

# Dementia Specialists Limited - Brooklands Rest Home

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## 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:** Dementia Specialists Limited

**Premises audited:** Brooklands Rest Home

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 24 May 2021 End date: 25 May 2021

**Proposed changes to current services (if any):**

**Total beds occupied across all premises included in the audit on the first day of the audit: 29**

# 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

Brooklands rest home is privately owned and provides rest home and dementia level care for up to 30 residents. On the day of the audit there were 29 residents.

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, owner (present on the days of audit), management, general practitioner and staff.

The facility manager (non-clinical) has been in the role for six years and has experience in the aged care industry. She is supported by an experienced clinical services manager/registered nurse, part-time registered nurse, quality coordinator and long-serving staff.

There were no areas for improvement at this certification.

The service has been awarded a continuous improvement rating around good practice and activities.

## 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.

Brooklands rest home provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Information about services including dementia care is readily available to residents and families/whānau. The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. There is a policy to support individual rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. Residents are encouraged to maintain former links with the community.

## Organisational management

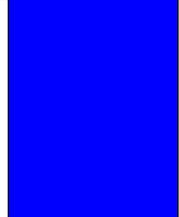
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Standards applicable to this service fully attained.

The business plan, quality and risk management plan and quality and risk policies describe Brooklands quality improvement processes. Policies and procedures align with current good practice and meet legislative requirements. Quality data is collated for infections, accident/incidents, concerns and complaints, internal audits and surveys. Quality data is discussed at meetings and is documented in minutes. The health and safety programme meets current legislative requirements. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme

covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care in the rest home and dementia unit.

## 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.		All standards applicable to this service fully attained with some standards exceeded.
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There is an admission package available prior to or on entry to the service. 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 input. Family input is particularly important for dementia residents. Care plans viewed demonstrate service integration and are reviewed at least six-monthly. Resident files include medical notes by contracted general practitioners and a nurse practitioner as well as visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior medication competent healthcare assistants are responsible for the administration of medicines. Medication charts are reviewed three-monthly by the GPs/NP.

The diversional therapist implements the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations.

All meals are cooked on site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated. Residents commented very positively on the meals. Snacks are available at all times.

## 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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Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. The building holds a current warrant of fitness. There is one double room, and the rest are all single. All rooms have hand basins. There are communal showers and toilets. External areas are safe and well maintained with shade and seating available. The dementia unit has a fenced garden. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are monitored through the internal auditing system. Systems and supplies are in place for essential, emergency and security services. There is a trained first aider on duty 24 hours.

## 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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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. There were no residents using enablers and no residents with restraint. The restraint coordinator monitors restraint documentation and compliance. Staff receive regular education and training on restraint minimisation and challenging behaviours.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The registered nurses are the infection control coordinators. The infection control coordinators have on-line education and coordinates education and training for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been no outbreaks. Covid screening continues.

## 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>	2	43	0	0	0	0	0
<b>Criteria</b>	2	91	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 1.1.1: 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) brochures are accessible to residents and their families at the front entrance. A policy relating to the Code is implemented and staff interviewed (one facility manager, one clinical services manager, one registered nurse, five healthcare assistants (HCA)] and one diversional therapist) could describe how the Code is incorporated into the residents' daily activities of living. Staff receive training about the Code during their induction and as part of their two-yearly training plan last May 2021.</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</p>	FA	<p>The service has in place a policy for informed consent. Completed general and resuscitation consent forms were evident on all resident files reviewed (three rest home and three dementia). Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. Enduring power of attorney (EPOA) evidence is filed in the residents' charts. In the dementia unit the resident files sampled had activated EPOAs. Family interviewed stated that informed consent was discussed on admission and rest home residents interviewed agreed with this.</p>

