

# Ashwood Park Lifecare (2012) Limited - Ashwood Park Retirement Village

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## Introduction

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

The audit has been conducted by 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:

<b>Legal entity:</b>	Ashwood Park Lifecare (2012) Limited
<b>Premises audited:</b>	Ashwood Park Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 2 February 2021      End date: 3 February 2021
<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>	126



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Arvida Ashwood Park Lifecare is part of the Arvida aged care residential group. The rest home provides rest home, hospital and dementia level of care for up to 121 residents in the care centre and up to 35 residents at rest home level in the serviced apartments. On the day of the audit there were 126 residents.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Services 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, family, management, staff and the general practitioner.

The service is operated by two managers with many years aged care experience. They are supported by an experienced facility nurse manager, two clinical managers, quality/education manager and national quality manager. The residents, relatives and general practitioner interviewed spoke positively about the care and services provided at Ashwood Park.

This surveillance audit identified areas for improvement required around documented interventions and self-medication competencies.

## 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.

The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights (the Code). 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.

There is a quality and risk management system in place at Ashwood Park which is designed to monitor contractual and standards compliance. Quality projects are implemented. Quality data is collected and reported to the bi-monthly staff and quality/management meetings. There is an annual internal audit calendar schedule. Residents and relatives are provided the opportunity to feedback on service delivery issues at bi-monthly resident meetings and via annual satisfaction surveys. There is a reporting process being used to record and manage resident incidents. Incidents are collated monthly and reported to facility meetings. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The in-service education plan for 2021 is being implemented as per schedule. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

## 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.		Some standards applicable to this service partially attained and of low risk.
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The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in electronic resident records 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. The registered nurses and senior caregivers (wellness partners) responsible for administration of medicines complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activity team provide and implement an interesting and varied activity programme for each household within the three levels of care. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each resident group. Volunteers are involved in assisting with activities.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. There are nutritional snacks available 24 hours.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building holds a current warrant of fitness. Maintenance requests are logged into maintenance books and planned maintenance is completed by the maintenance person or contractors. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. The dementia care household has safe outdoor walking pathways, gardens and grounds.

## 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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Ashwood Park Lifecare has restraint minimisation and safe practice policies and procedures in place. At the time of the audit, the service had six restraints and two enablers. The facility nurse manager is the designated restraint coordinator. Ongoing restraint and enabler assessments, monitoring and evaluation occurs. The service and organisation regularly review restraint use and strive to minimise the use of restraint. Staff receive training around restraint minimisation and enablers.

## 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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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. There have been no outbreaks. There has been additional education and resources available due to Covid-19 restrictions.

## 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	14	0	2	0	0	0
<b>Criteria</b>	0	39	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission via the information 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. A complaints register is available. Eight complaints have been made in 2020 and no complaints received in 2021 year to date at Ashwood Park. The complaints reviewed have been managed appropriately with acknowledgement, investigations and responses recorded. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Four residents (three rest home and one hospital level) interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident. Fifteen incident/accidents forms reviewed for December 2020 and January 2021 had documented evidence of family notification or noted if family did not wish to be informed. Seven relatives (two rest home, three hospital and two dementia level care) interviewed confirmed that they are notified of any changes in their family member's health status. Interpreter services are available as required.</p>

conducive to effective communication.		
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Ashwood Park is part of the Arvida Group. The service provides hospital, rest home and dementia level care for up to 121 residents and rest home level care for up to a further 35 residents in serviced apartments. On the day of the audit, there were 126 residents in total; 42 hospital level residents, including one resident on respite care and two younger persons with disabilities (YPD) contract; 58 rest home residents, including one resident on respite care and two on a YPD contract. Four of the rest home residents were in the hospital unit and seven in the 35 serviced apartments. There were 26 residents in the 26-bed dementia unit. All other residents were admitted under the aged residential related care (ARRC) agreement.</p> <p>There are two village managers (husband and wife). One village manager looks after the operational and financial management and the other village manager covers the HR management, property and maintenance requirements. The village managers have previously managed aged care facilities for 13 years and owned Ashwood Park prior to the purchase by Arvida Group. The village managers are supported by a facility nurse manager. The facility nurse manager has been at the service for five years. She is supported by a unit clinical manager in each of the three units (hospital, rest home and dementia care) who are all qualified and experienced for the roles. Additionally, the management team includes a quality manager who is also the learning coordinator.</p> <p>The village managers' report to the Arvida senior management team on a variety of operational issues and provides a monthly report. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement.</p> <p>The village managers and facility nurse manager have completed in excess of eight hours of professional development in the past twelve months.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement</p>	FA	<p>There is a quality and risk management system in place at Ashwood Park which is designed to monitor contractual and standards compliance. One of the village managers is responsible for providing oversight of the quality and risk management system on site, which is also monitored at an organisational level. Interviews with staff confirmed that there is discussion about quality data at various facility meetings. Arvida Group policies are reviewed at least every two years across the group. Head office sends out new/updated policies for staff to read. The service policies and processes meet relevant standards including those required to meet residents' medical needs.</p> <p>Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement. All staff interviewed could describe the quality programme corrective action process. Restraint and enabler use (when used) is reported within the quality/management and RN meetings. Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. A resident/relative satisfaction survey was completed in January 2020. Resident/family meetings occur bi-monthly, and the results of</p>

