

Olive Tree Holdings Limited - Olive Tree Rest Home

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: Olive Tree Holdings Limited

Premises audited: Olive Tree Rest Home

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: 7 October 2021 End date: 8 October 2021

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 50

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Olive Tree is part of the Arvida aged care residential group. The service provides hospital (medical and geriatric) and rest home level care and dementia care for up to 51 residents. On the day of audit, there were 50 residents in total. The residents, relatives and general practitioner commented positively on the care and services provided at Olive Tree Rest Home.

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

There is a quality and risk management system. There is a business continuity plan in preparation for any risks related to Covid-19. Residents, families, and the general practitioner interviewed commented positively on the standard of care and services provided.

A village manager is supported by a care services manager, both have been in their roles for six years.

The interior spaces have been fully refurbished including new window furnishings, painting, and furniture since the last audit.

This audit identified a shortfall related to care documentation.

The service is also awarded a continuous improvement rating related to community engagement.

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.

Staff at Olive Tree Rest Home strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights (the Code). Residents' cultural needs are met. Policies are implemented to support residents' rights, communication, and complaints management. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

Organisational management

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

Standards applicable to this service fully attained.

The quality and risk management programme includes service philosophy, goals, and a quality/business planner. Meetings are held to discuss quality and risk management processes. Residents/family meetings are held regularly, and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported. Falls prevention strategies are in place that includes the analysis of falls incidents. An education and training programme has been implemented with a current training plan in place for 2021. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed in electronic resident records demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist and wellness leader coordinate and implement an interesting and varied activity programme. The programme includes community visitors and outings, entertainment and meaningful activities that meet the individual recreational preferences for rest home, hospital, and dementia level of care residents.

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

Safe and appropriate environment

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

Standards applicable to this service fully attained.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mix of bedrooms with ensuites. All rooms have hand basins and there are adequate numbers of communal toilets/showers with privacy locks. Rooms are personalised. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

Restraint minimisation and safe practice

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

Standards applicable to this service fully attained.

Olive Tree has restraint minimisation and safe practice policies and procedures in place. Staff receive training around restraint minimisation and the management of challenging behaviour. No residents were requiring restraints and seven used enablers voluntarily to promote independence and safety.

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.

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. A comprehensive Covid-19 response plan is documented and actioned.

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	1	43	0	1	0	0	0
Criteria	1	91	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with fourteen staff (eight caregivers, one clinical lead (RN), one wellness leader (previous maintenance manager), one diversional therapist, one cleaner, one laundry assistant, one kitchen manager) confirmed their familiarity with the Code. Interviews with six residents (five rest home, including young person with physical disabilities, one hospital) and four relatives (two hospital, two dementia) confirmed the services being provided are in line with the Code. The Code is discussed at resident, staff, and quality meetings.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed	FA	Informed consent processes were discussed with residents and families on admission. Eight electronic resident files (four rest home including one younger person and one resident under long-term service chronic health condition (LTS-CHC), two hospital residents and two dementia level of care residents). Written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement (under permissions granted) and signed as part of the admission process. Specific consent had been signed by resident/relatives for procedures such as the influenza and Covid vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as

consent.		<p>applicable for residents assessed as incompetent to make an informed decision. The EPOA had been activated in the two dementia care files reviewed.</p> <p>Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</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>A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer and in each unit. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interviews with staff and residents informed they are aware of advocacy and how to access an advocate. The service provides opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on the resident's family and chosen social networks.</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>	CI	<p>Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, all staff stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/family visiting could occur at any time. There is a support group available for relatives with family members in the dementia unit who meets bi-monthly. The service is awarded a continuous improvement rating related to links with the community to improve understanding of dementia.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission via the information pack. Complaint forms are available at each entrance of the services. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is available. Nine complaints (one in November 2019, and five in 2020 and three in 2021 year to date) have been received at Olive Tree Rest Home since the last audit. The HDC complaint reported at the previous audit has been resolved and there have been no identified issues in respect of this complaint.</p> <p>All complaints reviewed had been managed appropriately with acknowledgement, investigations and responses recorded. Residents and family members advised that they are aware of the complaints procedure</p>