to make informed choices and give informed consent.		
<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	Health and Disability advocacy brochures are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff receive education and training on the role of advocacy services. There is access to community advocacy services such as citizens advice, family services, Alzheimer's NZ and age concern.
<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	The service encourages their residents to maintain their relationships with friends/whānau and community groups. Residents may have visitors of their choice at any time. Assistance is provided by the diversional therapist and staff to ensure that the residents continue to participate in their chosen community group such as church groups, age concern and positive aging events.
<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	There is a complaints policy to guide practice, which aligns with Right 10 of the Code. The facility manager is the privacy officer and has completed on-line Privacy Commissioner training. Compliments, suggestions and complaints forms are visible and available at the entrance of the facility. There is a secure box for forms ensuring a confidential process. Residents and families interviewed are aware of the complaints process. The complaints policy and form are included in the welcome pack. A complaint register is maintained. The privacy officer leads the investigation of any concerns/complaints in consultation with relevant staff for clinical concerns/complaints. Concerns/complaints and compliments are discussed at the relevant staff meeting and evidenced in meeting minutes. There have been three internal complaints for 2019, four in 2020 and one to date for 2021. All verbal concerns and complaints were fully investigated to the satisfaction of the complainant. One concern was raised by the DHB in May 2020 relating to transfer/discharge of a resident. Brooklands quality improvement recommendation for the purchase of a modern air alternating mattress was completed and the concern closed off by the DHB.

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident welcome pack that is provided to new residents and their families. The facility manager (non-clinical) discusses aspects of the Code with residents and their family on admission. The Code of Rights is displayed and there are Code of Rights and advocacy brochures readily available. Five rest home residents and three dementia care family members interviewed reported that the residents' rights were being upheld by the service.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Care staff confirmed they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed, and observations during the audit, confirmed that the residents' privacy is respected. All staff were observed to be respectful and caring towards the residents. Residents and relatives confirmed staff respected the resident's individual values and beliefs. Healthcare assistants were observed to knock on bedroom doors prior to entering rooms. There are privacy signs on communal toilet doors and shower rooms. The residents' personal belongings are used to decorate their rooms. Guidelines on abuse and neglect are documented in policy.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. There is a Māori Health policy including the Treaty of Waitangi, participation of whānau and recognition of traditional Māori customs and culture. The service has two Māori residents in dementia care. The care plans sighted identify Māori culture and iwi. While the residents do not specifically identify with their culture there are opportunities to participate in cultural activities such as attending kapa haka at a neighbouring school, visiting the local marae and Puke Ariki museum. Māori staff communicate with the residents in te reo Māori. The service can access kaumātua through the Directory of Iwi and Māori providers. A quality goal for 2020 included reviewing iwi links in the community and sourcing external cultural training for staff both of which has been achieved.</p>

<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The service identifies the residents' personal needs, culture, values and beliefs at the time of admission in consultation with the resident and family. Beliefs and values are incorporated into the residents' care plans. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual cultural and spiritual values and beliefs. Residents have access to spiritual visitors and there are church services held on site.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are also described in job descriptions. Employees sign a code of confidentiality and code of conduct on appointment. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the HCA role and responsibilities.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>CI</p>	<p>Good practice is promoted and practiced around the provision of holistic quality care and services provided at Brooklands rest home and memory care. Policies have been developed by an aged care consultant in line with current accepted best practice. The content of policy and procedures are sufficiently detailed to allow effective implementation by staff. The service receives updates on industry changes and best practice through aged care membership. The service has employed a quality coordinator to oversee a range of quality improvement projects including weight management and nurse practitioner weekly clinics. There are long-serving staff who know the residents well. The care staff interviewed were knowledgeable about their role and the residents they were caring for. Resident choice in daily living was evident during the day, for example waking up time, meal times, choice of activities and clothing – all align with the purpose of the service to “provide services that enable people to live the life they want to”. Care staff confirmed on interview they feel supported and their contribution into quality improvements and resident care is valued by the owner, management and RNs. Care staff are well educated with 68% of HCAs qualified at level 3 or level 4. There is a qualified diversional therapist (DT) across the rest home and dementia unit. The service is supported by an aged care DHB clinical nurse specialist, mental health services, nurse practitioner, hospice, physiotherapist and other allied health professionals as required. Residents and family</p>

