

St Albans Retirement Home Limited - St Albans Lifecare

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:	St Albans Retirement Home Limited
Premises audited:	St Albans Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 June 2021 End date: 23 June 2021
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	44

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

St Albans Lifecare is owned and operated by the Arvida Group. The service provides care for up to 106 residents with 38 dual-purpose beds in the care centre and up to 60 beds in serviced apartments certified to provide rest home level care. On the day of the audit, there were 44 residents in total.

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

There is a village manager (non-clinical) who has been in the role for seven years and has previous experience in health care management roles. The village manager is supported by a clinical manager (registered nurse) in the care centre, and the national quality manager.

Residents and the general practitioner interviewed all spoke positively about the care and support provided.

The service implements the organisations quality and risk management programme. An induction and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place.

This audit identified no areas for improvement.

The service has been awarded continuous improvements around good practice, quality and risk management, the wellness programme and food service.

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.
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Staff at St Albans Lifecare strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights (the Code). Residents' cultural needs are met. Policies are implemented to support residents' rights, communication and complaints management. Care plans accommodate the choices of residents and/or their family/whānau. 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.
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St Albans lifecare has a current business plan and a quality and risk management programme that outlines goals for the year. Meetings are held to discuss quality and risk management processes. An internal audit programme identifies corrective actions and areas for improvement which have been implemented. Residents'/family meetings are held regularly, and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents are

collated monthly and reported at facility meetings. Falls prevention strategies are in place that includes the analysis of falls incidents. There is an annual education and training programme in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. 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.		All standards applicable to this service fully attained with some standards exceeded.
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The registered nurses are responsible for each stage of service provision. The clinical manager or a registered nurse assesses and plans, and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Electronic care plans viewed in resident records demonstrated service integration and were evaluated at least six-monthly. Resident electronic files included medical notes by the general practitioner and allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior wellness partners/caregivers responsible for administration of medicines complete education and medication competencies. The electronic medication charts reviewed met legislative prescribing and administration requirements and were reviewed at least three-monthly.

A diversional therapist/wellness leader, coordinates and implements the integrated activity programme for the residents, along with wellness partners. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and preferences for each consumer group. Residents and families reported satisfaction with the activities programme.

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

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

Standards applicable to this service fully attained.

There are documented processes in place for the management of waste and hazardous substances and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised, and all have full en-suites. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services. All registered nurses hold a current first aid certificate.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

Standards applicable to this service fully attained.

St Albans Lifecare has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, there were no residents with restraint or enablers.

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.
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted-upon, evaluated and reported to relevant personnel in a timely manner.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	2	43	0	0	0	0	0
Criteria	4	89	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with thirteen clinical staff (eight wellness partners [caregivers], two registered nurses [RN], two enrolled nurses [EN], and one wellness leader) confirmed their familiarity with the Code. Interviews with nine residents (seven rest home and two hospital) and five relatives (three rest home two hospital) confirmed the services being provided are in line with the Code. The Code is discussed at resident, staff and quality risk/health & safety meetings.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	<p>There are established informed consent policies/procedures and advance directives. General consents were obtained on admission as sighted in the resident files reviewed (four rest home including two in a serviced apartment, and three hospital level of care residents). Advance directives if known, were saved on to the electronic resident files. Advanced directives and resuscitation plans were sighted in all files and were signed appropriately. Copies of EPOA were in the resident files where required.</p> <p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. Family and residents interviewed confirmed they have been made aware of</p>

		and fully understand informed consent processes and that appropriate information had been provided. All residents' files reviewed had signed admission agreements.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interviews with staff and residents informed they are aware of advocacy and how to access an advocate.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, staff stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/family visiting could occur at any time.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	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 services. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is maintained. There were no complaints received in 2020 or year to date, and one formal complaint made in 2019. The one complaint reviewed has been managed appropriately with acknowledgement, investigation and response recorded. Corrective actions were implemented following the complaint. Residents interviewed advised that they are aware of the complaints procedure and how to access forms. The village manager has regular meetings with the residents to discuss any concerns that they may have.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	There are posters of the Code on display throughout the facility and leaflets are available in the foyer of the facility. The service can provide information in different languages and/or in large print if requested. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. On entry to the service, the village manager or clinical manager discusses the information pack with the resident and the family/whānau. The information pack includes a copy

