

# Rotorua Continuing Care Trust - The CARE Village

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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:** Rotorua Continuing Care Trust

**Premises audited:** The CARE Village

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

**Dates of audit:** Start date: 6 July 2021 End date: 7 July 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:** 80

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

The CARE Village on the shores of Lake Rotorua is run by the Rotorua Continuing Care Trust. The model of care is based on an adapted mixed-service model based on the New Zealand environment and similar to the Dutch De Hogeweyk Dementia Village concept, where people live in six or seven-bedroom households and are assisted to be as independent as possible with support from The CARE Village staff. Residents live in the houses, sharing with people who have different assessed needs. Their model of care is based on creating and conserving lifestyle, independence and most importantly, community.

The village is certified to provide hospital (geriatric), rest home and dementia level care. There is a total of 81 beds across 13 houses within the village. On the day of audit there were 80 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 a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and general practitioner.

The service is managed by a chief executive officer who has extensive nursing and management background. The CEO is supported by a quality manager and an experienced registered nurse. The management team report to the board monthly.

The organisation's goals and direction are clearly described and match the organisation's vision, values and strategies put in place to assist meeting resident needs through the Mixed Services Model of Care.

This audit identified the CARE village meets the health and disability standards and has been awarded a continuous improvement around meeting the needs of Maori.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The CARE Village endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. The home-like care is based on providing a recognisable and familiar environment for people living in care. Staff demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents while supporting residents to maintain their usual lifestyles. Residents receive services in a manner that considers their dignity, privacy, and independence. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

## 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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Services are planned, coordinated, and are appropriate to the needs of the residents. Business and quality goals have been documented for the service. A risk management programme is in place, which includes managing adverse events and health and safety processes.

The CARE Village has a documented quality and risk management system that supports the provision of clinical care and the mixed services model (lifestyles). Several meetings including quality meetings are held. Quality data is collected and graphed. There are regular resident/relative newsletters.

Residents receive appropriate services that align with their model of care by suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff focused around caring for residents under the alternative model of care. Ongoing education and training for staff is in place and monitored with high attendance. Registered nursing cover is provided 24 hours a day, seven days a week. The roster is adjusted daily across the houses depending on the needs of the residents.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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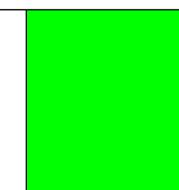
An information pack is available prior to or on entry to the service. Registered nurses' complete initial assessments including interRAI assessments, care plans and evaluations within the required timeframes. Care plans are integrated and include the involvement of allied health professionals. Residents and relatives interviewed confirmed they were involved in the care planning and review process. General practitioners review residents at least three monthly or more frequently if needed.

Each resident has access to an individual and group activities programme. The group programme is varied and interesting and includes outings, entertainers, and community interactions. A variety of activities are available within the houses in the village so resident attend activities and groups of their choosing.

Medicines are stored and managed appropriately in line with legislation and guidelines. House Leads hold medication competencies (completed annually) and administer medications to the residents within the home. The general practitioners reviewed the medication charts at least three- monthly. The GP was complimentary of the model of care utilised by the CARE village.

Meals are prepared and cooked in each home by staff with assistance of the residents where able. The menus are reviewed by a dietitian. The menu is varied and provides meal options. Individual and special dietary needs are catered for. Residents interviewed were very complimentary about the meals provided in each house.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The main reception building has a current building warrant of fitness. There is a reactive and maintenance place. Chemicals are stored safely within each household. Home support staff in each house complete cleaning and laundry duties for the house residents. Residents reside in houses of six to seven bedrooms. All bedrooms are single occupancy. There are communal toilet/showering facilities available in each house. There is sufficient space to allow the movement of residents around the house using mobility aids. There are lounge, dining, and kitchens in each house. The outdoor areas for each house and across the village are safe and easily accessible with concrete paths around the village. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days. There is always at least one staff member on duty with a first aid certificate.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The CARE village has restraint minimisation and safe practice policies and procedures in place. The definitions of restraints and enablers are congruent with the definitions in the restraint minimisation standard. Staff receive education and training in restraint minimisation and challenging behaviour management. On the day of audit, there were ten residents using restraint and three residents with an enabler. Enabler use is voluntary. A register is maintained by the restraint coordinator/registered nurse (RN). Residents using restraints are reviewed a minimum of three-monthly by the approval group.

## 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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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Staff receive ongoing training in infection control and food safety.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	50	0	0	0	0	0
<b>Criteria</b>	1	100	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<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 (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. The Code is available in both Māori and English versions and the pamphlets and booklets are readily accessible. Staff receive training about the Code during their induction to the service, which continues through the mandatory in-service education and training programme (last completed March 2021).</p> <p>Residents and families are made aware on admission that The CARE Village provides a Mixed Services Model (known as lifestyles by the staff). Residents are provided with care in accordance with the Code of Rights. This information is provided to residents in their admission pack and reinforced in each household.</p> <p>Interviews with staff including six home supports (including three home leads), four registered nurses, two administration staff, one maintenance person, one health and safety person and two events coordinators, reflected their understanding of the key principles of the Code. Home leads could describe how the Code is incorporated in their everyday delivery of care in the home-like environments.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. Consent forms, advance directives, and copies of enduring power of attorney (EPOA) where applicable are scanned onto the electronic resident files. There are separate consent forms in place for vaccines and dementia</p>