		interviewed were very satisfied with the care and services provided. The business owner has consulted dementia care specialists, infection control specialists and architectural advisors in future site developments.
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. Residents and family interviewed confirmed the admission process and agreement was discussed with them and they were provided with adequate information on entry. The welcome pack includes specific information for dementia care. The facility manager operates an open-door policy. The owner visits regularly and is readily available by phone for families. There are quarterly resident meetings in the rest home which family are invited to attend. Dementia care residents can attend as appropriate and under supervision. The service has a Facebook page available to families. During Covid-19 lockdown there were regular zoom meetings with family members and their relative. Relatives interviewed stated they were kept well informed on their relative's health and Covid-19 restrictions. Relatives receive regular "Brooklands Bugle" newsletters keeping them up to date on facility matters, activities and survey results.</p> <p>Fourteen incident/accident forms reviewed for January 2021 identified family were notified following a resident incident. Family members interviewed confirmed they are notified promptly of any incidents/accidents.</p> <p>Interpreter services are available if required.</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>	FA	<p>Brooklands Rest Home and Dementia Care is privately owned by the current business owner for six years. The rest home provides care for up to 14 rest home level residents (including one double room) and 16 dementia level of care residents. On the day of audit there were 13 rest home residents and 16 dementia level of care residents. All residents were under the Aged Care Residential contract (ARCC).</p> <p>Brooklands rest home and dementia care 2021 – 2024 business plan includes quality projects around quality risk systems, infection control, Māori health and health and safety. The business plan is reviewed annually, and goals not fully achieved are carried over to the next year. The business plan includes the service philosophy, values and vision for a small, homely environment. The business plan includes further development of the site for care suites, upgrade of the kitchen and laundry.</p> <p>The business owner was present on the day of audit. The owner lives outside of the region and is available daily by phone, zoom meetings and visits the site at least monthly. The business owner is a member of an aged care association and receives regular industry updates. The facility manager (non-clinical) has been in the role six years and has extensive experience in the aged care industry. She is supported by an experienced clinical services manager (previously the RN for three years) who was appointed into the role in March 2021. A HealthCERT notification of change of clinical services manager was sighted. The clinical services manager is supported by a part-time RN experienced in aged care. A quality coordinator (non-clinical) has been in a part-time role for 10 months.</p>

		The facility manager has completed a mentoring course (25 hours over nine months) which included leadership, human resources, business planning and complaints management. She also attends quarterly regional aged care association meetings and ARC provider meetings. The clinical services manager has completed specific orientation to the role.
<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>	FA	The clinical services manager and RN cover the on-call requirement. The clinical services manager and business owner cover the facility managers leave.
<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 reflects continuous quality improvement principles.</p>	FA	<p>The quality and risk management plan and quality and risk policies describe Brooklands quality improvement processes. The quality coordinator is implementing a reviewed quality system such as reviewed meeting schedule, internal audit programme and resident/relative survey process. Policies and procedures have been reviewed and reflect references used to ensure they align with current good practice and meet legislative requirements. The service receives industry updates from their aged care association membership. Staff are informed of any reviewed/new policies at staff meetings.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data, surveys and complaints management. Data collected is analysed for trends, corrective actions and quality improvements. There are monthly and annual comparisons for a range of adverse event data. There is documented discussion of quality data, analysis, trending and corrective actions in the management meeting minutes and reflected in the compulsory all staff meeting minutes. The clinical services meeting with the RNs includes infection control. Meeting minutes are made available to staff in a staff communication folder held in the staff office.</p> <p>The quality coordinator oversees the internal audit programme and allocates audits (clinical and non-clinical to the appropriate person) which have been completed as per the reviewed annual internal audit schedule for 2021 to date. Clinical audits are completed by an RN. Where improvements are identified, corrective actions are</p>