		of the Code.
<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>The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting residents' privacy and could describe how they manage maintaining privacy and respect of personal property. There is a policy that describes spiritual care. Church services are conducted regularly. All residents interviewed indicated that resident's spiritual needs are being met when required. Staff receive training on abuse and neglect. Staff interviewed could describe how they ensure privacy is maintained.</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 has established cultural policies to help meet the cultural needs of its residents. There were no residents that identified as Māori at the time of the audit. The service has established links with local Māori community members who provide advice and guidance on cultural matters. Cultural and spiritual practice is supported, and identified needs are incorporated into the care planning process and review as demonstrated in the resident files sampled. Discussions with staff confirmed that they are aware of the need to respond to cultural differences.</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>	FA	<p>The service has established cultural policies aimed at helping meet the cultural needs of its residents. Residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment including resident's cultural beliefs and values, is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on. Staff receive training on cultural safety/awareness.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The facility has a staff code of conduct, which states there will be zero tolerance against any discrimination occurring. The abuse and neglect processes cover harassment and exploitation. Residents interviewed reported that the staff respected them. Job descriptions include responsibilities of the position, ethics, advocacy, and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct.</p>

Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	CI	<p>The service has policies to guide practice that align with the health and disability services standards, for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Residents spoke positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team.</p> <p>St Albans Lifecare has fully embedded the Arvida Attitude of Living Well through the wellness/household model. The service has been proactive in implementing the Attitude of Living Well framework within the five pillars (eating well, moving well, resting well, thinking well, and engaging well). The service has exceeded the standard in this area. Small groups of residents are supported within the care communities by decentralised self-led teams of employees that together create a home, nurture relationships, determine their own lives and build community. Residents are encouraged and supported to create a comfortable living space suited to their particular needs and personal tastes.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Residents interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Fourteen incident/accidents reviewed had documented evidence of family notification or noted if family did not wish to be informed. Interpreter services are available as required.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>St Albans Lifecare is owned and operated by the Arvida Group. The service currently provides care for up to 106 residents (38 dual-purpose beds in the care centre and rest home level care across 60 serviced apartments, [eight are verified as double rooms]). On the day of the audit, there were 44 residents, with 28 residents in the care centre (including 14 rest home and 14 hospital) and 16 residents in serviced apartments. All residents were under the age-related residential care (ARRC) agreement.</p> <p>The village manager (non-clinical) is experienced in village management and has been in the role for seven years. The village manager is supported by an experienced aged care clinical manager, a quality coordinator (EN) and the Arvida national quality manager.</p> <p>The village manager provides a monthly report to the Arvida CEO on a variety of operational issues. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement. St Albans lifecare has a business plan 2020/2021 and a quality and</p>

		<p>risk management programme.</p> <p>The clinical manager has completed in excess of eight hours of professional development in the past twelve months.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the village manager, the clinical manager is in charge. Support is provided by the head of wellness operations, and the general manager wellness and care.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>There is an implemented quality and risk management system in place at St Albans which is designed to monitor contractual and standards compliance. There is a 2020/2021 business/strategic plan that includes quality goals and risk management plans. There is an established culture of seeking to continually review and analyse data to improve resident outcomes. The village manager and clinical manager are responsible for providing oversight of the quality and risk management system on site, which is also monitored at 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.</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. The service has exceeded the standard in this area. All staff interviewed could describe the quality programme corrective action process. Restraint and enabler use (when used) is reported within the bi-monthly quality improvement and three-monthly clinical/RN meetings. Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The February 2021 resident/relative satisfaction survey overall result shows a high customer satisfaction and customer loyalty rate (a net promoter score of 76). There were no improvement areas required from the survey. Resident/family meetings occur two-monthly, and the results of the satisfaction survey have been discussed at the meeting.</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 at the monthly meeting. There are also monthly national health and safety meetings conducted online through Team meeting. The village manager</p>