<p>appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>		<p>residents wearing security bracelets.</p> <p>There is evidence of general practitioner discussion with EPOA/family regarding resuscitation where the resident is deemed incompetent to make a decision.</p> <p>Registered nurses, house leads, and home supports interviewed, confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p> <p>All nine residents' files reviewed had signed an admission agreement which was scanned onto the electronic resident file.</p>
<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>	<p>FA</p>	<p>Information on advocacy services through the HDC office is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility and in each house. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services.</p>
<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>	<p>FA</p>	<p>Residents interviewed confirmed they are aware of their right to access independent advocacy services. Discussions with relatives confirmed the service provided opportunities for the family/enduring power of attorney (EPOA) to be involved in decisions. The resident files include information on resident's family/whānau and chosen social networks.</p> <p>Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends, and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they can participate in as much as they can safely and desire to do.</p> <p>Pastoral care services are available. School children from the region visit the facility, (covid-19 allowing) volunteer entertainers provide entertainment, which is well received by the residents. Residents are able to visit the shop within the village with their house lead to gather their supplies they need to cook their meals for the day.</p>
<p>Standard 1.1.13: Complaints Management</p>	<p>FA</p>	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are made available at reception. Information about complaints is also provided on admission.</p>

<p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>		<p>Interviews with residents and families confirmed their understanding of the complaints process.</p> <p>The complaints register reviewed indicated verbal and written complaints are captured. There were seven complaints on the register for 2021. The service proactively manages all concerns and include these on the complaint register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>The chief executive officer (CEO) is responsible for managing complaints. Residents and family members could describe their rights and advocacy services particularly in relation to the complaints process. Feedback is provided to staff on the complaints through meetings and the board is informed through monthly management reports.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at the reception area to the village. The village manager, registered nurses, and home leads (at each household) discuss aspects of the Code with residents and their family on admission. Six monthly multidisciplinary meetings also allow time for residents and family to discuss any concerns including individualised care and choice. The management team provide an open-door policy, and this is reflected in interview by residents and relatives. Resident meetings in each household also allows for discussions on rights. Advocacy services information is provided with the complaint procedure and complaint forms. Advocacy information is displayed at reception.</p> <p>All five residents (three rest home level and two hospital level) and seven relatives (three rest home, two with family requiring dementia care and two hospital level) interviewed, reported that the residents' rights are being upheld by the service. Interviews with staff also confirmed their understanding of the Code and its application in the Mixed Services Model. The chief executive and village manager and a board member described how extra time is spent with family and residents on admission informing them about their rights (that align with the Code of Rights) and ensuring they understand how care is provided at The CARE Village.</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</p>	<p>FA</p>	<p>Residents at the CARE Village live in six or seven room houses sharing with people who have different assessed needs. These residents live and participate in home-like environments according to their usual lifestyle. The service works with residents and their families to accommodate residents in the household most suited to the resident's usual lifestyle. The aim is to provide a higher quality of life. Each household has house rules that support privacy, independence, dignity, and respect.</p> <p>Residents and family and family interviewed stated that dignity, privacy, and respect are always upheld. Staff were able to describe how respect, dignity and self-actualisation are at the heart of the service</p>

independence.		<p>philosophy.</p> <p>There is a spiritual needs policy. Spiritual needs are identified, and church services are held every Sunday. Multi-denominational church services are also held at varying times in households with residents invited to attend from other households.</p> <p>Each house is unique, the lifestyle houses are designed to represent cultural, remote, country, minimalist, middle NZ, contemporary and classic.</p> <p>There is a policy on abuse and neglect and staff receive annual training which is mandatory. Household leads, and home supports interviewed had received education and had a good understanding of abuse and neglect and how to report any suspected incidences to the management team.</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 CARE Village has a cultural advisory group lead by two staff members and supported by a Kaumatua. The Maori plan reflects the mixed services model and meeting the needs of Māori and whānau.</p> <p>One lifestyle house identifies with Māori and this house aligns itself to living in a marae with the concept of manaakitanga being a strong value. Rituals are maintained and are an important part of everyday life (e.g., “use of karakia”). Two residents and one family member of a resident in the house (dementia level care) praised the culture and said they feel at home.</p> <p>Māori consultation is available through the documented iwi links and kaumatua. The service is also supported by Lakes DHB Māori health team. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All staff interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</p> <p>Values and beliefs identified during the assessment process are taken into consideration and documented on the individual resident’s care plan. All care plans reviewed were individualised to the resident and their whanau’s (family’s) needs, preferences and wishes.</p> <p>The service has been awarded a continuous improvement around cultural care.</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</p>	FA	<p>An initial care planning meeting is carried out where the resident and/or whānau as appropriate are invited to be involved. Individual beliefs or values are discussed and incorporated into the care plan. Six monthly multidisciplinary team meetings occur to assess if needs are being met. Family is invited to attend. Discussions with relatives confirmed that residents’ values and beliefs are considered. Residents interviewed confirmed that staff consider their values and beliefs.</p> <p>Identifying resident’s values and beliefs is also reflective in the Mixed Services model of care. Each</p>