		<p>developed, implemented and regularly evaluated. Information is shared with all staff at meetings.</p> <p>Annual resident/relative satisfaction surveys are completed annually. A resident/relative survey was sent out 2020, and individuals concerns voiced were addressed. There was a poor response to the 2021 resident/relative survey and a quality improvement has been raised to improve the response rate.</p> <p>The facility manager and business owner oversee health and safety and has access to a health and safety consultant. She is supported by a health and safety champion (the DT) who has completed a hazard awareness course and a health and safety representative who has completed level 1 health and safety course. Health and safety are discussed at the monthly staff meetings. Hazard management includes staff involvement in the review of generic and specific hazards. Staff receive education in hazard identification, accident/incidents and occupational health. The physiotherapist completes safe manual handling competencies with staff. All contractors complete a health and safety induction.</p> <p>Falls management strategies include sensor mats, and interventions are documented in individualised care plans to meet the needs of each resident who is at risk of falling.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident including falls (witnessed and unwitnessed), skin tears, bruises, behaviours of concern and absconding. Near misses are also reported on an incident/accident form. There is timely RN assessment including after hours for accident/incidents. Incident/accident data is collated monthly and analysed for time, location, frequent fallers and preventive actions. Incidents/accidents are discussed daily at handovers with the team and reported at the management and staff meeting (sighted in meeting minutes). The quality coordinator enters accident/incident data into reports and graphs for monthly and annual comparison. Fourteen accident/incident forms for the month of January were reviewed including five unwitnessed falls. Each incident involved a resident RN clinical assessment, relative notification, monitoring required and corrective actions. Neurological observations were completed for residents with unwitnessed falls.</p> <p>The facility manager, owner/director, clinical services manager and quality coordinator (interviewed) were aware of reporting requirements for essential notifications. There have been no incidents to report to HealthCERT.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource</p>	FA	<p>There are human resources policies to support recruitment practices. Six staff files reviewed (one clinical services manager, two HCAs, one diversional therapist, one quality coordinator and one head chef) contained all relevant employment documentation. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Staff sign a code of conduct and confidentiality on employment. Performance appraisals were current for those staff employed over one</p>

<p>management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>year. Current practising certificates were sighted for the clinical manager, RN and allied health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment. Staff are required to complete a generic site orientation which includes health and safety/fire safety, infection control, policies and procedures related to the service followed by a role-specific orientation. A yearly education plan covers all mandatory educational requirements ,however not all training over the lockdown period had been completed due to Covid-19 restrictions. These have since been completed. Training attendance records evidenced good attendance at education. Comprehension questionnaires are completed by all staff following in-service sessions. Staff are required to sign and date in-service material read. Registered nurses have the opportunity to attend external education such DHB study days. External speakers provide education such as Age Concern and health and disability advocate. Staff complete competencies relevant to their roles such as medication, manual handling, hand hygiene and food safety. There is a local roving Careerforce assessor available.</p> <p>The clinical manager and RN have completed interRAI training.</p> <p>There are 11 HCAs who work in the dementia unit and 9 have completed the required dementia unit standards. Two HCAs commenced employment less than six months ago. The DT has completed the dementia unit standards. Of the 19 HCAs that work across both levels, 14 have completed the dementia unit standards ensuring there are enough HCAs that can cover leave and sickness in the dementia care unit.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The clinical services manager/RN is full-time and shares the on-call requirement with the part-time RN.</p> <p>In the rest home, there is one HCA on the full morning shift (7 am - 3 pm) and one HCA on the short shift (8 am - midday). There is one HCA on the full afternoon shift (3 pm -11 pm). There is one HCA on night shift.</p> <p>In the dementia unit, there are two HCAs on the full morning shift (7 am – 3 pm) and two HCAs on the full afternoon shift and one from 4 pm – 9 pm. There is one HCA on night shift.</p> <p>There is a diversional therapist based in the rest home 10 am - 3.30 pm. The HCAs incorporate activities as part of their role in the dementia care unit.</p> <p>Healthcare assistants' complete laundry duties across the shifts. There is a designated cleaner on mornings seven days a week. There is a cook on duty from 7 am - 2.30 pm and from 4 pm – 8 pm.</p> <p>Residents and relatives interviewed stated there are sufficient staff on duty at all times. There is the flexibility on the roster to increase hours to meet resident acuity.</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>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into each resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely in the nurse's station. Archived records are secure in a separate locked area. Residents' files demonstrate service integration. Entries are legible, dated, timed and signed by the relevant HCA or RN, including designation.</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>	<p>FA</p>	<p>There are policies and procedures to safely guide service provision and entry to services including an admission policy. The service has an information pack available for residents/families at entry. The admission agreements reviewed met the requirements of the ARRC. Exclusions from the service are included in the admission agreement. All admission agreements sighted were signed and dated.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Policy describes guidelines for death, discharge, transfer, documentation and follow up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Communication with family is made.</p>
<p>Standard 1.3.12:</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including</p>

