives interviewed were very satisfied with the activities offered.   |
| Standard 1.3.8:<br>Evaluation<br><br>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.   | FA | All initial care plans reviewed were evaluated by the RN within three weeks of admission. Long-term care plans had been reviewed at least six monthly or earlier for any health changes for long-term residents. Written evaluations documented progression towards meeting goals, and changes were made by the RN to reflect the resident's current needs/supports. Two residents had not been in the service for six months. The GP reviews the residents at least three monthly or earlier if required and is involved in the multi-disciplinary reviews held monthly. Ongoing nursing evaluations occur as indicated and are documented within the progress notes and are evident in changes made to care plans.   |
| Standard 1.4.2:<br>Facility Specifications<br><br>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building has a current building warrant of fitness that expires 31 July 2021. An annual planned maintenance schedule is maintained and includes maintenance for internal and external areas, kitchen, laundry and clinical areas. Annual testing and tagging of electrical equipment and calibrations of medical equipment have been delayed due to Covid-19 restrictions. The contractor has rescheduled this to occur in October 2020. Essential contractors are available 24 hours. Hot water temperatures in resident areas are monitored and are maintained within acceptable limits.<br><br>The facility has wide corridors with sufficient space for residents to safely mobilise using mobility aids. There is safe access to the outdoor areas. Seating and shade are provided.   |
| Standard 1.4.7:<br>Essential, Emergency, And Security Systems<br><br>Consumers receive an appropriate and timely response during emergency and security situations.          | FA | A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. The most recent approval was signed off on 3 August 2020 following the completion of the serviced apartment block. The facility (main building) fire evacuation scheme final approval was on 29 April 2020. Six-monthly fire evacuation drills take place, last held on 10 June 2020. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Training on fire and security breaches are included in the orientation package. Civil defence and emergency kits are checked regularly. There are adequate supplies of food, water, blankets and a BBQ and gas hobs in the kitchen for cooking. A minimum of one person trained in first aid is available at all times. Emergency lighting is in place and staff have access to torches. There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. The building is secure after hours. |



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| <p>Standard 3.5:<br/>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> | <p>FA</p> | <p>The infection control coordinator (general manager) collates information obtained through surveillance to determine infection control activities and education needs in the facility. Individual infection reports, and short-term care plans are completed for all infections. Infection control data and relevant information is displayed for staff. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at the scheduled meetings. Annual infection control reports are provided. Trends are identified, and preventative measures put in place. Internal audits for infection control including kitchen, cleaning and clinical care are included in the annual audit schedule. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There was one norovirus outbreak in 2019, which was well managed. Daily logs and communication with staff were maintained. Notifications were timely. A debrief meeting was held to discuss what went well, not so well and what could have been done better. The infection control coordinator has completed research around the most effective antibiotics to use in the event of a urinary tract infection, the results have been relayed to the GP, who supports this.</p> <p>A new initiative that has been implemented as a result of learnings from Covid-19 has been 'grab and go' isolation kits to include pedal bins, and dissolvable laundry bags. The kits are ready to set up in any resident room as required. There have been 10 kits prepared, and one in each nurse's station ready for use when required.</p> <p>The Covid-19 lockdown period was well planned and managed, with logs maintained of staff checks and resident checks as required. A resource folder was maintained and available for staff. There were plans for red and green zones within the facility. Staff, residents, and relatives were kept updated. Plans were developed for each level of lockdown and were followed in line with the Ministry of Health and the Health and Quality commission guidelines. Adequate supplies of personal protective equipment were sighted.</p> <p>The infection control coordinator is currently working with the district health board (DHB). They are developing a plan around introducing non aged care staff into aged care facilities, in the event of a pandemic where 'usual' staff are affected by Covid-19.</p> |
| <p>Standard 2.1.1:<br/>Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>  | <p>FA</p> | <p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. 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. On the day of the audit, there were no residents using restraint or enablers. Training around the use of restraint and challenging behaviours has been provided.</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.

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| No data to display |
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

| Criterion with desired outcome  | Attainment Rating | Audit Evidence  | Audit Finding   |
|---|-------------------|---|---|
| Criterion 1.2.3.6<br>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers. | CI                | The service has maintained and built on the previous continuous improvement around remaining well below the benchmark for a number of quality statistics. | A clinical governance group led by the clinical manager has been developed and has registered nurses and caregivers in the group. The group identifies shortfalls within the facility and provides corrective actions. Currently the group are part of a study with two other facilities looking at the reduction of urinary tract infections. Other projects include falls minimisation, decreasing the instances of stage 1 and 2 pressure injuries, and the reduction of staff injuries. The Observatory has remained under benchmark for wounds, pressure injuries (there have been no stage 3,4, or unstageable pressure injuries), urine infections, respiratory infections, and medication errors. Skin tears and bruising have remained within acceptable ranges, and non-injury falls have remained below the expected range consistently all year (to date of the audit). |
| Criterion 1.2.7.5<br>A system to  | CI                | The Observatory continue to maintain the  | The in-service education programme for 2020 is being implemented, a catch-up plan due to Covid19 has been completed. A spread sheet is maintained of all training for clinical and non-clinical staff. The attendance is monitored and recorded. Staff are reminded through the noticeboards and  |

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| <p>identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p> |  | <p>previously awarded continuous improvement around staff qualifications and education</p> | <p>reminders using the time target system. Caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. There is an assessor on site.</p> <p>There are a total 41 caregivers (including the activities staff). Fourteen are currently working towards a qualification. Nine caregivers have completed level 4, nineteen caregivers have completed level 3, and one caregiver has level 2.</p> <p>Eight RNs including the clinical team leader and clinical manager have completed their interRAI training.</p> |
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End of the report.