<p>and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>household is different, each reflecting different backgrounds residents may have lived in their life. Management discusses each household with new residents and relatives and determine the best mix for new residents as reflected on their previous lifestyle. There is community involvement with children and other groups (covid- 19 allowing). All care plans reviewed included the resident’s social, spiritual, cultural, and recreational needs.</p> <p>The CARE Village have available volunteers to meet spiritual needs of all residents and their families, regardless of their religion or faith, or residents can be referred to other spiritual care providers if required or requested.</p>
<p>Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Policy and procedures related to discrimination ensure residents receive services free from any discrimination, and that residents are not subjected to any form of coercion, harassment, sexual or other exploitation. Professional boundaries and the code of conduct are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries within their roles and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The CARE Village has worked closely with the Ministry of Health in developing a leading-edge model with skilled staff, along with the latest in technology, meaning residents have the freedom to move about the village in a safe and constant environment. The model of care is based on an adapted mixed service model based on the New Zealand environment and similar to the Dutch De Hogeweyk Dementia Village concept, where people live in six or seven-bedroom households and are assisted to be as independent as possible with support from The CARE Village staff. The village currently includes a supermarket, and hairdresser.</p> <p>The CARE Village replicates life in the community. Quality of life is the focus, residents live in households with residents from similar backgrounds, doing things that would be done in everyday life (i.e., cooking, and laundry). Residents were observed completing several household chores and recreational activities.</p> <p>There is a regular in-service education and training programme for staff. In-service education attendance is monitored by the staff educator (RN). The service has links with the local community and encourages residents to remain independent. There are several volunteers that support activities and clubs within the village including (but not limited to); te reo Māori teacher, canine friends, ukulele club, knitting club, and card club.</p> <p>The service utilises technology to assist and support staffing across the village and households including (but not limited to); Wireless bed-exit monitoring system, electronic wrist watch (those assessed as</p>

		<p>requiring secure dementia level care), electronic sensor monitoring of hallways and front doors, call pendants and networked CCTV.</p> <p>An electronic assessment and care planning system was introduced October 2020 has been embedded into practice.</p> <p>The management team is focused on promoting and encouraging good practice within the mixed lifestyle model of care. All staff working in the village are supported to complete their dementia standards. Staff are educated around the Mixed Services model of Care at induction and regularly in the mandatory education programme.</p> <p>A quality and risk management system has been established.</p>
<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>Management interviewed described an open-door policy. Monthly newsletters are provided to residents and relatives that provides feedback on the village activities. Fourteen incident forms reviewed on the electronic system identified that family were informed</p> <p>There is an accident/incident reporting policy to guide staff in their responsibility around open disclosure. Staff are required to record family notification when entering an incident into the system. The sample of adverse events reviewed met this requirement. Family interviewed confirmed they are kept informed following a change of health status of their family member or an adverse event</p> <p>Evidence of communication with family/whānau is documented and held in each resident's file and in progress notes. All relatives interviewed stated that they are kept well-informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance.</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>The CARE Village is owned by the Rotorua Continuing Care Trust. The village operates a Mixed Service Model of Care. The organisation is a Not-for-Profit Charitable Trust governed by a Board of Trustees. Business planning is undertaken at board level with input from the Chief Executive Officer (RN).</p> <p>The model of care is based on an adapted mixed-service model based on the New Zealand environment and similar to the Dutch De Hogeweyk Dementia Village concept, where people live in six-seven-bedroom households and are assisted to be as independent as possible with support from The CARE Village staff. Residents live in the houses sharing with people who have different assessed needs. The village is certified to provide hospital (geriatric and medical), rest home and dementia level care.</p>

		<p>The village includes reception/administration/offices and shop and independent houses situated across spacious grounds. There are thirteen households (numbered one to 12 plus one numbered house 14). There are 81 beds, on the day of audit there were 80 residents. Residents included 21 at rest home level, 23 at hospital level and 32 assessed as dementia level care. Of the 80 residents; four are funded through ACC (three rest home and one hospital), five are funded through the long-term chronic conditions contract (one dementia level, one rest home and three hospital level), the remainder are funded through the aged care contract with the district health board.</p> <p>There is a documented business, risk and quality plan which reflect the Mixed Model of Care. The organisation's goals and direction are clearly described and match the organisation's vision, values and strategies put in place to assist meeting resident needs through the Mixed Services Model of Care.</p> <p>The Chief Executive Officer (CEO) reports monthly to the Board of Trustees (BOT) on all aspects of service delivery, inclusive of all quality data, risk management, occupancy, and staffing. The monthly meetings ensure that the strategic direction is being maintained.</p> <p>The chief executive has an extensive nursing and management background. She is supported by a quality manager and an experienced registered nurse, clinical lead who has been in the role for two years. The managers have completed at least eight hours annually of managing an aged care service.</p>
<p><b>Standard 1.2.2: Service Management</b></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>The RN clinical lead responsible for clinical operations during the temporary absence of the CEO with additional support available from the quality manager. Administrative responsibilities are covered by the village administrator.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality</p>	FA	<p>A quality and risk management programme is documented and implemented. Interviews with the quality manager, CEO, clinical lead, and staff from across the 13 houses reflect their understanding of the quality and risk management system and how that is implemented across the village.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. The policies and procedures have been updated to reflect the Mixed Service Model of Care. A document control system is in place.</p>