<p>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>self-administration. There were no residents self-administering on the day of audit. All policies and procedures had been adhered to. There are no standing orders. There are no vaccines stored on site.</p> <p>The facility uses a paper-based and robotic pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. RNs and senior medication competent HCAs administer medications. All staff have up-to-date medication competencies and there has been medication education this year. The medication fridge and room temperature is checked daily. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications on the medication sheets. Twelve medication charts were reviewed. Medications are reviewed at least three-monthly by the GP/NP. There was photo identification and allergy status recorded. 'As required' medications had indications for use prescribed.</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>	FA	<p>The service has a head chef who works four days a week and a cook who covers the other days. There is one kitchenhand for an hour a day. The head chef and cook have food safety certificates. The head chef oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen, and all meals are cooked on site. Meals are served in the dining rooms from the kitchen for the rest home and from a bain marie for the dementia unit. Meals going to rooms on trays have covers to keep the food warm. Special equipment such as lipped plates is available. On the first day of audit, meals were observed to be hot and well-presented, and residents stated that they were enjoying their meal. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted in a folder. The four-weekly menu cycle is approved by a dietitian.</p> <p>The food control plan is due for re-verification on 25 June 2021. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded daily. Food temperatures are checked, and these were all within safe limits.</p> <p>All residents and family members interviewed were very satisfied with the meals. They especially like the home baking. In the dementia unit staff have their meals with the residents. Snacks are always available and there is a kitchenette where staff can make residents tea and coffee day or night.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry</p>	FA	<p>The service records the reason for declining service entry to residents should this occur and communicates this to residents/family. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.</p>

to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.		
Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Files reviewed indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. The latter is particularly appropriate in the dementia unit. InterRAI assessments had been completed for all residents whose files were reviewed. Overall, the goals were identified through the assessment process and linked to care plan interventions. Other assessment tools in use included (but not limited to) nutrition, pain, behaviour and continence. In the dementia unit, pain assessments took into account non-verbal communication.
Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans are resident centred. Interventions documented support needs and provide detail to guide care. Behaviour management plans were in place for dementia care residents. Short-term care plans are in use for changes in health status. Residents and relatives interviewed stated that they were involved in the care planning process. There was evidence of service integration with documented input from a range of specialist care professionals including the hospice nurse, wound care nurse and mental health care team for older people. The care staff interviewed advised that the care plans were easy to follow.
Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and	FA	When a resident's condition changes the registered nurse initiates a GP/NP consultation. Staff stated that they notify family members about any changes in their relative's health status and family interviewed confirmed this. All care plans reviewed had interventions documented to meet the needs of the resident. Care plans have been updated as residents' needs changed.  Resident falls are reported on accident/incident forms and written in the progress notes. Neurological observations are completed for unwitnessed falls or falls where residents hit their heads. Family are notified. Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence and wound care supplies.

<p>desired outcomes.</p>		<p>Wound assessment, wound management and evaluation forms are documented, and wound monitoring occurs as planned. There were three wounds being treated on the day of audit. The clinical services manager stated that they use a wound care specialist if required. There are currently no pressure injuries. The facility has an air mattress and air cushion if required.</p> <p>Monitoring forms are in use as applicable such as weight, vital signs, wounds and behaviour.</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>CI</p>	<p>There is a diversional therapist (DT) who works 20 hours a week. The DT plans the programme and supervises the HCAs who assist her in both areas. On the days of audit rest home residents were observed going for van outings, doing puzzles, folding laundry and singing to music. In the dementia unit residents were singing to music, folding laundry and one resident was painting.</p> <p>There is a weekly programme in large print on noticeboards. The programme in the dementia can vary from the printed programme due to residents' mood and fatigue. Residents have the choice of a variety of activities in which to participate, and every effort is made to ensure activities are meaningful and tailored to residents' needs.</p> <p>Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat.</p> <p>Residents are encouraged to complete tasks they are familiar with if they wish to. Many residents in both units like to help with folding laundry, baking and setting tables and one resident in the dementia unit likes to vacuum.</p> <p>There is Catholic communion weekly. Every Sunday the church service programme on TV is played.</p> <p>There are van outings for each unit every week. The DT reminisces with residents about where they used to work and what they used to enjoy doing. She then plans outings around residents' interests. She always completes a risk assessment before each outing. Examples of places visited are the port area, farms, forests, beaches, shops and cafés. Residents enjoyed a planned trip to Te Papa in April 2019.</p> <p>Happy hour is fortnightly and combined with entertainment. Special events such as birthdays, Matariki, Easter, Anzac Day, and Queens's birthday are recognised and celebrated.</p> <p>There are three facility cats and pet therapy is monthly.</p> <p>There is community input from school and baby groups. Some residents go to Aged Care monthly. Every two months some residents go the Brooklands church social for entertainment and morning tea. One of the Māori residents is taken to the nearby intermediate school to watch the kapa haka group. The DT takes two or three residents at a time out shopping or for lunch at a café. Many residents like to go for walks and staff supervise and accompany the dementia residents. Residents are encouraged to maintain past hobbies and interests, an example being a resident who can no longer drive his American car has annual visits from the Americana car club.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the</p>