		and clinical manager are part of the health and safety committee. Hazard identification forms and an up-to-date hazard register is in place through the Mango system. The service had weekly meetings during Covid-19 throughout the alert levels. 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>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 accidents and incidents reporting policy. The clinical manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at staff meetings including actions to minimise recurrence (link CI 1.2.3.6). An RN conducts clinical follow-up of residents. Incident forms reviewed for April and May 2021 demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Neurological observation forms were documented and completed for three reviewed unwitnessed falls or potential head injuries. Discussions with the village manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been no section 31 incident notification made since the last audit and one notification made to the public health service for a respiratory outbreak in 2019.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resource management policies in place. The recruitment and staff selection process requires that relevant checks be completed to validate the individual's qualifications, experience and veracity. Eight staff files were reviewed (one clinical manager, two RNs, one enrolled nurse, two wellness partners, one wellness leader and one kitchen manager). There is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. A copy of practising certificates and competencies is kept. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Completed orientation, post orientation interviews are on files and staff described the orientation programme.</p> <p>The in-service education programme for 2020 has been completed and the plan for 2021 is being implemented. Discussions with the wellness partners, ENs and RNs confirmed that Altura online training is available and implemented by staff. More than eight hours of staff development or in-service education has been provided annually. There are twelve RNs at St Albans and eight have completed interRAI training. The village manager, clinical manager and RNs are able to attend external training, including sessions provided by the DHB. There are 28 wellness partners in total with 75% having achieved either National Certificate level 4 (eight) and level 3 (thirteen). Competencies completed by staff included medication, insulin, wound care, manual handling, hand hygiene, syringe</p>

		driver and restraint, there was an up-to-date register.
<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>	FA	<p>St Albans has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. The service has a total of 64 staff in various roles. Staffing rosters were sighted and there is staff on duty to meet the resident needs. The village manager and clinical manager work 40 hours per week and are available on call after-hours for any operational and clinical concerns, respectively. There is at least one RN on duty at all times. The RN on each shift is aware that extra staff can be called on for increased resident requirements. There are dedicated housekeeping and laundry staff. Interviews with staff and residents confirmed there are sufficient staff to meet the needs of residents.</p> <p>There were 14 rest home residents and 14 hospital residents in the care centre (Nikau wing 19 beds and Maple wing 19 beds) total of 38 dual purpose beds. There is a RN rostered on the morning, afternoon and night shifts.</p> <p>The RN is supported by an EN or senior caregiver on Monday to Sundays 7 am to 4 pm, four wellness partners on morning shift (two from 7.15 am to 4 pm, two from 8 am to 2 pm), four wellness partners on afternoon shift (three from 4 pm to midnight and one from 4 pm to 9 pm) and two wellness partners on nights (midnight to 8 am).</p> <p>There are 16 rest home residents living in serviced apartments (61 service apartments - Rata wing, Ash wing, Elm wing, Willow wing, Kauri wing and Cedar wing).</p> <p>There is a RN on duty in the mornings Sunday to Thursday and supported by an EN Wednesday to Saturday (7 am to 4.30 pm).</p> <p>Two wellness partners in the morning (7 am to 4 pm), three wellness partners in the afternoon (two 4 pm to midnight and one 4 pm to 9 pm and one on nights (midnight to 8am). The care centre RN covers the afternoon and night shifts in the serviced apartments.</p> <p>The wellness leader works 9 am to 4 pm Monday to Friday across the service.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' electronic files are protected from unauthorised access by individual passwords. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible and dated by the relevant wellness partner or RN.</p>