<p>improvement principles.</p>		<p>The quality management programme is overseen by the regional quality manager who was interviewed. The quality monitoring programme is designed to monitor aspects of service delivery. There are clear guidelines and templates for reporting. The facility collects, analyses, evaluates and benchmarks a range of data (e.g., falls, infections, pressure injuries, medication errors, restraint use, incidents, skin tears). Results are utilised for service improvements. Internal audits are conducted as per the internal audit schedule. Staff are kept informed via meetings and during handovers. Meeting reviewed included two weekly staff meetings, monthly quality meetings, monthly falls meetings, monthly infection control meetings and monthly registered nurse meetings.</p> <p>Action plans are developed where service shortfalls are identified (e.g., incidents/accidents, internal audit results, complaints received). Statistical data documents that incidents of behaviours that challenge increased during May. The results were followed up by robust individual resident review, GP review and additional staff training.</p> <p>Health and safety policies are implemented. The village administrator and an enrolled nurse are designated health and safety representatives, both have attended stage one health and safety training. Risk management, hazard control and emergency policies and procedures are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made.</p> <p>Strategies are implemented to reduce the number of falls. This includes, (but is not limited to), physiotherapy and physiotherapy assistant input and intentional rounding. Residents at risk of falling have a falls risk assessment completed with strategies implemented to reduce the number of falls. Home leads and support workers interviewed confirmed that they are aware of which residents are at risk of falling and that this is discussed during staff handovers.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. These are completed on the electronic incident reporting system.</p> <p>A sample of 14 accident/incident forms were reviewed across the 13 houses. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Incident/accident data is linked to the organisation's quality and risk management programme. Incident forms that require follow-up corrective actions are reviewed by the H&amp;S person and assigned to the appropriate senior staff member to follow up and action. Shortfalls identified are used as an opportunity to improve service delivery and discussed in the health &amp; safety meeting. The service has been collecting, benchmarking and reporting on incident types by house for four years. These are reported to the quality team for analysis, trends and quality improvements. This is a significant piece of work done monthly by the RN review team who then inform the clinical leader, quality manager, and the CEO before reports are finalised. Final reports are</p>

		<p>provided in the monthly quality report, Rotorua Continuing Care Trust board report and staff. Data is graphed providing a very good visual perspective. There is information in other formats for other meeting where the information has been analysed, benchmarked and quality improvements initiated.</p> <p>Medication errors have documented a downward trend with nil errors documented for June. Previous month's medication errors document resident follow-up (including GP review) and individual staff follow up.</p> <p>Interviews with the CEO and clinical lead confirmed awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been no section 31 completed since the last audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Ten staff files were reviewed which included the clinical lead, the quality manager, three RNs, two village coordinators, two home supports and events coordinator. All staff files reviewed evidenced implementation of the recruitment process, employment contracts, completed orientation, updated job descriptions, training, and competencies. A register of practising certificates is maintained.</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to reflect the Mixed Services Model and the roles and responsibilities of the staff and includes documented competencies. Interviews and documentation reviewed confirmed that all new staff have been orientated to the new facility. New staff complete an orientation day, competencies are buddied for a period of time.</p> <p>A Careerforce assessor is available at The CARE Village and staff are encouraged and supported to complete qualifications. All care staff at The CARE village are required to complete the dementia standards. There are currently 63 care staff (village coordinators, home leads, home supports), 46 have completed the dementia standards, 17 are enrolled and in the process of completing, and one is a trained diversional therapist. Staff also receive training around dementia and behaviours that challenge through Alzheimer's society.</p> <p>There is a 2021 training programme in place that is being implemented. There are several identified compulsory sessions. Training is repeated regularly and at various times to ensure all staff attend. A training register is monitored, and staff are followed up when they haven't attended. The Mixed Service Model in-service is repeated regularly at in-services. Staff also complete competencies - self tests, and a register monitors the completion of these. The service reports 80 – 100% attendance at training,</p> <p>The CARE Village ensures RNs are supported to maintain their professional competency. Registered nurses are supported to attend training through the local DHB and syringe driver competencies through the Hospice. There are four of the eight RNs at The CARE Village that are interRAI trained.</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>There is a staffing allocation policy, which provides the documented rationale for determining staffing levels and skill mixes for the Mixed Service Model.</p> <p>Where residents' needs for safe care require a higher level of nursing, registered nurses/village coordinators are authorised to move staff between Houses (as required), always ensuring that safe staffing levels are maintained across the village. Family are always communicated with in the event of a resident movement and it is discussed with the resident (as able).</p> <p>The roster is adjusted daily with floating home support workers related to acuity levels. Daily meetings at the beginning of each shift review the resident needs to ensure correct staffing levels.</p> <p>There are at least two registered nurses on duty for the AM and the PM shift and one at night, seven days a week. The nursing structure is designed to ensure that there is an access to expert knowledge and advice at all times. The village coordinators are rostered to support the RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory. Interviews with staff that work across all shifts including night shift confirmed that staffing levels were good across all areas.</p> <p>The CEO and clinical lead are both RNs and work Monday – Friday.</p> <p>Each of the 13 houses has a home lead rostered Monday to Sunday for the AM and the PM shift they are each supported by a home support worker across two houses.</p> <p>At night, there are four home support workers.</p> <p>After hours (pm shift and weekends) the village coordinator, a senior care staff familiar with all houses, are assigned a group of houses to provide extra care support.</p> <p>At night, there are three home supports rostered (with the RN) to cover the 13 houses.</p> <p>Additional staff are rostered at the beginning of each shift to assist with care as needed</p> <p>Night staff described how they move between houses to support and monitor residents. Technology assists staff to monitor those houses where staff are not stationed 24/7. Between 9.30 pm – 7.00 am the electronic sensor monitoring of hallways and front doors sends notifications to the RNs phone and nurse hub monitoring system. Staff can though go directly to that house to assist residents as able. The technology is not used to replace staff, it is used as a notification and allows timely monitoring and support across the village environment.</p> <p>There are 13 houses with the following service level-mix.</p> <p>House 1 (3 dementia, 4 hospital resident)</p>