		<p>residents past hobbies and present interests, career and family. Resident files reviewed identified that the activity plan is based on this assessment. Activity plans are evaluated at least six-monthly at the same time as the review of the long-term care plan.</p> <p>Resident meetings are held three-monthly. Residents and relatives commented positively on the activities offered.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Six care plans reviewed had been evaluated by the registered nurses six monthly or when changes to care occurs. These written evaluations describe the progress towards meeting goals. Where the evaluation reflects changes in health status or usual activities this is updated in the care plan. Short-term care plans for short-term needs are evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Activities plans are in place for each of the residents and these are also evaluated six-monthly, and changes made to the plan as required. The multidisciplinary review involves the RN, GP/NP and resident/family if they wish to attend. There are three-monthly reviews by the GP/NP for all residents. Family members interviewed confirmed that they are informed of any changes to the care plan.</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>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. There was evidence of where residents had been referred to the mental health team for older people and the hospice. Discussion with the registered nurse 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</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety data sheets and product sheets are available. A sharps container is available and meets the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves,</p>

<p>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>		<p>aprons, and goggles are available for staff.</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 August 2021. There is a maintenance person who works flexible hours but usually no less than fifteen hours weekly. The maintenance person does the gardens but has assistance with lawn mowing. Electrical and plumbing contractors are available when required.</p> <p>There is a preventative and reactive maintenance schedule. Electrical equipment has been tested and tagged. The scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The rest home and dementia unit are carpeted. Corridors are wide, have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There is a large enclosed outdoor area for the dementia unit. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>Staff interviewed stated they have adequate equipment to safely deliver care for rest home and dementia level of care residents.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to</p>	<p>FA</p>	<p>All rooms have hand basins. There are communal showers and toilets. There are sufficient numbers of these. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. Some shower areas can accommodate shower chairs if required. There are vacant/engaged signs on all shower/toilet doors. The dementia unit has pictures on the doors as well as blue toilet seats for easy identification.</p>

personal hygiene requirements or receiving assistance with personal hygiene requirements.		
<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	There is one double room, but this was only occupied by one resident on the day of audit. There are screens available for privacy if another person was sharing. All other rooms are single. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. Residents/relatives are able to choose their own wallpaper when rooms were refurbished.
<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	The rest home communal lounge is homely. The rest home dining room is adjoining. Residents use the long dining room tables to do puzzles or play cards. The dementia communal lounge is large, and the dining room is adjoining. Residents appear to enjoy sitting at the long tables and socialising. Staff in the dementia unit sit with the residents at meal times.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning</p>	FA	All laundry is done on site by the healthcare assistants. Any ironing is done by the night healthcare assistants. The laundry is divided into a "dirty" and "clean" area. Laundry is delivered to the laundry by a chute. There is a laundry and cleaning manual and safety data sheets. Personal protective equipment is available. There is a designated cleaner. Cleaning and laundry services are monitored. There is one sluice room for the disposal of soiled water or waste and the sluicing of soiled linen if required. The sluice room and the downstairs laundry are kept locked when not in use. Cleaning trolleys are locked away when not in use.

