

# The Village Palms Retirement Village Limited - The Village Palms

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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).

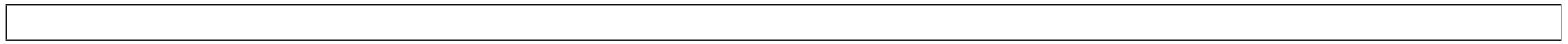
The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	The Village Palms Retirement Village Limited
<b>Premises audited:</b>	The Village Palms
<b>Services audited:</b>	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services – Sensory
<b>Dates of audit:</b>	Start date: 19 August 2021 End date: 17 September 2021
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	63



# 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

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	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 Village Palms Retirement Village Limited (The Village Palms) is one of two facilities owned and operated by three directors of Merivale Retirement Village 2011, one of whom is the main contact for The Village Palms. The regional manager divides their time between the two facilities and is supported at The Village Palms by a nurse manager, both of whom are suitably qualified for their positions. The Village Palms provides rest home and hospital level care and residential disability services for younger people for up to 68 residents. The nurse manager has been in their position for twenty months. There have been no significant changes to the service or facility since the last audit.

This certification audit was conducted over two days a month apart: the first day in August and the second day in September, due to the Ministry's change to Covid level 4 at the end of the first day. The audit was against the Health and Disability Services Standards and the service's contract with the District Health Board (DHB). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, and a general practitioner.

This audit has resulted in no areas identified for improvement and continuous improvement ratings in relation to activities and continual improvement.

## 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.

Information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and the Nationwide Advocacy Service is provided to residents and their families. Staff receive training on the Code at orientation and ongoing. Residents' rights are respected and personal privacy, independence, individuality and dignity are supported. Staff interact with residents in a respectful manner.

There were no residents who identified as Māori at the time of audit. Resources and information are available to enable staff to meet the needs of people from other cultures and respect their values and beliefs. There was no evidence of abuse, neglect or discrimination.

Managers and staff communicate openly with residents and family members and ensure any changes or concerns are promptly conveyed to the relevant people. Staff manage people with communication differences effectively, know how to access interpreter services and take the time needed, especially for the younger people with disabilities. Residents and families are provided with the information they need to make informed choices and give consent.

The service has linkages with a range of health and support services to meet individual needs of residents, including for the younger people with disabilities. Residents access a range of community activities and events.

A complaints register is maintained with complaints resolved promptly and effectively.

## Organisational management

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

Standards applicable to this service fully attained.

The Village Palms has business, quality and risk management plans. These include the vision, care values, goals and strategic direction. Monitoring reports, including the level of services being provided, go to the directors and were regular and effective.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff receive information on the system and feedback is sought from residents and families.

Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified, rated and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## 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.

Access to the facility is appropriate and efficiently managed with liaison evident between the Needs Assessment Service Co-ordinator and the clinical team. Relevant information is provided to the potential resident and their family to facilitate admission to the facility.

The residents' needs are assessed by the multidisciplinary team on admission and within the required time frames. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. The residents' files reviewed evidenced that the care provided, and the needs of the residents are reviewed and evaluated on a regular and timely basis. Residents are referred to other health providers as required. Shift handovers and communication sheets promote continuity of care between the shifts in each of the three units.

The planned activity programme is delivered by one full time diversional therapist and two part time activity staff. The programme provides the residents with a variety of individual and group activities and maintains their links with the community. There is a facility van available for outings.

Medicines are managed according to the policies and procedures which are based on current best practice and consistently implemented. Medications are administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with any special requirements catered for. Policies guide the food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified satisfaction with the meals provided.

## Safe and appropriate environment

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

Standards applicable to this service fully attained.

The facility layout is modern and well-appointed to meet the needs of the different resident groups. It was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. Communal and individual spaces are maintained with processes for reactive maintenance. A number of external areas are accessible, safe and provide shade and seating in summer.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Cleaning and laundry are undertaken by staff and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security of the facility is maintained.

## 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.

The organisation has implemented policies and procedures that support the minimisation of restraint. Two enablers were in use at the time of audit. Use of enablers is voluntary for the safety of residents in response to individual requests.

No restraints were in use, and none have been recorded since the facility opened.

A committee reviews the organisation's restraint processes every two years. Individual care plans for enabler use show assessment, approval and monitoring process with regular reviews occur. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

## Infection prevention and control

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

Standards applicable to this service fully attained.

The infection prevention and control programme, led by an experienced and appropriately trained infection control nurse, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed if required.