		<p>House 2 (2 dementia, 4 hospital resident)</p> <p>House 3 (2 dementia, 1 rest home, 3 hospital resident)</p> <p>House 4 (4 rest home residents, 1 hospital resident)</p> <p>House 5 (2 rest home residents, 3 dementia, 2 hospital residents)</p> <p>House 6 ( 2 rest home residents, 3 dementia, 2 hospital residents)</p> <p>House 7 (4 dementia, 2 rest home resident)</p> <p>House 8 (1 dementia, 2 rest home, 3 hospital resident)</p> <p>House 9 (5 dementia, 1 hospital resident)</p> <p>House 10 (2 dementia, 1 rest home resident 3 hospital resident)</p> <p>House 11 (1 dementia, 3 rest home residents 1 hospital)</p> <p>House 12 (1 rest home resident, 1 hospital resident 3 dementia )</p> <p>House 14 (2 rest home, 3 dementia 1 hospital resident)</p> <p>There is an events coordinator rostered Monday - Friday.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Each house has files and computers behind a closed cupboard.</p> <p>Residents' files demonstrate service integration. Entries are legible, timed, dated and signed by the relevant staff member, allied health member, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely,</p>	FA	<p>The service has admission policies and processes in place. Residents receive a welcome pack outlining services being provided within the mixed service model. The welcome pack includes information on dementia care and providing a safe environment within the facility of 13 individual houses. Information provided, clearly describes the lifestyle model of care. The facility chief executive and clinical lead (registered nurse) screens all potential residents prior to entry to ensure the village can meet the resident's</p>

<p>and respectful manner, when their need for services has been identified.</p>		<p>level of care supports/needs. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the chief executive. The admission agreement aligns with the requirements of the mixed services contract with the DHB/MOH. 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>	<p>FA</p>	<p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs using the yellow envelope system. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policies and procedures comply with medication legislation and guidelines. Registered nurses, house leads, and senior home support staff administer medications and have completed medication competencies and medication education. Medications (robotic rolls) are checked in on delivery by RNs and signed into the electronic medication system as packed in. The robotic rolls are then delivered by the RN to the individual houses (in a black portable safe) where they are stored in a locked cupboard. All other medications, pharmaceutical supplies, clinical and emergency equipment is stored safely in the nurse's hub. All 'as required' medications and impress stock (including antibiotics) were within the expiry date. The medication fridge is monitored weekly, and all temperatures were within the acceptable range. All house heating is centrally controlled (includes the medication cupboard), which remains under 25 degrees.</p> <p>Administration practice observed in two houses was compliant against the administration policy. There were no self-medicating residents.</p> <p>Eighteen medication charts on the electronic medication system reviewed (eight rest home, four hospital and six dementia care), met prescribing requirements. Administration of medications corresponded with the medication chart. The service use standing orders and the current order has recently been updated to meet with legislative requirements and guidelines.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food,</p>	<p>FA</p>	<p>All meals and baking are prepared and cooked within the fully functional kitchens of each house. There is a four-week menu that has been reviewed by the dietitian in March 2021. The house leads are responsible for coordinating the menu in each house including supplying meals and baking each day. Residents are encouraged to participate in daily activities as able and desired including the cooking and baking as observed. There is flexibility around the cooking methods without altering the nutritional value or protein for</p>

<p>fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>the main meals (lunch and dinner). Each resident has a nutritional screening on admission and dietary profile completed. Resident dislikes are known and accommodated. Modified meals (puree/soft) and high calorie/protein foods are provided by the house lead as relevant to their residents. House kitchens viewed were well stocked and there were nutritious snacks available 24 hours. The fridges are temperature checked (and recorded) weekly. All perishable goods and decanted goods were dated.</p> <p>There is a village shop open Monday to Friday where the house leads collect their daily supplies including meat, fresh vegetables/fruit/dry goods, and snacks. Supplies are brought in 'normal' household amounts for dry and canned goods.</p> <p>Residents were observed in the shop assisting house leads, choosing their supplies, and baking ingredients for their house. The events/shop coordinator (interviewed) ensures the shelves, freezers, chillers are fully stocked to meet the menu requirements. All goods are rotated/replaced weekly. The chillers, fridges and freezers have temperatures checked and all goods are dated. The RNs have access to the shop after hours and weekends for any additional supplies needed.</p> <p>The events/shop coordinator and all house leads have completed food safety training. Train the trainer food safety training completed through the local polytech.</p> <p>Residents and relatives interviewed commented positively about the quality and variety of food served.</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>	<p>FA</p>	<p>The service records the reason for declining service entry to residents should this occur and communicates this decision to residents/family/whānau. The only reason for declining an admission would be if there were no beds available. Anyone declined entry is referred back to the referring agency.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>There is a suite of assessments available for registered nurses to utilise to meet resident's needs. The information included in the initial assessment and interRAI assessments are transferred over to the long-term care plan. Assessments completed are visible on the detailed care plan page of the long-term care plan. All assessments are completed and reviewed within expected timeframes. Assessments completed include (but not limited) behaviour, falls, nutrition, pain, continence, skin, restraint, and enabler, and spiritual and cultural. Information gathered during the assessments (including information around the residents social, family and lifestyle) is also considered as far as possible when placing a new resident into the most</p>