<p>principles.</p>		<p>the satisfaction survey have been discussed. Corrective actions were implemented and completed for improvement around the laundry service and resident's food dining room experience.</p> <p>The service has a health and safety management system that is regularly reviewed. Risk management, hazard control and emergency policies and procedures are being implemented and are monitored by the Health and Safety Committee. The quality manager is the health and safety officer. Hazard identification forms and an up-to-date hazard register are in place which was last reviewed on 14 September 2020. Falls prevention strategies are implemented including identifying residents at higher risk of falling and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is an accidents and incidents reporting policy. The facility nurse manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at bi-monthly staff meetings including actions to minimise recurrence. An RN conducts clinical follow-up of residents. Fifteen incident forms reviewed demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Neurological observation forms were documented and completed for eight unwitnessed falls or potential head injuries reviewed.</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. There have been five section 31 incident notifications required since the last audit. There were two notifications for police investigations (two aggressive resident behaviours in June and October 2020) and three pressure injuries (one stage 3 in September 2020 and two unstageable in August and September 2020).</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the</p>	<p>FA</p>	<p>There are human resource management policies in place. This includes that the recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and veracity. Seven staff files were reviewed, including two clinical managers, four caregivers (wellness partners) and one quality manager. There is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in five staff files reviewed with the other two staff new to the service. A copy of practising certificates is kept. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes e-learning on all aspects of the facilities procedures. Completed orientation is on files and staff described the orientation programme.</p> <p>The in-service education programme for 2020 has been completed and 2021 year to date is being implemented. The Arvida online training programme (Altura) is available for all staff. The service can monitor staff training and</p>