Staff demonstrated good knowledge around the principals and practice of infection control, guided by relevant policies and supported with regular education.

Age care specific infection surveillance is undertaken, with data analysed, benchmarked and results reported through to all levels of the organisation. Follow up action is taken as and when required.

Covid-19 related processes are in place to manage change of Ministry Covid-19 response levels.

## 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	2	91	0	0	0	0	0

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

# Attainment against the Health and Disability Services Standards

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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	<p>The Village Palms has policies, procedures and processes in place which meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy.</p> <p>New staff receive training on the Code during their orientation. Additional updates are included in the staff mandatory training programme with the last two sessions provided 7 and 15 May 2021. An attendance record was viewed and confirmed all required staff had attended.</p> <p>In addition to assisting in other aspects of the audit, such as activities and interviews with rest home and hospital residents and family members, the consumer auditor for young people with disabilities interviewed four residents from this group, plus three family members of the younger residents with a disability.</p>
Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are	FA	Nursing and care staff at The Village Palms demonstrated an understanding of the principles and practices of informed consent. Informed consent policies provide relevant guidance to staff. The clinical files reviewed show that informed consent has been gained appropriately using the

<p>provided with the information they need to make informed choices and give informed consent.</p>		<p>organisation's standard consent forms including for photographs and outings. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the residents' records.</p> <p>Staff were observed gaining consent for the day to day care of the resident.</p> <p>Residents on the young people with disabilities contract confirmed staff see their consent, with two suggesting it was a two-way process, as they may need to ask staff permission or approval to do something different.</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>	FA	<p>The admission pack given to new residents includes a copy of the Code written into the information booklet, plus information on the Advocacy Service and contact details. Posters related to the Advocacy Service were displayed in the facility and copies of the Advocacy Service brochure are available from reception. Family members and residents spoken with were aware of the Advocacy Service and their right to have support persons. Staff and the manager informed that any person making a complaint is informed of their right to an advocate. There were no examples of the Advocacy Services having been involved for any issues at The Village Palms.</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>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment. These are often supported by the activities staff or family members. During interviews, residents and family members described trips to shopping malls, the library, bars, restaurants and hairdressers, for example. Younger people with disabilities are clearly encouraged to participate in community, educational and family activities and they spoke of going out with friends and doing whatever they could within their level of ability. Support organisations including the Stroke Foundation, the Parkinson's Society and Dementia Canterbury, for example, provide assistance and information when required.</p> <p>Except for meeting the requirements of government lockdown regulations when required, the facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</p>

<p><b>Standard 1.1.13: Complaints Management</b></p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints/concerns policy and associated form meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so. Forms are available at reception and in the upstairs ward area, as well as a suggestion boxes.</p> <p>The organisation moved to an electronic complaints register in 2020. Review of the register showed 10 complaints had been documented on the new system for 2020 and seven so far in 2021. The register showed the actions taken, through to an agreed resolution, being documented and completed within the timeframes. Action plans showed any required follow up and improvements have been made where possible.</p> <p>The regional manager is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p><b>Standard 1.1.2: Consumer Rights During Service Delivery</b></p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents interviewed confirmed they had been informed about the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) when they were admitted although most said that they would have to re-check the details. All knew where to find the information and how to give feedback. Two of the people interviewed noted that someone from the Advocacy Service comes 'to talk to all the residents every year or so.' Family members confirmed they had read the information about the Code and Advocacy Services in the admission pack (sighted) and staff talked about it.</p> <p>There are framed copies of the Code in both te reo Māori and in English on display on each floor of the facility. Brochures on these topics, copies of the feedback/complaint form and information on how to make a complaint are available at the front reception.</p>
<p><b>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</b></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>Residents and families, including younger people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Residents are encouraged to maintain their independence by engaging in community activities of their choice, which was especially the case for the younger people with disabilities. Several participate in recreation courses or clubs of their choosing with appropriate opportunities for the younger people with disabilities. Care plans included documentation related to the resident's</p>