		appropriate house.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>The electronic long-term care plans reviewed described the support required to meet the resident's goals of activities of daily living. Care plans had interventions documented to meet the resident's current health status. The physiotherapist develops a mobility and transfer plan for all residents on admission. Allied health involvement was linked to the long-term care plans. Residents and their family/whānau confirmed they are involved in the care planning process and sign the care plan cover sheet which is scanned onto the electronic file. Short-term care plans are used for changes in health status, reviewed regularly and either resolved or added to the long-term care plan as an ongoing problem. Care leads, and home support staff interviewed reported they found the plans easy to follow and contain adequate information to provide resident cares.</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>Registered nurses (RNs), house leads, and home support staff follow the care plans and report progress against the care requirements each shift. If a resident's health status changes the RN initiates a GP or nurse specialist review. Relatives interviewed stated they are contacted for any changes in the resident's health. Electronic progress notes evidence family have been notified of any changes to health.</p> <p>RNs have access to sufficient medical supplies including dressings. On the day of the audit, there were 16 residents with wounds (eight hospital, four rest home and four dementia) including skin tears, lesions, and chronic wounds. All electronic combined wound charts/ incident reports included full assessments, management plans and documented evaluations. Photos were uploaded to the electronic system to evidence progression towards healing. Adequate dressing supplies were sighted. There were no residents with pressure injuries on the day of the audit. The CEO and registered nurses described limited access to the wound specialists at the DHB. Registered nurses and house lead interviewed report there is adequate pressure relieving equipment available.</p> <p>Sufficient continence products are available in each house. Resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described.</p> <p>There is a suite of monitoring forms for registered nurses to utilise including (but not limited to); observations, blood sugar levels, neurological observations, weights, bowel charts, pain monitoring, behaviour monitoring, wound monitoring and restraint monitoring were sighted across the electronic files reviewed.</p>
Standard 1.3.7: Planned	FA	Two activities coordinators oversee activities in the village between 8.30am and 4pm Monday to Friday.

<p><b>Activities</b></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>They are supported by the shop/ events coordinator on a part time basis. The houses are big enough to host activities/entertainers and on a nice day this can be held outside between two houses with a large outdoor area. Daily activities in the village start with exercises, newspaper reading, discussions and music in two houses, where residents across the village can attend the house with activities of their preference. After morning tea, activities are set up around the other houses including (but not limited to) newspaper reading, reminiscing, riddles, quiz mornings, and crafts. The village is divided in two groups with activities going on in houses on both sides of the village at the same time. The activity programme is displayed in the houses and the house lead ensures their residents have the opportunity to attend the events and were seen assisting residents to group activities on the days of audit. There are large grass areas which are used in the summertime to host large activities and entertainment.</p> <p>Each resident has a “my life” profile completed on admission and a lifestyle plan that includes individual interests and activities. The lifestyle plan is reviewed six-monthly with the MDT review. House leads encourage residents to be engaged in normal household activities including folding washing, helping with meal preparation, going to the shop for the groceries. The house lead maintains individual records of daily activities (household, one-on-one time, group, and community activities), which is kept in the resident file (sighted). The activities are meaningful to the residents and align with their lifestyle plan. Residents also help with caring for the village pets (four cats and three dogs).</p> <p>Residents were seen to be walking throughout the village and gardens and visiting other resident houses to join in small group activities for musical activities. During visits to the houses, residents were seen watching television enjoying a cup of tea, folding washing, setting the tables for meals.</p> <p>Other activities which occur throughout the village include a weekly church service, communion, canine friends visit, the ladies group hold discussion groups, and have trips to the community and church, the men’s group is coordinated by a male coordinator and includes trips to the pub, haircuts, chips, and a beer. This coordinator also plays the guitar around the village. Younger people in the village are supported to participate in any activities of their choosing and setting up activities with the coordinators around the village. Residents and relatives use the shop as a meeting place, they have a cup of tea, and a chat around the tables, group chats, and cross word sessions. The village continue to have a strong focus around cultural awareness. A Māori cultural leader comes to the village regularly to teach Māori culture/te reo Māori.</p> <p>One on one activities are provided to residents who choose not to be engaged in the larger group activities, these activities are more focused around individual likes and preferences and include (but are not limited to) walks, hand massages, chats.</p> <p>Special events are celebrated including Mother’s Day, where there was a high tea made for all the mums in the females in the village. There were two settings to ensure everyone could attend. There was silver service, high teas with cake stands, cups and saucers, banners, balloons, and music. Discussions around motherhood was held between residents. Other occasions are celebrated including Father’s Day, Easter,</p>
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		<p>Christmas, and cultural events. The activities team have been fundraising. Some of the money raised has provided each house with a birthday pack with balloons, banners, and items to help celebrate residents' birthdays.</p> <p>The service has three vans (two with wheelchair hoist). All drivers (house leads) have current first aid certificates. Outings are planned over summer months and weekly in the winter months weather depending.</p> <p>Residents and relatives interviewed commented positively on the activity programme. Residents have the opportunity to feedback on the activity programme through monthly resident house meetings facilitated by the house leads and activity coordinators.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans are evaluated by the registered nurses within three weeks of admission. The electronic long-term care plans have been reviewed for long-term residents who had been at the service six months or earlier for change in health. There are documented multidisciplinary team reviews that include input from the GP, physiotherapist, occupational therapist house lead and home support staff. Evaluations identify if the resident/relative goals are met or identify progression towards meeting unmet goals. The resident/family are involved in the review process. There is at least a three-monthly review by the GP.</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>The service facilitates access to other medical and non-medical services. Referral documentation is scanned onto the resident electronic files. The nurses initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs and responded to in a timely manner. Referrals and options for care were discussed with the family as evidenced in medical consultation notes and progress notes. Examples of close liaison with geriatrician, dietitian, physiotherapists, podiatrist, mental health service for the older person, occupational therapist, were sighted in resident files reviewed.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are</p>	FA	<p>There are implemented policies in place to guide staff in waste management generally and within the houses. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available for staff at the main chemical dispensing unit (locked room within the administration building). Chemicals bottles sighted were labelled correctly and stored safely in each house in the laundry in the cupboard under the tub. Staff have completed chemical safety training. Safety datasheets are available on</p>