accessible when required.		
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Seven admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</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>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exit or discharges to and from the service.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Clinical staff who administer medications (RNs, ENs and wellness partners) have been assessed for competency on an annual basis. Registered nurses have completed syringe driver training. Annual education has been provided around safe medication administration. The service uses an electronic medication charting and administration record system. There is documented evidence of medication reconciliation on delivery of medications. Medication fridges and medication storage rooms are checked weekly and are maintained within the acceptable temperature range. All eye drops, and ointments were dated on opening. Standing orders are not used. Controlled drug medication is managed appropriately. There were no residents self-medicating on the day of audit.</p> <p>Medication charting is completed electronically by the GP. Fourteen medication charts (six hospital and eight rest home) reviewed, had photo identification and allergy status recorded. All medication charts sighted were completed appropriately. A medication round was observed, and the RN completed the administration process correctly.</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</p>	FA	<p>All meals at St Albans are prepared and cooked on site by a qualified chef (kitchen manager). A cook, and morning and afternoon kitchenhands support him. Food services staff have attended food safety training during orientation and ongoing. The Arvida dietitian has developed and reviewed the four-weekly seasonal menu, last completed on 7 November 2020. The Food Control Plan (FCP) has been audited by MPI and approved by the local council. The FCP expires on 14 December 2021. Meals</p>

of service delivery.		<p>are served directly in the two resident dining areas from the two kitchenette bain maries – one upstairs and one downstairs. A third new dining area is not yet in use. The chef is involved in the serving of meals in all of the areas. The chef receives a resident dietary profile for new residents and is notified of any dietary changes. Likes and dislikes are known. Special diets are accommodated, including high protein, gluten free, diabetic desserts and modified foods.</p> <p>Fridge and freezer temperatures are taken and recorded daily. End cooked food temperatures are recorded daily. Temperatures are recorded on frozen foods on delivery. All dry foods were stored in sealed containers and dated. Perishable foods sighted in the fridges were dated. The chemical supplier checks the dishwasher regularly. Staff have received training in chemical safety. Chemicals are stored safely. A maintenance and cleaning schedule is maintained.</p> <p>Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes. The service has made improvements to the food service and has exceeded the standard in this area.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is an admission information policy. The reasons for declining entry would be if the service were unable to provide the care required or there are no beds available. Management communicates directly with the referring agencies and family/whānau as appropriate if entry is declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The clinical manager or an RN completes an initial assessment on admission including risk assessment tools. An interRAI assessment is undertaken within 21 days of admission and six monthly or earlier, due to health changes. Resident needs and supports are identified through the ongoing assessment process in consultation with significant others. InterRAI assessments, assessment notes and summary were in place for the resident files reviewed. The long-term care plans in place reflected the outcome of the assessments.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated,</p>	FA	<p>Resident care plans reviewed were resident focused and individualised. All identified support needs as assessed were included in the care plans. Short-term care plans are used for wounds and any other short-term or long-term changes to health status are added to the long-term care plan. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process.</p>

and promote continuity of service delivery.		<p>Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrated service integration.</p> <p>There was evidence of allied health care professionals involved in the care of the resident including physiotherapist, podiatrist, and dietitian and speech language therapist.</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>	FA	<p>When a resident's condition alters, the clinical manager or registered nurse initiates a review and if required, GP/nurse specialist consultation. There is documented evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits, referrals and changes in medications. Discussions with families are recorded in the resident files reviewed.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound assessment, management, treatment plans and evaluations are recorded in the electronic resident records as evidenced in three resident files (two skin tears and one lesion). There were no residents with pressure injuries.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. Monitoring occurs for weight, vital signs, blood glucose, and pain, challenging behaviour, food and fluid input charts.</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>	CI	<p>The service employs a qualified diversional therapist (DT) in the role of wellness leader. The wellness leader works 32.5 hours per week from Monday to Friday. Wellness partners are considered to be part of the activities team and facilitate activities in the weekends. The wellness leader provides individual and group activities for rest home and hospital residents that meet the abilities and preferences of the residents. There are separate programmes for each area with integrated activities for entertainers, church services and happy hours. Community links include visiting preschool and schoolchildren, inter-home competitions, attending concerts and shopping visits. One-on-one activities such as individual walks, reading and chats and nail/hand care for residents who are unable or choose not to be involved in group activities. Improvements have been made in relation to implementing a household wellness model and the activities programme, which has seen an increase in resident satisfaction.</p> <p>A social profile and life history is completed on admission. Individual leisure care plans were in</p>