		and how to access forms. Complaints are discussed at staff meetings.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	<p>The information pack provided to residents on entry includes information on how to make a complaint, and information on advocacy services and the Code. This information has been discussed with residents and/or family members on entry to the service. Large print posters of the Code and advocacy information are displayed in the facility. The admission agreement includes information around the scope of services, and any liability for payment for items not included in the scope and the Code.</p> <p>Resident meetings provide the opportunity to raise issues/concerns. The village manager, the care services manager and registered nurse (RN) interviewed described discussing the information pack with residents and family members on admission.</p>
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	<p>The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting residents' privacy and could describe how they manage maintaining privacy and respect of personal property. A policy describes spiritual care. Church services are conducted regularly. Residents interviewed indicated that residents' spiritual needs are being met when required.</p> <p>Eight caregivers interviewed (three rest home, three hospital and two from the dementia unit), reported that they knock on bedroom doors prior to entering and ensure doors are shut when cares are being given and do not hold personal discussions in public areas. All the residents interviewed confirmed that their privacy is being respected. Residents with shared bathrooms have a privacy lock.</p> <p>Resident files reviewed identified that cultural and/or spiritual values and individual preferences were identified on admission with family involvement, and these were documented in the residents' care plan. This includes cultural, religious, social, and ethnic needs.</p>
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural,	FA	<p>There is a Māori health plan and cultural safety policy to guide practice, including recognition of Māori values and beliefs and identify culturally safe practices for Māori. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged. Cultural needs are addressed in the care plan. Links are established with community representative groups as requested by the resident/family. Cultural training is provided for staff.</p> <p>Three residents identified as Māori at the time of the audit. There are staff that also identify as Māori. Discussions with staff confirmed that they are aware of the need to respond to cultural differences and confirmed new residents' spiritual needs and their whānau cultural needs are met with respect and</p>

values and beliefs.		consideration.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The residents' personal needs and values were identified on admission and this information was gathered from previous interRAI assessments and residents, family and/or enduring power of attorney (EPOA). All care plans reviewed included the resident's social, spiritual, cultural, and recreational needs. During interviews, staff described talking to residents during cares and getting to know what is important to them and learning about different cultures and values. Caregivers could describe how they meet the individual needs of residents. Staff receive training on cultural safety and awareness.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	The facility has a staff code of conduct, which states there will be zero tolerance against any discrimination occurring. The abuse and neglect processes cover harassment and exploitation. All residents interviewed reported that the staff respected them. Job descriptions include responsibilities of the position, ethics and code of conduct, advocacy, and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct and house rules.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	The service has policies to guide practice that align with the health and disability services standards, for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Residents spoke positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team. Olive Tree Rest Home has been proactive in implementing the Attitude of Living Well framework within the five pillars (eating well, moving well, resting well, thinking well, and engaging well). The living well model is where the environment, staff and daily routines embrace a holistic approach to helping residents live their best life and stay connected with the community. Small groups of residents are supported within the care communities by decentralised self-led teams of employees that together create a home, nurture relationships, determine their own lives and build community. Residents are encouraged and supported to create a comfortable living space suited to their needs and personal tastes.

Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Residents interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident. Full and frank open disclosure occurs. Incident/accidents forms reviewed had documented evidence of family notification or noted if family did not wish to be informed.</p> <p>Relatives interviewed confirmed that they are notified of any changes in their family member's health status. A residents' and wellness meeting occurs bi-monthly. At this meeting previous meetings are discussed, agenda is followed, time spent on "general business" food and activities are discussed, as well as matters arising from residents.</p> <p>New staff are introduced, residents are informed about staff achievements, incident and infection trend analysis outcomes, complaints and their resolutions, internal audit outcomes and any planned improvements or changes. Any issues arising from the meeting are communicated to staff. Any issues raised from these meetings are investigated by the village manager and there was evidence of implemented corrective actions. Interpreter services are available as required. There are no non-English speaking residents residing at Olive Tree currently. Staff could describe interpreter services should this be necessary for any resident. Staff receive education through the Altura online platform in communication related strategies for residents with hearing and speech impairments.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Olive Tree is owned and operated by the Arvida group. The service provides care for 51 residents. On the day of audit, there were 50 residents in total, 21 rest home level care, including one resident on a long-term chronic health contract (LTCHC) and one younger person with physical disability (YPD); 13 hospital level care residents; and 16 residents in dementia care. All other residents are on the age-related residential care (ARRC) contract. There are 26 dual purpose beds (Camelia wing).</p> <p>There is a village manager who has been in the role for the last six years and has 18 years in aged care. She is supported by an experienced care services manager (RN) who has also been in her role the past six years. The village manager and care services manager are supported by the general manager for wellness and care and the national quality manager.</p> <p>The village manager (non-clinical) reports to the support office on a variety of operational issues and provides a monthly report to the CEO. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement. Olive Tree has a business plan for 2021–2022 that is due for review in May 2022. The village manager records achievements against these plans six monthly and are reviewed by the senior operations team at least annually. Regular meetings are held between the village manager and support office as well as weekly meetings between the village manager, care services manager</p>