and laundry services appropriate to the setting in which the service is being provided.		
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Emergency, disaster policies and procedures are documented for the service. The service has an approved fire evacuation scheme dated September 2017. Fire drills occur every six months last in March 2021. The orientation checklist includes education/training on fire, security and emergency/civil defence situations and ongoing training is included in the annual education planner. There are adequate supplies available in the event of a civil defence emergency including food, bottled water, torches and other civil defence supplies. There is a gas BBQ and gas cooking in the kitchen. There is emergency lighting for up to two hours and the service is on a priority hire list for a generator. There is a written agreement with a neighbouring school for alternative accommodation. A call bell system is in place including all resident rooms and communal areas. There is at least one staff member on duty 24 hours a day with a current first aid certificate. The building is secure with sensor lighting in place. Staff complete internal security checks after hours.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All bedrooms and communal areas have ample natural light and ventilation. The facility has central heating throughout. Staff and residents interviewed stated that both are effective. There is a designated smoking area for residents who smoke. All other areas are smoke free.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which</p>	FA	<p>The clinical services manager and RN share the infection coordinator role, and both have a job description that defines the role and responsibilities. The infection control committee oversees the infection control programme and reviews progress at the six-monthly meetings. Management and staff meeting minutes includes results of monthly statistics which are discussed and documented. The facility manager provides the business owner with a copy of the minutes.</p>

<p>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>Visitors are asked not to visit if unwell. The service displays a QR code and there is a declaration register. Visitor temperatures are taken on entry to the service. Hand sanitisers are appropriately placed throughout the facility. Brooklands have submitted their Covid-19 pandemic plan to the DHB ensuring preparedness in the event of an outbreak. Covid resource material from the DHB (guidance plan) and the MOH has been printed off and held in a manual that is accessible for all staff. There were ongoing zoom sessions with the DHB during lockdown. Families stated they were kept well informed on Covid protocols and restrictions. Influenza vaccines are offered to residents and staff. Residents have a Covid screen prior to admission.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>Both infection control coordinators have completed the on-line MOH infection and prevention control course May 2021. The infection control committee includes the coordinators, facility manager, resident representative and medical representative (where possible). There is access to infection control expertise within the DHB, NZ aged care association, wound nurse specialist, Public Health, nurse practitioner and GPs.</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.</p>	<p>FA</p>	<p>The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection, and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control and include references. The policies have been reviewed March 2020. Staff are informed of new/reviewed policies at meetings.</p>

These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinators are responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and is scheduled six-monthly. There has been additional training around Covid-19 including correct use of personal protective equipment and donning and doffing practical competencies. Staff complete annual infection control questionnaires and hand hygiene competencies.</p> <p>Resident education occurs as part of providing daily cares. Residents were kept informed daily regarding Covid-19 restrictions and infection control precautions including hand hygiene.</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>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinators collate monthly infection rates and use the information obtained through surveillance to determine infection control trends, analysis and quality improvement activities and education needs in the facility. Definitions of infections are in place that are appropriate to the complexity of service provided. The quality coordinator enters data into spread sheets and graphs which is discussed at the management and staff meetings. The service completes monthly and annual comparisons of infection rates for types of infections.</p> <p>Systems in place are appropriate to the size and complexity of the facility. Infection control internal audits have been completed. There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are current policies that reflect best practice and meet the restraint minimisation standard around restraints and enablers. The clinical services manager and RN share the restraint coordinator role, and both have a job description that defines the role and responsibilities. No residents were using enablers or restraints on the day of audit. Restraint is used as a last resort. The restraint committee meets six monthly and includes a resident advocate. The service has been restraint free since November 2019. Staff complete restraint minimisation education and questionnaires last in April 2021. Internal audits are completed.</p>