		resident files. The wellness leader is involved in the six-monthly multidisciplinary reviews. The service receives feedback and suggestions for the programme through surveys and resident meetings.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	The clinical manager or an RN evaluated all initial care plans (sampled) within three weeks of admission. The multidisciplinary team has reviewed long-term care plans at least six monthly or earlier for any health changes. Family is invited to attend the MDT review and are informed of any changes if unable to attend. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and documented within the progress notes and are evident in changes made to care plans.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Material safety datasheets are readily accessible for staff. Chemicals are stored in locked areas throughout the facility. Personal protective clothing is available for staff and was seen to be worn by staff when carrying out their duties on the days of audit. Staff have completed chemical safety training provided by the chemical supplier.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are	FA	The building has a current building warrant of fitness that expires 1 June 2022. The building has two levels. On the ground floor there are 24 serviced apartments which can provide rest home level care in two wings, Rata and Ash. On the days of audit there were eight rest home residents in this area – four in Rata and four in Ash wing. The Maple and Nikau wings on the ground floor are all dual-purpose rooms for either rest home or hospital level residents. There were 28 residents in these two

fit for their purpose.		<p>wings on the days of audit – 14 rest home and 14 hospital. On the first floor there are three wings of serviced apartments and all are able to have rest home care level residents. In Elm wing there were three rest home level residents; in Kauri wing there were two rest home residents and in Willow wing there were three rest home residents. There is stair and lift access between the floors. The service has now completed all building and refurbishment work.</p> <p>The service employs a full-time maintenance person who is a health and safety representative. The maintenance person ensures daily maintenance requests are addressed and a planned maintenance schedule is maintained. Essential contractors are available 24 hours. Electrical testing is completed annually. Annual calibration and functional checks of medical equipment is completed by an external contractor. The maintenance person carries out regular checks of transferring equipment, beds and call bells.</p> <p>Hot water temperatures in resident areas are monitored. Temperature recordings were reviewed, and corrective actions had been taken for temperatures over 45 degrees Celsius.</p> <p>The facility has wide corridors with rails and sufficient space for residents to safely mobilise using mobility aids or for the use of hoists and hospital recliners on wheels.</p> <p>There is safe access to the outdoor areas. Seating and shade are provided.</p> <p>The wellness partners and RNs interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.</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 personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All resident rooms have full ensuites. There are toilet facilities with privacy locks, located near communal areas. Toilets and shower facilities are of an appropriate design to meet the needs of the residents. Residents interviewed confirmed care staff respect the resident's privacy when attending to their personal cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed</p>	FA	<p>All rooms in the rest home/hospital area are single. Some serviced apartments are large enough for two people. There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists, in the resident bedrooms. Residents and families are encouraged to personalise their rooms. A tour of the facility evidenced personalised rooms including the residents own furnishing and</p>