<p>protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>the laundry of each house.</p> <p>Home staff were observed wearing personal protective clothing while carrying out their duties.</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 facility (includes the 13 houses) has a current building warrant of fitness dated 23 November 2021. The maintenance person (interviewed) is employed full-time and responsible for maintenance and gardens. A maintenance book is in the administration block, requests are addressed daily and signed off as completed. There is a planned maintenance schedule. Electrical testing and tagging have been completed and resident related equipment was calibrated in July 2021 including hoists, electric beds, and weigh scales. Hot water temperatures in each house in resident bathrooms are monitored monthly and records demonstrate these are maintained below 45 degrees. Essential contractors are available 24 hours.</p> <p>The individual houses are easily accessible with flat paved entrance ways and pathways between each house. Residents using mobility aids have access to safely designed external areas that have seating and shade.</p> <p>All the houses are located within a large village setting with a safe boundary fence. The main entrance to the facility is at the front of the administration building where rest home and hospital residents can exit and enter freely. Dementia care residents are free to wander throughout the village to the shop, visit other houses and walk along the pathways. They are monitored (by wrist watch alarm) which alerts when they are near the main entrance. Security lights are fitted throughout the village</p> <p>Staff stated they had 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</p>	<p>FA</p>	<p>All houses have communal toilet/shower facilities. Two houses have two rooms with a shared ensuite. One of the houses (number 12) with hospital level residents has a large shower room that accommodates a shower trolley that is in use for one resident. Toilets and showers have privacy systems in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p>

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	All resident rooms in the houses are single and are of an appropriate size to allow rest home, dementia, or hospital level of care. The rooms are individually decorated and personalised with resident belongings and adornments. There is sufficient space for the safe use and manoeuvring of mobility aids including a hoist if required.
<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	Each house is designed and furnished around a theme. There are five Middle NZ houses, one Contemporary, one Classic, three Minimalistic, one Cultural, one Country and one house Country/Minimalistic. Each house has a dining room and lounge and a kitchen spacious enough for residents to participate in baking/cooking. Each house plan, décor and furnishings are set out differently and reflects the lifestyle of the home and residents within the house. The communal areas are easily and safely accessible for residents. The shop has a small library nook and tea/coffee making facilities that is accessible to residents/families. Activities can occur around the dining table, in the lounge area or outdoor areas in the summer.
<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 is a schedule of cleaning and laundry duties sighted in the house directory of each house. All linen and personal clothing is done by home lead/support staff in each house. The laundry area has sufficient space to accommodate the washing machine and dryer to complete laundry duties. Each house has line drying available. Large items such as duvets/blankets are sent for commercial laundering. The laundry's also store cleaning equipment, which are secure.</p> <p>Wet floor signs were visible, and floors mopped at a time when residents were either resting or at a group entertainment. Home support staff record duties completed in the communication diary. The chemical provider monitors laundry and cleaning process and there are three monthly internal audits completed. There is access to chemicals through a closed system mixing system. Home support staff competing cleaning duties were observed to be wearing plastic aprons and gloves. Laundry and kitchen temperatures are monitored monthly by the maintenance person.</p> <p>Residents and relatives interviewed were satisfied with the standard of cleanliness in the houses and the laundry service.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security</p>	FA	There are emergency and disaster policies to guide staff in managing emergencies and disasters. All registered nurses and house leads are first aid trained. The facility (that includes the houses) all have

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>individual fire evacuation plans that have been approved by the fire service. Each house has fire evacuation instructions and exit signs displayed. Fire drills are held six-monthly.</p> <p>There are civil defence supplies available in the event of an emergency. Each house and the administration building (including the nurse's hub) have emergency power back up and emergency lighting is in place. There is at least three days of food items held in the shop for the village. Gas barbeques are available in the event of a power failure. There is a main water tank (25,000 litres) on-site with pump access, and there is bottled water stored in each house. Staff described the process around monitoring residents in the event of a power failure.</p> <p>The CARE Village technology policy describes the technology used at the village. Residents wear pendent call bells that are linked to the call centre in the nurses' hub and alarm on the portable phones carried by RNs and house leads.</p> <p>Residents at dementia level of care wear wrist watch pendants. When the resident is near the main exit doors of the village, the watch sends messages to RN/village coordinator phones and the nurses hub monitoring system. There are two automatic doors (internal and external) at the main entrance. The internal door does not open until the external door has closed and vice versa.</p> <p>The front doors of the houses are not locked at night as the whole facility is secure at night. There is a CCTV system installed and placed in strategic locations across the village grounds and strategically outside the village. These cameras are cabled back to the nurses' hub and reception monitoring system for live and historical viewing. Motion sensors in hallways and front doors at night activate the call system, which alerts home staff and RNs of any residents wandering. A wireless bed exit monitoring system is used for residents that are assessed as a high falls risk. Security lighting is installed throughout the village.</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>The houses have central (HRV) heating, which is controlled from the administration building. There is ventilation with extractor fans in bathrooms and opening windows and doors. All bedrooms and communal areas and corridors have large external double-glazed windows allowing natural light into the house. Residents and relatives interviewed confirmed the houses were maintained at comfortable temperatures.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed</p>	FA	<p>An RN fulfils the role of infection control coordinator and responsibility for infection control is described in the job description. The infection control nurse oversees infection control for the facility, reviews incidents, and is responsible for the collation of monthly infection events and reports. The infection control</p>