		<p>abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and at the time education on consumer rights is provided, which is usually on an annual basis.</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 document review included a referenced article on the use of the Meihana framework, a Māori health plan and an ethnicity awareness policy and procedure. The latter two acknowledge Te Tiriti o Waitangi Ministry of Health's Māori Strategic plans. The documents state the organisation will seek to identify the specific needs of a resident who identifies as Māori on admission and will respect these. This was reiterated during on-site interviews with the regional manager, clinical manager and a registered nurse, as was the role of family/whānau.</p> <p>The Te Whare Tapa Wha model is described, and a list of Māori resource providers is available. The managers were familiar with these providers. Information on Te Tiriti o Waitangi and practising in a culturally safe manner are components of the revised staff orientation programme. Staff otherwise receive biennial training on cultural safety and the Treaty of Waitangi, which is supplemented by a cultural safety quiz staff are also required to complete. There was evidence of efforts to train staff on Māori values and beliefs and Te Tiriti o Waitangi in October/November as the previous one was cancelled in August 2021 due to COVID-19 lockdown requirements. A copy of Te Ara Whakapiri Principles and Guidance for the Last Days of Life and the associated tool kit are available. Two registered nurses interviewed were familiar with these documents.</p> <p>There were no Māori residents at The Village Palms at the time of the audit, and none of the managers or staff interviewed could recall ever having had a Māori resident in this facility.</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>Individual's values and beliefs with any specific preferences or interventions required are recorded at the time of admission. These are further explored when the diversional therapist develops the resident's activities plan. Residents verified that they were consulted on their individual culture, values and beliefs and that staff respect these.</p> <p>Resident's personal preferences required interventions and special needs are included in care plans reviewed. Examples are how a young person likes to arrive back late after a night at the local bar and family are pleased staff accommodate this. Another person reported they had family rituals that are honoured by staff. Several other people attend churches off site, which is supported and</p>

		respected. The resident satisfaction survey confirmed that individual needs are being met.
Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	<p>Policy and procedure documents cover discrimination of staff and discrimination and exploitation of residents. These documents also refer to the Nurses' Organisation Code of Conduct. Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The regional manager informed there had been no reports of any breach of professional boundaries and that such behaviours would not be tolerated.</p> <p>The staff orientation programme includes education related to professional boundaries, expected behaviours and the employee Code of Conduct. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p>
Standard 1.1.8: Good Practice  Consumers receive services of an appropriate standard.	CI	<p>The service encourages and promotes good practice through evidence based policies and procedures provided via a quality consultancy. Input from a range of external specialist services and allied health professionals is sought when required and there were multiple examples of this. The general practitioner (GP) confirmed the service seeks prompt medical advice and appropriate interventions are implemented. Staff are responsive to medical requests.</p> <p>A comprehensive education programme is scheduled for all staff. Registered nurses reported they receive management support for external education and to access their own professional networks to support contemporary good practice.</p> <p>Other examples of good practice observed during the audit related to the commitment of the service to operate at varying levels of continuous improvement. Although not all projects have yet reached the initial goal, due to insufficient time or unintended interruptions the good practices around the use of a 'plan, do study, act' (PDSA) cycle are demonstrating continuous improvement.</p>
Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	A range of communication styles were reportedly used with family members or a resident's representative varying from texts, messages, emails and approaching people when they visit. Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was evident in residents' records reviewed and in incident report records. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.

		<p>An interpreter service policy and procedure that includes how to access interpreter services is available. Staff knew how to access interpreter services, although reported this was seldom required. A family member of a resident who does not speak English described the assistance they as a family member provide for key communication such as during illness, or for care plan reviews. It was noted that several staff speak the same language as the resident and these staff willingly assist with day to day communication. Communication cards are used for those with communication difficulties. Some of the younger people with disabilities require additional time to communicate effectively and those interviewed confirmed staff respect this. Staff are trained on how to manage hearing assistive devices and ensure people with hearing aids have these in place or will assist them to position them if required.</p>
<p><b>Standard 1.2.1: Governance</b> The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The Village Palms has a business plan and environmental analysis as well as a quality improvement risk and management action plan. Both plans are dated 2021 and the regional manager stated these are reviewed annually. These outline the vision, care values, goals and strategies to meet the business goals. Two nurse management reports (June and July 2021) to the director showed adequate information to monitor performance is reported including occupancy, staffing, emerging issues and risks.</p> <p>The service is managed by a nurse manager. They have been in the aged care sector for 11 years and in their present position for 20 months. Responsibilities and accountabilities are defined in a job description and individual employment agreement. They are supported in this role by a regional manager who shares their time between two facilities. The regional manager and nurse manager confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency through attending conferences and undertaking ongoing appropriate sector training.</p> <p>The service holds contracts with the DHB for rest home, hospital level care, chronic conditions, respite care and with the Ministry for young people with disability (YPD). Sixty three residents were receiving services on the first day of audit, 41 under contracts (13 rest home, 20 hospital and seven YPD, and one resident with a chronic conditions) and the other residents were private paying, eight rest home level care and 14 hospital level care.</p>
<p><b>Standard 1.2.2: Service Management</b> The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of</p>	FA	<p>When the nurse manager is absent, the regional manager takes on management oversight with the clinical coordinator expanding her clinical responsibilities including agreed delegated authorities. During absences of the clinical coordinator, clinical management is overseen by a senior registered nurse (RN) who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</p>