<p>requirements of legislation.</p>		<p>attendance. All staff have completed eight hours plus training in 2020. Discussions with the caregivers and RNs confirmed that online training is readily available. There are 10 RNs in total and five have completed interRAI training and four RNs have been booked in for interRAI training. There are 59 caregivers in total. Completed Careerforce training as follows; 26 have completed level four, 16 have completed level three and eight have completed level two training. There are 13 caregivers who work routinely in the dementia unit and all 13 have completed the four dementia unit standards as required in the DHB ARC agreement.</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>Ashwood Park's policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 129 staff in various roles. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The facility nurse manager works 40 hours per week, Monday to Friday and is available on call after hours. In addition, there are three-unit clinical managers (hospital, rest home and dementia care). There are two clinical managers in the dementia unit who job share. There is at least one RN on at any one time. Interviews with staff, residents and family members confirmed there are sufficient staff to meet the needs of residents.</p> <p>The service currently has 126 residents in total - 42 hospital residents, 51 rest home residents, 26 dementia level care residents and seven rest home residents across the 35 certified serviced apartments.</p> <p>In the hospital unit, there are 42 hospital and four rest home residents. The hospital clinical manager is supported by two RNs on the morning and afternoon shifts and one RN on night duty. There are nine caregivers (four full and five short shifts) rostered on the morning, seven caregivers (three full and four short shifts) on the afternoon shift and three caregivers on night duty.</p> <p>In the rest home unit, there are 47 rest home residents. The rest home clinical manager is supported by one RN on the morning and afternoon shifts. There are five caregivers (three full and two short shifts) rostered on the morning, four caregivers (one full and three short shifts) on the afternoon shift and two caregivers on night duty. The hospital RN covers the rest home unit on the night shift.</p> <p>In the dementia care unit, there are 26 residents. The dementia clinical manager is supported by four caregivers (two full and two short shifts) rostered on the morning shift, four caregivers (two full and two short shifts) on the afternoon shift and one caregiver on night duty. The hospital RNs cover the dementia unit on the afternoon and night shifts.</p> <p>In the serviced apartments, there are seven rest home residents and there is a separate roster with two caregivers (one full and one short shift) on the morning shift and one caregiver (short shift) on the afternoon shift. A caregiver from the rest home looks after the serviced apartments rest home residents on the night shift. The facility nurse manager supervises the care staff in the serviced apartments.</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>PA Low</p>	<p>There are policies and procedures in place for safe medicine management. Clinical staff who administer medications (RNs and caregivers [wellness partners]) complete annual competency and annual medication education. Registered nurses have completed syringe driver training. Medications are stored safely in each unit. All medication (blister packs) is checked on delivery against the medication chart with documented evidence of reconciliation in the electronic medication system. The medication fridges are checked daily and are maintained within the acceptable temperature range. Medication room temperatures are being monitored by a wall barometer currently at 24 degrees Celsius. An invoice for three air conditioning units for the medication rooms was sighted and these will be installed in the near future. All eye drops sighted were dated on opening. Emergency clinical equipment is checked weekly.</p> <p>There were two hospital residents self-medicating on the day of audit. Self-medication competencies had been completed on eCase but had not been reviewed three monthly.</p> <p>Fourteen medication charts were reviewed on the electronic medication system. Photo identification and allergy status were identified. All charts met prescribing requirements for 'as required' medication and outcomes were documented for effectiveness of 'as required' medications. The medication charts had been reviewed three-monthly by the residents GP.</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 meals and baking are prepared and cooked on site by a contracted service. The head chef is supported by a weekend cook and catering assistants from 6 am - 1.30 pm. Ashwood employ two kitchenhands each day from 8.30 am -1.30 pm and from 4 pm – 8 pm. Food services staff have completed food safety training. There is a four-weekly summer/winter menu has been reviewed by the dietitian. The menu provides a vegetarian option, diabetic desserts and pureed/soft meals. The chef receives resident dietary profiles and notified of any dietary changes. A whiteboard in the kitchen is maintained for resident dislikes, special dietary requirements and food allergens. There are additional foods and nutritious snacks provided for residents in the dementia care unit. Meals are delivered in a hot box to the hospital and dementia households and serviced apartments dining room. The kitchen is adjacent to the rest home dining room for the serving of meals.</p> <p>Freezer, fridge and end-point cooked temperatures, reheating (as required), incoming goods, dishwasher rinse and wash temperatures are all 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. The current food control plan has been verified and expires 7 April 2021.</p> <p>Residents can provide feedback on the meals through direct communication, resident meetings and resident survey. Residents and relatives interviewed spoke positively about the choices and meals provided.</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>PA Low</p>	<p>Residents interviewed reported their needs were being met. The family members interviewed stated their relative's needs were being appropriately met. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or nurse specialist consultant. Family is notified of all changes to health as evidenced in the electronic progress notes and in family interviews. Not all electronic care plans have been updated for changes to health.</p> <p>Care staff 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 specialist as required.</p> <p>Wound assessments, wound management plans and photos were reviewed on eCase for 12 rest home/hospital residents (skin tears, chronic ulcers, and pressure injuries). There were four hospital level residents with facility acquired pressure injuries (three stage 2 and one stage 1) and one rest home resident with a stage two pressure injury on admission. There were no wounds in the dementia care unit. When wounds are due for a change of dressing, a task is automated on the RN daily schedule. The district wound nurse has been involved in the management of complex or non-healing wounds. Pressure injury interventions are documented in care plans; however the presence of a stage two injury had not been linked to the care plan.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers (wellness partners) sign for tasks that have been completed on the daily log. Monitoring charts are well utilised and include pain monitoring, observations, behaviour, weight, food and fluids, neurological observations and re-positioning forms.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs five diversional therapists (DT) one of whom is the DT Lead. There are DTs in each area who are currently mentoring caregivers (wellness partners) to coordinate and implement activities (small group or one-on-one) for residents in their households. There are special events and weekly fixtures planned and displayed in each area of care - rest home, hospital and dementia care households. The serviced apartments prefer to have a monthly calendar of events and fixtures. Rest home residents in serviced apartments can choose to attend activities in their area or join rest home activities. The programme runs from 10.30 am to 5.30 pm across seven days in the dementia care household and Monday to Friday in the rest home and hospital households. The service link with Marlborough volunteer group and have about 20 visiting volunteers who are involved in one-on-one activities, chats, reading newspapers, nail care, craft, cooking, trishaw rides and pet therapy. Male volunteers coordinate the men's group and barbeques. Special events include entertainers, musical concerts, visiting children, ballroom dancers, market days, Mr Whippy and community events such as RSA. Weekly fixed activities include library trolley, board games, pet therapy, van outings, Chaplain visits and Communion. One-on-one activities such as individual walks, newspaper reading, and hand massage occur for residents who choose not to be involved in group activities. There are meaningful activities for residents such as gardening and garden walks.</p>