areas appropriate to the consumer group and setting.		adornments.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas within the facility includes three lounge and two dining areas downstairs and one large lounge and dining areas upstairs. Each dining room has a kitchenette and bain-marie service. One dining room downstairs is adjacent to the kitchen. Seating and space in the lounges are arranged to allow both individual and group activities to occur. All communal areas are accessible to residents. Wellness partners assist or transfer residents to communal areas for dining and activities.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There is a dedicated laundry and cleaners on duty seven days a week. The laundry and cleaning staff have completed chemical safety training. The laundry is located in the rest home/hospital wing and has a sluice area with appropriate personal protective clothing readily available. There is an entry and exit door with defined areas for clean and dirty laundry. The cleaners' trolleys are stored in a locked area when not in use. Internal audits monitor the effectiveness of the cleaning and laundry processes. The chemical supplier conducts quality checks on the effectiveness of washing and cleaning processes.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term backup power for emergency lighting is in place.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</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>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. The residents and family interviewed confirmed the internal temperatures were comfortable during the summer and winter months.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Arvida St Albans has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. An enrolled nurse is the designated infection control coordinator with support and supervision from the clinical manager and other members of the infection control team. Minutes are available for staff. Spot audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually. The Canterbury District health board has appointed designated Infection Prevention and Control (IPC) nurses to assist and support aged residential care services. The IPC nurse specialist for Arvida St Albans is available for advice and support to the IPC team.</p> <p>Visitors are asked not to visit if they are unwell. Hand sanitisers were appropriately placed throughout the facility. The service has clearly defined Pandemic plans for Covid-19 alert levels and has procured sufficient supplies of PPE. Covid isolation kits have been put together in readiness, and education and training for staff has been provided. All visitors must register at reception and be screened. Covid vaccinations have been provided for staff and residents.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>An enrolled nurse is the designated infection control (IC) coordinator. The infection control coordinator receives supervision and support from the clinical manager and the DHB appointed IPC nurse specialist. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse and IC team have good external support from the Arvida Group support office. The infection control coordinator has attended training with Canterbury DHB in May 2021. The Arvida Group also provides infection control training.</p>
<p>Standard 3.3: Policies and procedures</p>	FA	<p>There are site-specific Arvida St Albans infection control policies and procedures appropriate to the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the</p>

Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		infection control team and training and education of staff. Policies have been reviewed and updated.
<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 policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. Infection prevention and control is part of staff orientation and induction.</p> <p>Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors as appropriate to their needs and this is documented in medical records.</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 St Albans infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. Care plans for the management of infections are added to the long-term care plan. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the village manager and head office staff. A respiratory outbreak in 2019 was reported to the local public health authority.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. On the day of audit, the service had no residents using any restraints or enablers. Staff receive training around restraint minimisation and the management of challenging behaviours.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.8.1 The service provides an environment that encourages good practice, which should include evidence-based practice.	CI	St Albans is committed to provide a de-institutionalised environment that aligns with Arvida Attitude of Living Well through the wellness/household model. A central component to the model is person-centred care and resident choice in daily life. The ‘living a life with soul’ philosophy means a life within Arvida that embraces a holistic view of physical, mental and spiritual health.	<p>The attitude of living model at Arvida St Albans encourages greater resident involvement and empowerment to the extent that residents themselves can participate in events and audits to help measure effectiveness of service delivery. The living well model is integrated into the quality programme and an opportunity is created for residents to participate in the quality process. The process is measured by the living well achievements framework evaluation that is part of the overall internal audit process. By evaluating achievement against the five pillars (eating well, moving well, resting well, thinking well, and engaging well), St Albans has moved from bronze (2019) to silver (2020 level of achievement of the programme by focussing on several quality improvements; introducing buffet breakfast, resident led meetings, pillar champions). St Albans are actively working towards the goal of achieving gold level by end of 2021. Staff interviewed confirmed that their practice has changed from focussing on completion of tasks to a resident led model which is ultimately enhancing the care and support and the environment for the residents.</p> <p>There is attitude of living well model competitions within the Arvida group to encourage residents` participation on all levels. Of the nine Arvida attitude of</p>