timely, appropriate, and safe services to consumers.		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The Village Palms has a quality improvement risk and management plan and action plan that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, clinical incidents, including infections, falls, medication errors, skin tears and pressure injuries. Benchmarking occurs with other aged care facilities through an external contracted service. The nurse manager's monthly report details the outcomes of adverse events, complaints, clinical incidents, finance and occupancy.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators with related information being reported and discussed at the management team meeting, heads of departments meeting and staff meetings. Staff reported they were informed of changes and quality and risk management activities. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Six monthly resident satisfaction surveys occur as well as two monthly residents' meetings. Results of surveys and minutes of the meetings showed satisfaction with the service being provided and areas of concern being discussed, actioned and reported back at the next meeting. There are continual improvement activities occurring on a regular basis and these are reflected in this report (Refer criteria 1.1.8.1 and 1.3.7.1)</p> <p>The Village Palms use an external contracted company for policies, procedures, guidelines and benchmarking. Review of the online policies showed they cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. The staff were aware of how to access these.</p> <p>The regional manager and nurse manager described the processes for the identification, monitoring, review and reporting of organisation risks and health and safety risks. The risk registers were reviewed and showed, identification of risk level, development of mitigation strategies, additions when new risks emerge and regular review. Both managers were aware of the Health and Safety at Work Act (2015) and are undertaking further training on the legislation in the next few months. Systems and processes related to health and safety have been implemented.</p>

<p><b>Standard 1.2.4: Adverse Event Reporting</b></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>The organisation moved to an electronic incident management system late last year, for reporting and review of incidents. Staff document adverse and near miss events on an accident/incident form. Over this time, 769 events have been lodged, 375 this year. Incidents that are rated moderate to high risk are escalated to the managers. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported in the nurse manager's report to the regional manager and onto the director, as well as being discussed at all meetings.</p> <p>Both managers described essential notification reporting requirements, including for pressure injuries. They advised there has been one recent notification of significant events made to the Ministry of Health, related to the unavailability of RNs. There have been no external investigations.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></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>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed (clinical coordinator, clinical manager, two RNs, three car givers, cook, service staff) confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation is extensive and is continually reviewed to ensure it meets best practice and feedback from new staff (Refer criterion 1.1.8.1). The programme covers all necessary components relevant to the roles. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review after a three-month and annually. There is an orientation folder for Bureau staff which is to be completed and signed prior to starting their duties.</p> <p>Continuing education is planned for mandatory competencies which are undertaken both annually and two yearly, which take into account the needs of YPD clients. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the DHB. The nurse manager is the internal assessor for the programme and provided a breakdown of the care staff numbers at the different NZQA levels; level 4 – 17, level 3 – five, level 2 – three and level 1 – nine.</p> <p>There are four trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. A further RN with interRAI experience commences the week following the audit. Records reviewed demonstrated completion of the required training.</p>

Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Afterhours the nurse manager is available, with staff reporting that good access to advice is available when needed.</p> <p>Registered nurses (RNs) are on duty each shift, 24/7. The number of RNs has previously been reduced and the nurse manager and clinical coordinator, who are RNs, have been undertaking work on the floor. This has now been relieved by the employment of three RNs, although they continue to advertise for a night RN, with this presently being covered by Bureau RNs.</p> <p>Care staff reported they work in teams and support each other to complete the work allocated to them. Where the workload increases above the set patterned roster a 'floating' caregiver is added to the roster. The organisation continues to advertise for caregivers.</p> <p>Residents and family interviewed reported no issues with staffing levels. Observations and review of six weeks of the roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. All RNs and some care staff have current first aid certificates.</p>
Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Records are legible with the name and designation of the person stamped beside the entry.</p> <p>Archived records are held securely on site and are readily retrievable. Resident's records are held for the required period of time before being destroyed. No personal or private resident information was on display during the audit.</p>
Standard 1.3.1: Entry To Services  Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	<p>Residents are admitted to The Village Palms following assessment from the Needs Assessment Service Co-ordinator (NASC), as requiring the levels of care that The Village Palms provides. Prospective residents and their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. The organisation seeks updated information from the NASC and GP for residents accessing respite care. All residents prior to admission have a COVID-19 screen and the facility are guided by MOH guidelines.</p>