		<p>There are some integrated activities including fortnightly church services, entertainment and men's club. Theme days and special occasions are celebrated. Residents are assisted to attend the activities. There are plenty of resources available for care staff to implement activities.</p> <p>Activities in the dementia unit are flexible, home-based (baking, folding washing, sweeping floors) and are meaningful to the residents. Activity suggestions for residents is displayed and resources are plentiful. There are several outdoor walking spaces, gardens and grounds and smaller lounges where quieter activities can take place.</p> <p>The DT completes an individual under 65 years activity plan in consultation with the younger people that identifies their specific recreational preferences and community involvement. The younger persons choose to attend group activities and there is one-on-one time spent with them such as shopping or activities in their rooms.</p> <p>A resident leisure profile is completed soon after admission. Individual leisure plans were seen in resident electronic files. The activity coordinators are involved in the six-monthly review with the RN. The service receives feedback and suggestions for the programme through household meetings (rest home and hospital), family meetings in the dementia care unit and annual surveys. The residents and relatives interviewed were happy with the activities provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All interim 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 for the long-term resident electronic care plans reviewed. Family is invited to attend the multidisciplinary review meeting and case conference notes are kept. Written evaluations reviewed identified if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</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>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 1 July 2021. The building is two levels with 14 of 35 serviced apartments upstairs with lift and stair access. The remaining serviced apartments, rest home, hospital and dementia care unit are on the ground floor. There is a maintenance person who works full-time and there are two full-time gardeners.</p> <p>There is a maintenance request book in each nurses' station and the reception which is checked daily for repair and maintenance requests. There is a planned maintenance schedule that includes electrical testing and tagging, resident equipment checks and calibrations such as wheelchairs, hoists, weigh scales and electric beds. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. The maintenance person and the village managers share the on call for facility concerns. Essential contractors are available 24 hours as required.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving</p>

		<p>freely around the areas with mobility aids where required. The external areas and gardens were well maintained with seating and shade.</p> <p>The dementia unit garden is safely fenced. Doors from the dining and lounge areas open out onto the gardens with a walking pathway.</p> <p>Caregivers (wellness partners) interviewed, stated they have adequate equipment to safely deliver care for rest home, hospital and dementia level of care residents.</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. Monthly infection data is collected for all infections based on signs, symptoms and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections is entered onto a monthly infection summary with an end of month analysis. The infection control coordinator (facility nurse manager) monitors and analyses all data for trends monthly and annually. Benchmarking occurs at head office and results including graphs are discussed at the bi-monthly combined infection control/health and safety committee meetings. Meeting minutes are available for staff. Surveillance data is used to determine areas for quality improvement and education needs. Internal infection control audits are completed with corrective actions for areas of improvement. There have been no outbreaks.</p> <p>During Covid-19 restrictions there were daily Combat Covid-19 meetings with all staff, keeping them updated and including additional education. All staff completed the infection control module on Altura and practical competencies around correct donning and doffing of personal protective equipment. There is sufficient personal protective equipment on site. Signage for donning and doffing was developed by the service including translated signage for staff from the Pacific Islands. The DHB have adopted the signage for their staff. There was additional communication with staff by using the eCase message board, handovers and messages in time target. The DHB visited the site to assess pandemic preparedness and there were ongoing zoom sessions. The infection control coordinator has almost completed a vaccinator course and is on the DHB “models of clinical care working group for aged care” which explore options such as outpatient appointments by zoom and advance care planning with primary health organisations. Screening of resident admissions was evident in the new admission files reviewed. There is ongoing screening/declarations of visitors and contractors.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. At the time of the audit, there were six residents with six restraints (four chair briefs and two bed sides) and two residents using enablers (bed sides). Enabler use is voluntary. All necessary assessments and evaluations had been completed in relation to the restraints and enablers. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. The facility nurse manager has been regularly reviewing the restraint</p>

restraint is actively minimised.		use and is striving to minimise the use of restraint. Staff receive training around restraint minimisation and enablers.
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.	PA Low	There were two hospital residents self-medicating on the day of audit. The residents were being monitored for compliance and the GP was aware that the residents were self-medicating. Self-medication initial competencies on the eCase had been completed, however these had not been reviewed as per protocol.	The self-medication competencies for two hospital residents had not been reviewed three-monthly.	Ensure self-medication competencies are reviewed at least three-monthly.  90 days
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and	PA Low	Pressure injury interventions including the use of air alternating mattresses, roho cushions, regular skin checks, moisturising and repositioning was documented in the care plans of residents at risk of pressure injury, however the presence of a pressure injury for one resident was not included in the care	(i) A stage 2 pressure injury of a heel including interventions for one hospital level resident was not identified in the long-term care plan, (ii) another rest home resident requiring GP follow-up and analgesia for hip pain following a fall did	Ensure interventions to support changes to health are updated in

contribute to, meeting the consumers' assessed needs, and desired outcomes.		plan. Changes to care including pain post fall, had not been updated in the care plan for one resident.	not have an updated pain assessment or interventions documented in the care plan.	the long-term care plan.  90 days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.