			living challenges held since April 2020, St Albans have won six. Overall resident satisfaction has consistently improved since 2019. The living well domain has an NPS score of 100 and the weighted average of care satisfaction for St Albans is above the Arvida weighted average. Residents and relatives interviewed spoke positively about the care received at St Albans.
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	Quality improvement data is being collected, analysed and evaluated at a level of continuous improvement with consistent processing, attention to detail and an ongoing focus of quality improvement of organisational systems and operations, which is ultimately enhancing the care and support and the environment for the residents. There is a quality and risk management system in place at St Albans Lifecare which is designed to monitor contractual and standards compliance. There is a 2020/2021 business/strategic plan that includes quality goals and risk management plans for St Albans Lifecare. There is an established culture of seeking to continually review and analyse data to improve resident outcomes.	<p>The service provides an environment that encourages managing and analysing quality data beyond the expected full attainment. The service has conducted a number of quality improvements, including:</p> <p>1) Since July 2020 comparative data now also includes polypharmacy and rate of unintentional weight loss. Since introducing the new benchmarking process St Albans have used the opportunity to improve their residents' nutritional status using an approved malnutrition screening tool as a preventative approach to facilitate early intervention. There has been an increase in residents (88% to 91%) with normal nutritional status scores and consequently a decrease in risk of malnutrition and unintentional weight loss. Resident outcomes improved and there are currently two residents (one hospital and one rest home resident) identified on active management for unintentional weight loss.</p> <p>2) Overall reduction in infection rates for rest home and hospital level of care residents. There have been no outbreaks in 2020 (year to date) compared to one outbreak in 2019 related to respiratory illness, contributing factors to this decrease has been an increase in infection control staff training, zero tolerance to unwell staff attending work, reduction in visits from families or friends and outings of residents during Covid-19 risk periods.</p>
Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised	CI	As part of the Living Well philosophy for residents at Arvida St Albans, the service implemented the Eating Well pillar of the programme. This required the service to implement changes to	The 2019 resident survey asked residents to rate the food service in terms of dining room experience, food quality and taste and on food variety and choice. Responses in the 2019 survey identified that 82% of residents were either very satisfied or somewhat satisfied with the dining room experience and 8% somewhat dissatisfied; 82% were very or somewhat satisfied with the food quality and taste and 14% somewhat dissatisfied; and 79% of residents were

nutritional guidelines appropriate to the consumer group.		how and when meals were served and to improve satisfaction of the dining experience to make it more resident focused.	very or somewhat satisfied with variety and choice of food, with 20% somewhat dissatisfied. The service implemented a number of measures including changing morning routines so that residents could wake naturally and have breakfast when and where they felt like it, increased resident participation into menu planning and provide a more homely approach in the dining rooms to align with the household model. Another change was adding a second choice to the evening dinner menu. Residents advise the kitchen a week in advance what their choices of menu are for the following week. The 2021 survey results evidenced an improvement in satisfaction with all three areas surveyed – dining room experience increased to 90% satisfaction; food quality and taste increased to 96% satisfaction and no dissatisfied responses; and food variety and choice increased to 86% satisfaction and a decrease in dissatisfaction to 12%. Residents and family members interviewed advised that they enjoy the meals provided at St Albans and appreciate the opportunity to have input into the menu, as well as the choices offered.
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	The service has introduced an organisational wide 'wellness model' of care. This also includes the setup of 'household' models within facilities. The activities programme now includes all wellness partners who are led by a wellness leader (DT). The service identified that activities had not scored well on the annual survey of 2019 and have made improvements to the programme.	The annual survey conducted in March 2019 identified that some residents (6%) were dissatisfied with the activities programme and the lack of activities in the weekend. While 86% of responses from residents were either very satisfied (57%) or somewhat satisfied (29%), negative comments in the survey from residents were around not enough to do in the lounge and that the place was very quiet. The service also identified the staff were needed to be involved in the activities programme due to the commencement of the household model. The service has since implemented the wellness model and the household model of care. Both the wellness leader and the wellness partners (caregivers) are involved in activities during the week. Activities have been added to the programme in the weekend and some evenings, and can be run by either wellness partners, enrolled nurses or housekeepers. Activities have now become part of the wellness partners work routine. The 2021 resident survey evidenced that activities satisfaction had increased to 92% - 66% very satisfied and 26% somewhat satisfied. 8% stated not applicable. No residents stated that they were dissatisfied with the activities programme. Residents now have more input into the programme and at resident meetings the following month's programme is discussed and chosen. Residents and wellness partners interviewed advised that they enjoy the activities programme and that it is varied and entertaining.

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End of the report.