		Family members interviewed stated that they were happy with the admission process and the information that had been provided to them. Files reviewed contained the completed demographic information, assessments, and signed admission agreements in accordance with the contractual requirements.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort provided as appropriate. The service uses the CDHB "Yellow Envelope" system to facilitate the transfer of resident's information to and from acute care settings.  There is open communication between the service, residents and their families. At the time of transition between services, appropriate information including medication records and the care plan are provided for ongoing management of the resident. All referrals are documented in the progress notes.
Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The Medication Management Policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.  A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed, demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.  Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. An RN and carer check the medications against the prescription, then sign and date each blister pack. All medications sighted were within current use by dates. Clinical pharmacist input is provided as required.  Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. Controlled drugs are signed in and a pharmacy check is carried out every six months and this was evidenced in the controlled drugs register.  The records of temperatures for the medicine fridge were reviewed and were within the recommended range. The medication room also had temperature checks taken at the time of the audit.  Good prescribing practices were noted. These included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re

		<p>nata (PRN) medicines met. The required three-monthly GP review was consistently recorded on the medicine chart. There are no standing orders or verbal used as all charting of medications is electronic.</p> <p>Vaccines are not stored on site. The required COVID-19 vaccines have been given to both staff and residents with the exception of those who did not want to be vaccinated.</p> <p>For those residents and YPD residents' self-administering medications these are stored in a safe in the resident's room after the resident has been assessed by the GP as competent to do so. This is re-assessed every three months.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	<p>The food service is provided on site by a qualified chef and kitchen team and is in line with recognised nutritional guidelines for older people. There is a summer and winter menu; the winter menu was in use. This was reviewed by a registered dietitian in July 2021 with a few suggestions and no recommendation.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Christchurch City Council. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. All staff involved in the food service have undertaken a safe food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are documented and are available to the kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of encouraging resident to be independent with meals was sighted in a quality improvement initiative with a salad bar being available for lunch (Refer criterion 1.1.8.1). Residents expressed satisfaction with meals, and this was verified by family interviews, satisfaction surveys and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p>
Standard 1.3.2: Declining Referral/Entry To Services  Where referral/entry to the service is	FA	If a referral is received, but the resident does not meet the entry criteria, there are no vacancies, or the referral has been declined from the service due to inappropriate referral from the Needs Assessment Services Co-ordinator (NASC), there is a process in place to ensure that the

<p>declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>		<p>prospective resident and family are supported to find an appropriate level of care. If the needs of the resident change and they are no longer suitable for the services offered a referral for reassessment is made to NASC and a new placement is found in consultation with the resident and the whanau/family. Examples of this occurring were discussed with the clinical manager.</p> <p>There is a clause in the access agreement related to when a resident's placement can be terminated.</p>
<p><b>Standard 1.3.4: Assessment</b> Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>On admission, residents of The Village Palms are assessed using a range of nursing assessment tools, such as pain scale, falls risk, skin integrity, cognition and behaviour, nutrition, activities, physiotherapy, dietitian, to identify any deficits and to inform initial care planning. Within three weeks of admission, residents (except for respite, ACC and YPD residents) are accessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI tool, in conjunction with additional assessment data, occurs every six months or more frequently as residents changing conditions require.</p> <p>Those long term residents not being assessed using the interRAI assessment tool have clinical assessments to inform care planning. These are reviewed every six months or if the resident's needs change. Interviews, documentation, and observation verified the RNs are familiar with requirements for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing needs.</p> <p>All residents have current interRAI assessments completed by one of the trained interRAI assessors on site. InterRAI assessments are used to inform the care plan.</p>
<p><b>Standard 1.3.5: Planning</b> Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans at The Village Palms are computerised. When reviewed they reflected the support needs of the residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular, the needs identified by the interRAI assessments were reflected in the care plans reviewed. Young People with Disability (YPD) residents needs were well met this was evidenced in the care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and family/whanau reported participation in the development and ongoing evaluation of care plans.</p>

Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	<p>Documentation, observations and interviews with residents and families verified that the care provided to the residents was consistent with their needs, goals and plan of care. The attention to meeting a diverse range of residents' needs was evident in all areas of service provision.</p> <p>The GP interviewed confirmed that medical orders are carried out in a timely manner and staff are very proactive at contacting the GP should a resident's condition change. Care staff confirmed that care was provided as outlined in the documentation.</p> <p>A range of equipment and resources were available and suited to the levels of care provided and in accordance with the resident's needs.</p>
Standard 1.3.7: Planned Activities  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.	CI	<p>The activity programme is coordinated by a full time diversional therapist and two part time activity coordinators, who plans to undertake relevant training. Monthly calendars for both rest home and hospital level care residents showed diverse and busy programmes based on holistic approaches are implemented. Activities are planned according to the preferences of the residents, and this was evident in the residents' meeting minutes. A separate 'pandemic lockdown' programme implemented during level three and four lockdowns was also viewed.</p> <p>Individual activities are personalised and integrated into the programme, as are varied group outings and events. The young people with disabilities are supported to be as independent as they choose and those interviewed described their daily schedules, which demonstrated good community involvement according to personal preferences. Residents and family interviewed provided positive feedback about the activity programme at The Village Palms, which they said had fallen back for a while earlier in the year but is now back on track and much more interesting than previously.</p> <p>As noted in Standard 1.1.8, Good Practice, The Village Palms has focused on developing two specific activity related programmes for which the plans and reviews are demonstrating continuous improvement processes are reaping positive results. One of these relates to community participation and integration and another to improving family involvement. Outcomes to date are demonstrating that family relations and involvement is increasing. Also, the residents' input into community work is not only progressively advantaging community organisations, but also using, maintaining and developing residents' skills in meaningful ways. Hence a continuous improvement rating has been allocated for this standard.</p>

<p><b>Standard 1.3.8: Evaluation</b>            Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Resident care is evaluated each shift and reported on in the progress notes. If any change is noted it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six monthly interRAI/clinical reassessment or as the residents' needs change. Evaluations are documented by the RN. Where progress is different from that expected, the service responds by initiating changes to the plan of care.</p> <p>Short term care plans are consistently reviewed for infections, pain, weight loss, and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans, were evaluated each time the dressings were changed. Residents and families/whanau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p><b>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</b>            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>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has two main medical providers, residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in the residents' files, including to the tissue viability nurse. The resident and the family/whanau are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as ringing an ambulance if the situation dictates.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b>            Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Policies and procedures are in place for staff to follow for the segregation and management of waste, infectious and hazardous substances. External contractors remove waste and recycling from the premises and the storage bins were sighted being stored safely. Appropriate Hazchem signage is displayed outside the bulk oxygen storage room. Oxygen cylinders were not being stored securely, but this was amended during the audit.</p> <p>No large quantities of chemicals are stored onsite. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant staff training. This was confirmed by staff interviewed in the laundry, kitchen and household services. Safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. Spill kits were sighted.</p> <p>There is provision and availability of protective clothing and equipment and staff described how and when they would use them. Gloves were observed being used appropriately.</p>

Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	<p>A current building warrant of fitness due to expire on 1 November 2021 was publicly displayed. Monthly checking in relation to the warrant were being undertaken.</p> <p>Systems are in place for preventative maintenance and checking of equipment on a regular basis by maintenance staff and the nurse manager. This is to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment is carried out inhouse and calibration of bio medical equipment by an external contractor at the local DHB. These were current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. The environment was hazard free. Wide corridors and appropriate flooring to ensure residents' safety and independence was promoted.</p> <p>There are a number of external areas being safely maintained and they were appropriate to the resident groups including YPD and setting.</p> <p>Maintenance request books are in two areas and staff confirmed they know the processes they should follow if any repairs or maintenance are required. Review of one book showed some requests were still to be actioned, but reasons for delays were explained by the maintenance staff. Residents and family members were happy with the environment.</p>
Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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.	FA	All rooms have ensuite facilities with additional toilets available around the village. Separate shower and toilets are available for staff and toilets for visitors. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence.
Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group	FA	<p>All rooms are single with a variety of sizes, including care suites, and studio rooms. A selection of rooms of all types were visited. All had adequate personal space provided to allow residents and staff to move around within their bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheelchairs and mobility scooters. Residents and family</p>