<p>environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>programme and policies are based on the Bug Control suite of policies and procedures.</p> <p>The facility has a COVID/Pandemic plan in place and appropriate amounts of PPE on hand. During Covid the service held week meetings with the team to check policies, procedures, and service readiness, including practicing donning and doffing.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the houses and Covid scanning and/or manual sign in is mandatory. Residents are offered the annual influenza vaccine. There have been no outbreaks in the previous year.</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>There are adequate resources to implement the infection control programme. The infection control coordinator liaises with the clinical lead in addition to information being shared as part of staff meetings and also as part of the registered nurse meetings. The infection control nurse has completed annual training in infection control.</p> <p>External resources and support are available through an external specialist, microbiologist, GP, NP, wound nurse and DHB when required. Overall effectiveness of the programme is monitored by the facility management team and documented through an annual review and monthly meetings.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<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. The policies have been developed by Bug Control.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control nurse along with the administrator are responsible for coordinating education and ensuring staff complete training available as part of the annual training program. Training on infection control is included in the orientation programme. The infection control coordinator has also completed infection control audits. Resident education occurs as part of providing daily care and as applicable at resident meetings.</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>	<p>FA</p>	<p>The policy describes and outlines the purpose and methodology for the surveillance of infections. Identifying infections (for surveillance purposes) document, provides a link to surveillance data gathered. The IPC coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service has commenced gathering data for internal benchmarking purposes across the houses to identify themes/trends.</p> <p>Effective monitoring is the responsibility of the infection control nurse. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. There is close liaison with the general practitioners that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. Review of the infection control statistics documents a fall in the total infection rate over time. Infections are reported to all staff and the board by type and by house.</p> <p>A monthly report is provided to all houses in relation to infection control feedback.</p> <p>There have been no outbreaks since opening.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint/enabler policy and procedures include the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.2. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented, and implementation is reviewed through the monthly clinical meetings. Interviews with the staff evidenced a good understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, there were ten residents assessed as needing restraint for safety. There were three residents with enablers in the form of lap belts in wheelchairs. All enabler use was voluntary and consented. Use of monkey bars and bed loops are also monitored. Three resident files of residents using an enabler were reviewed. The enabler consent and assessment form were completed and signed. The care plan identified the enabler use and risks were documented.</p>

<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	<p>FA</p>	<p>The restraint coordinator is a registered nurse and has a job description which includes responsibilities and accountabilities. The restraint coordinator interviewed understood the role and his accountabilities. All staff complete mandatory restraint training. The process from assessment and approval is described in the policy. The restraint coordinator checks and reviews all restraint assessments. There are clear guidelines for the use of emergency restraint should these be required.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	<p>FA</p>	<p>Suitably qualified and skilled staff, in partnership with the resident and their family/whānau, undertake assessments.</p> <p>Restraint assessments are based on information in the care plan, resident discussions and on observations of the staff. Files were reviewed of three residents identified as requiring restraint on the restraint register. The files reviewed included a restraint assessment tool. The assessment identified alternatives tried and those listed in 2.2.2.1. The care plans were up-to-date and provided the basis of information in assessing the risks of safety and the need for restraint. Ongoing consultation with the resident and family/whānau is also identified and consents documented. InterRAI assessments identified potential risks and need for restraint.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>There are approved restraints documented in the policy. The policy also describes potential restraints used in The CARE Village as per their mixed model of care including environmental restraint, the use of wrist watches, emergency restraint and the self-opening doors at reception. There were no residents requiring environmental restraint and no residents currently on emergency restraint. The service has an approval process (as part of the restraint/enabler policy and procedures) that is applicable to the service. The approval process includes ensuring the environment is appropriate and safe.</p> <p>A restraint register is in place, which is currently up to date and includes the ten residents requiring restraint in the form of bedrails, and four residents using enablers. The three resident files reviewed refers to specific interventions or strategies to try (as appropriate) before use of restraint. The care plans reviewed identified interventions to manage risks and required monitoring. Restraint use is reviewed at four weeks, then through three-monthly evaluations, monthly clinical meetings, and six-monthly care plan reviews and</p>

		multidisciplinary (MDR) meetings and includes family/whānau input.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluation has occurred three-monthly as part of the ongoing reassessment for the resident on the restraint register, monthly clinical meetings, and six-monthly care plan reviews and multidisciplinary (MDR) meetings which includes input from the physiotherapist, occupational therapist, GP, and the family. Evaluation timeframes are determined by risk levels.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	Restraint usage throughout the organisation is monitored regularly through the quality meeting and through the internal auditing programme  Individual approved restraint is reviewed at least monthly through data collation, the restraint meetings and as part of restraint evaluations. Restraint monitoring is also documented in process notes, restraint log document and handovers. Monitoring charts are maintained on the electronic system as instructed by the care plan interventions.

## 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

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

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

If, instead of a table, 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 1.1.4.3</p> <p>The organisation plans to ensure Māori receive services commensurate with their needs.</p>	CI	<p>The resident population includes 12 residents who identify as Maori or have a connection to Te Ao Maori. The service has philosophy that includes that Kaumatua are taonga and that it is a privilege to provide care and support. Staff interviewed described a Kaupapa Maori approach to care and grow staff understanding of this cultural approach.</p>	<p>The service established a Maori leadership team who lead staff and provide advice on Maori matters. Two staff members are the champions for this team, and they are supported by local kaumatua. The service has a dedicated cultural house where five of the six residents identify as Maori. The house services as the centre for cultural activities to which all are invited. Activities and cultural event shave included poi making, tapeka making, Matariki celebrations, kapa haka groups hangi and monthly 'boil ups. The cultural philosophy of care has been approved by local Kaumatua and Maori residents and staff. Staff cultural training has included a hui, Ta Ao Maori values, tikanga Maori, and Waiata seminar. All meetings on the day of audit (opening and closing meetings) followed Maori protocol. It was clear that the service has cultural care at the heart of its philosophy. Two residents who identify as Maori and stated that they feel very at home and comfortable in the services. One resident in particular was very proud to describe their whakapapa and others in the house who are part of their Iwi.</p>

End of the report.