## Specific results for criterion where corrective actions are required

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

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

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

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

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 service is proactive in developing quality improvements that focus on quality of care and services including nurse practitioner led clinics and management of unintentional weight loss. The service engages relevant specialists and receive industry updates on best practice for dementia care and facility upgrades/development.</p>	<p>(1) Due to GP shortage and a GP resignation the service sought a solution to provide medical care for its residents that did not involve transporting residents off site, taking staff off site, ensuring consistent medical care and immediate availability of medical notes/follow-up for residents of concern. A prescribing nurse practitioner (NP) was contracted through a medical centre for two hours a week. The NP holds clinics at a time the clinical services manager is on duty proving continuity of medical care and information. The NP completes all admission visits, three monthly reviews, medication reviews, tests and investigations, holds discussions with family, activates EPOAs and sees any residents of concern. NP clinic notes are completed at the time of examination and held on site. The NP is prompt in answering any calls, emails regarding RN resident concerns and is available to visit at other times. Currently there are 56% of residents enrolled directly with the NP and new residents are encouraged to enrol with the NP. Residents and family members interviewed were very happy with the NP medical care. On-site clinics ensure the residents wellbeing/vulnerability is protected by not being exposed to GP waiting rooms.</p> <p>(2) A project for the prevention of unintentional weight loss was commenced September 2020. The aim was to identify reasons why residents were losing weight and monitor the impact of increasing food portions rather than nutritional interventions in the way of</p>

			<p>supplementary drinks. A three-month weight data of residents identified commonalities and trends. There was analysis of residents with weight loss variables including behaviours, medications, calibration of scales, timing of dietary supplements and meal portions. The service researched information from a Best Practice Journal – Strategies to improve nutrition in elderly people. The dietitian was engaged to review the weight management system and provide a report of recommendations based on findings. Recommendations included assisting a resident with their meal if getting tired or they leave a substantial amount of the meal on their plate, regularly offer Complan (not before meals) and place glass in their hand, implement daily fluid intake records, offer variety of food at night when residents are awake, finger foods (high calorie snacks) for dementia care residents are provided in lunch boxes are kept in the fridge and offered to resident's regularly, a list of resident's requiring additional high calories such as sauces, cream etc is kept in the kitchen, over-the-counter supplements tried before prescription supplements and increasing the vegetable (higher nutritional value) portion of the meal. The dietitian provided nutritional education to all care staff and the cooks. All the recommendations have been implemented and are ongoing. At the beginning of the project there were seven residents with unintentional weight loss on dietary supplements. All resident weights are entered into a monthly data spread sheet and analysed for trends. Any resident with weight loss has a short-term care plan in place with the recommended interventions. At the time of audit there were no residents with unintentional weight loss.</p> <p>(3) The business owner has consulted dementia care specialists, infection control specialists and architectural advisors for the future site developments which includes care suites, upgrade of entrance, kitchen and laundry. The plans build in future proofing around pandemic outbreaks with a nine-bed negative pressure unit that can be used for isolation during any outbreak. The entrance way will have an automatic temperature sensor for all those entering the facility.</p>
<p>Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to</p>	<p>CI</p>	<p>The DT encourages staff to reminisce with all residents. Outings are planned and provided around interests that are meaningful to the residents. A risk assessment is completed before each</p>	<p>In April 2019 the facility planned an outing to Te Papa in Wellington. This was an ambitious plan which required meticulous preparation. They took nine residents. There was a mix of rest home and dementia unit residents. They were accompanied by seven helpers consisting of staff and families. One helper was designated as a hospital/emergency helper. The extensive risk management plan covered challenging and disruptive behaviour, incontinence, mobility, storage of mobility aids, medication, first aid and emergency response, identification, lost resident, disorientation and confusion, temperature, wet weather, ear discomfort, dehydration and return flight cancelled. They took bottled water and cups, boiled lollies, biscuits/crackers, chips, ponchos and umbrellas. They flew to Wellington at 10 am and flew back to New Plymouth at 4.20 pm. They used shuttles and</p>

the consumer.		outing.	<p>wheelchair taxis for all transport. They arrived at Te Papa at 11.30 am and explored the Blood, Earth, Fire exhibition. This was followed by lunch at the Te Papa café. They had reserved tables and there were toilets nearby. After lunch they explored the Gallipoli - The Scale of War exhibition. This was definitely the highlight for the residents who are still talking about it two years later. Feedback from residents, staff and families was overwhelmingly positive. One example of the wonderful feedback follows. "Thank you for making this possible". "An exciting and special day out for them". "Thank you to the helpers who accompanied them down and those who stayed behind to take care of the others". "I was able to accompany Dad on the plane and my sister was in Wellington to be there too". "Some treasured times".</p>
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End of the report.