and setting.		members were positive about their bedrooms.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	Multiple communal areas are available for residents, including YPD, to engage in activities in large or small groups as well as smaller private areas. Residents were observed using these areas including a room set up as a bar. The dining and lounge areas are spacious and enable easy access for residents and staff. Furniture is appropriate to the setting, well maintained and meet the residents' needs.
Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	<p>Laundry is undertaken on site in a dedicated laundry. Some family members request relatives' laundry be done here. Care staff and dedicated laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents' meeting minutes and those residents interviewed reported the laundry is mostly managed well, and there is a cupboard with unmarked clothing which residents and family members are asked to look at to find owners.</p> <p>There is a small designated cleaning team who have received appropriate training. These staff undertake chemical and cleaning process training, as confirmed in interview of cleaning staff and review of training records. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored through the external chemical company.</p>
Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations.	FA	<p>The Village Palms have undertaken a process to review their emergency planning for Covid-19 as well as other emergency situations. They have guidelines for emergency planning, preparation and response, which takes into account the needs of their YPD residents. These were displayed around the various areas and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire and Emergency Service on the 1 November 2017. Trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on June 2021. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, torches, mobile phones and gas BBQ's were sighted and meet the National Emergency</p>

		<p>Management Agency recommendations for the region. Water storage tanks are located around the complex. The director has a generator stored off site which would be brought on if required.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed if an issue is identified. Residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time by the evening RN who also carries out checks around the premises. Closed circuit television shows visitors approaching the front door and staff can speak to them prior to opening the door from the nurses' office.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents' rooms and communal areas are heated by a hot water system and ventilation is by opening windows. The temperature seemed overly warm on day one of the audit and remarked upon by some residents. The regional manager stated that the plumber has been and assessed the heating system and modifications made. Day two of the audit it was noted that the areas visited were at a more comfortable temperature. Temperatures of rooms are monitored. Rooms have natural light, opening external windows and care suites have doors that open out onto the garden.</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>The Village Palms provides a managed environment that minimises the risk of infection to residents, staff and visitors through the implementation of an appropriate infection prevention and control (IPC) programme. The programme is guided by a comprehensive and current infection control manual with input from the nurse manager and the clinical coordinator.</p> <p>The nurse manager is the designated IPC co-ordinator. Infection control matters including surveillance results are reported monthly to the regional manager who reports to the director and board. They are also reported at the monthly infection control meeting which is incorporated with the head of department meetings. The minutes are available for staff to read.</p> <p>Signage at the main entrance to the facility requests anyone who has been unwell in the past 48 hours not to enter the facility along with up to date Ministry of Health (MOH) information on COVID-19 and the accepted practices when entering the facility. The infection control manual also provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood their responsibilities.</p>

<p><b>Standard 3.2: Implementing the infection control programme</b></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>The infection control nurse (ICN) has the appropriate skills and knowledge for the role. Additional support and information can be accessed from the infection control team at the Canterbury DHB (CDHB), the community laboratory, the GP and the public health unit, as required. The clinical coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. There was a respiratory outbreak last year which affected 18 residents. Continued monitoring shows a total of five respiratory infection this year, so far.</p> <p>The service follows the MOH and CDHB guidelines regarding COVID-19 during alert levels. At Alert level 4, all admissions that come from hospital are self-isolated for two weeks and there are no admissions from home.</p> <p>The ICN confirmed the availability of resources to support the programme and any outbreak of an infection.</p>
<p><b>Standard 3.3: Policies and procedures</b></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>	FA	<p>The IPC policies reflected the requirements of the IPC standard and current accepted good practice. Policies are reviewed annually and include the appropriate referencing. Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand-washing technique and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers are distributed around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p><b>Standard 3.4: Education</b></p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Interviews, observation and documentation verified staff have received education on infection prevention and control at orientation and in ongoing education sessions. Education is provided by a suitably qualified IPC coordinator. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of attendance is maintained. When an infection outbreak or increase in infection incident has occurred there is an "outbreak" folder for each department which specifies what needs to be done in accordance with current best practice. This was implemented following a respiratory outbreak last year.</p>
<p><b>Standard 3.5: Surveillance</b></p>	FA	<p>Surveillance is appropriate to that recommended for long term care facilities and includes</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>infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, respiratory tract and skin infections. When an infection is identified, a record of this is documented in the resident's clinical record. The IPC coordinator reviews all reported infections, and these are documented. New infections and any required management plans are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff at staff meetings and during shift handovers. A good supply of personal protective equipment was available and The Village Palms has processes in place to manage the risks imposed by COVID-19.</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>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The clinical coordinator is also the restraint coordinator and provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures, practice and their role and responsibilities.</p> <p>On the day of audit, no residents were using restraints. No one can remember restraint ever being used in the facility. Two residents were using enablers, which were the least restrictive and used voluntarily at their request. This was confirmed in the residents' files and one of the residents spoken with. A similar process is followed for the use of enablers as is used for restraints.</p> <p>There was evidence of the organisation reviewing the restraints and enablers to be used, in the restraint approval group minutes. Two residents' files reviewed showed ongoing regular review of the use of the enabler by the multidisciplinary team and family member being involvement.</p>

## **Specific results for criterion where corrective actions are required**

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

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

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

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

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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
Criterion 1.1.8.1  The service provides an environment that encourages good practice, which should include evidence-based practice.	CI	<p>A quality improvement risk and management action plan, which responds to a section of the business plan on quality improvement projects is available and being regularly reviewed. Quality improvement projects at various stages of development are described within this document. The manager noted that each project is intended to improve the lives of the people they support. Examples of the projects are outlined below:</p> <p>1. The orientation programme for new staff has been revised. Reviews showed that the programme is now at version five and there is positive staff feedback in formal evaluations. The processes used demonstrated continuous improvement, however the reviews have yet to relate the improvements to gains for residents.</p> <p>2. A resident-led ‘resident technology group’ intended to improve residents’ skills in the use of applications, such as Messenger and Skype was established. The group is successful in itself, but remains small and the latest review noted the need for additional promotion of it. A positive outcome is that an expert pianist among the residents now wishes to offer their skills to teach others how to play the piano.</p>	<p>Quality improvement processes are an integral part of the service provider’s business plan and quality and risk management system. Continuous improvement is evident in the good practices around the integration of mostly resident-focused quality improvement projects into a range of aspects of service delivery. Each is planned, systematically implemented and the ongoing reviews demonstrated progress and improvements at varying levels are occurring.</p>

		<p>3. A 'Help Me to Help You' challenging behaviour model is being implemented. The resident, family and staff collaboratively identify strategies to de-escalate potential agitation. The issues and strategies are recorded into a graphic placed inside the person's wardrobe for staff to see interventions at a glance. Reports confirmed it is working exceptionally well and more residents are being included. To date, subjective feedback suggests earlier interventions and reduced levels of agitation are being recorded.</p> <p>4. A living and growing document has been developed for a project related to the ongoing review of clinical quality indicators, aspects of service delivery and services such as maintenance. Further development is needed, although progress is under way and reviews occurring.</p> <p>5. Two activity related projects are overtly demonstrating ongoing continuous improvement with clear advantages for residents and are further described in Standard 1.3.7 Planned Activities.</p> <p>6. As a result of resident feedback, a fruit and salad bar was made available to residents from January 2020. This has worked well and has now become embedded as a regular service feature in the dining experience of residents. The reviews suggest it has increased residents' independence and increased healthy diet options.</p>	
Criterion 1.3.7.1  Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.	CI	<p>Two specific activity related approaches are demonstrating positive and commendable outcomes. One of these is the manner in which the organisation is working alongside Plunket and other community organisations. A successful food bank initiative with full resident involvement was planned and implemented. This resulted in one hundred food parcels being distributed to families in need following the COVID-19 lockdown in 2020. This has since progressed to supporting Plunket by organising a book/DVD/CD/jigsaw sale for December 2021. Ongoing reviews demonstrated how a group of residents have become increasingly involved in accessing, collating, sorting and pricing items with a computer record maintained. Children's books are donated to Plunket families. Donations are increasing, a venue for the sale day organised and an air of excitement about it was evident. Reports of increased self-esteem and residents feeling they are doing something worthwhile were provided by staff and a resident interviewed.</p> <p>The second project was implemented with the intent of families getting to know</p>	<p>Family contact and involvement is progressively increasing, and inter-family relationships are developing as a result of a focused continuous improvement project. Similarly, continuous improvement is evident via implementation of community participation and integration strategies that are enabling residents to use, improve and maintain skills whilst advantaging community organisations.</p>

		<p>one another, other residents and the staff better. Monthly events are planned and coordinated with a social night in May, a Quiz night in June and a disco night in July. A 'fish and chip/Kiwi' night scheduled for August was cancelled but the disappointment was so great that contingency plans are in place should event restriction numbers still be in place. Success is measured by feedback, attendance and participation. All three aspects have been positive, additional ideas coming through, people arranging outings separate to those on site and families more involved with their family member/resident.</p>	
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End of the report.