		and clinical lead (RN). The village manager and care services manager have completed more than eight hours of professional development in the past twelve months.
Standard 1.2.2: Service Management 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.	FA	In the absence of the village manager, the care services manager is in charge. The clinical lead covers the care services manager if she is absent. Remote support is provided by the national leader for wellness and care and the national quality leader if required. The maintenance person is on call for building related matters.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	There is an implemented quality and risk management system in place at Olive Tree which is designed to monitor contractual and standards compliance. There is a 2021/2022 business/strategic plan that includes quality goals and risk management plans. There is a culture of seeking to review and analyse data to improve resident outcomes. The village manager and care services manager are responsible for providing oversight of the quality and risk management system on site, which is also monitored at organisational level. Interviews with staff confirmed that there is discussion about quality data at staff meetings. Arvida Group policies are reviewed at least every two years. Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement. All staff interviewed could describe the quality programme corrective action process. Restraint and enabler use (when used) is reported within the six weekly RN meetings. Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff, and families. The February 2021 resident/relative satisfaction survey overall result shows customer satisfaction and customer loyalty rate (a net promoter score of 43). There were no immediate improvement areas required from the survey. Resident/family meetings occur two-monthly, and the results of the satisfaction survey have been discussed at the meeting. The service has a health and safety management system that is regularly reviewed. Risk management, hazard control and emergency policies and procedures are being implemented and are monitored by the health and safety committee at the monthly meeting. There are also monthly national health and safety meetings conducted online. The village manager and care services manager are part of the health and safety committee. Hazard identification forms and an up-to-date hazard register is in place through the Mango system. WellNZ assists the service with the ACC Accredited Employers Programme and rehabilitation of injured employees.

		The service had weekly meetings during Covid-19 throughout the alert levels. The hazard register had been reviewed end of September 2021. Falls prevention strategies are implemented including identifying residents at higher risk of falling and the identification of interventions on a case-by-case basis to minimise future falls.
Standard 1.2.4: Adverse Event Reporting 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.	FA	<p>There is an accidents and incidents reporting policy. The care services manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at staff meetings including actions to minimise recurrence. A registered nurse (RN) conducts follow-up of residents. Twelve incident forms (eight hospital and two rest home and two from the dementia unit) reviewed for August and September 2021, demonstrated that appropriate follow-up and investigation occurred following incidents. Neurological observation forms were documented and completed for two unwitnessed falls.</p> <p>Discussions with the village manager and care services manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 incident notification completed since the last audit for resident-to-resident physical aggression (June 2021). There had been one respiratory outbreak reported in July 2021. There was evidence of toolbox meetings and debrief meetings following the essential notifications.</p>
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	<p>There are human resource management policies in place. This includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience, and veracity. Nine staff files were reviewed (one clinical leader (RN), care services manager, four caregivers, one diversional therapist, one kitchen manager, one housekeeper). There is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. A copy of practising certificates is kept. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>Completed orientation is on the Altura online platform, support office keep a schedule of progress on orientation self-learning modules. Staff could describe the orientation programme and two new caregivers confirmed they felt supported through the process. The in-service education programme for 2020 has been completed and the plan for 2021 is being implemented. The village manager, care services manager and RNs can attend external training, including sessions provided by the district health board (DHB).</p> <p>Compulsory training modules included related dementia care related topics, Covid-19 and outbreak management is completed through the Altura learning platform.</p> <p>Staff completed compulsory training sessions through monthly scheduled face to face education sessions or through Altura online training platform. Education includes clinical and non-clinical topics. The training programme is aimed at improving skills and knowledge related to aged care to meet contractual requirements,</p>

		<p>but also topics related to personal development including teamwork, conflict management and communication across cultural barriers. Registered nurses have access to external training, the care services manager completed the Professional Development and Recognition Programme (PDRP) to achieve expert level in Leadership and Management. Registered nurses completed an Arvida Leadership and Development Programme in October 2020.</p> <p>Following the staff engagement survey of 2019 the service identified barriers related to staff attitude toward change that hinder the implementation of Arvida Attitude of Living Well philosophy and practice. An external training company was contracted to provide compulsory training days related to building self-awareness and resilience. Topics included emotional mindset, understanding human behaviour, personal goal setting, personal mastery, cultural awareness, and personal wellness. Staff interviewed confirmed the sessions created empathy for personal differences but also improved their communication to deal with challenging workplace issues.</p> <p>Discussions with the caregivers and the RNs confirmed that ongoing training is encouraged and supported by the service. Eight hours plus of staff development or in-service education has been provided annually. There are ten RNs and nine of them have completed interRAI training.</p> <p>There are 36 caregivers in total with 75% having achieved either National Certificate level 4 (fifteen) and level 3 (twelve). Competencies completed by staff include medication, insulin, wound care, manual handling, hand hygiene, syringe driver and restraint; there was an up-to-date register.</p> <p>There are 14 caregivers and one wellness leader who work routinely in the dementia unit, nine have completed the unit standards required under E4.5 (f) of the Age-Related Residential Care Services Agreement (ARRC) and five are currently enrolled</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>Olive Tree Rest Home policies includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 74 staff in various roles. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The village manager works 40 hours per week from Monday to Friday and are available on call after hours for non-clinical matters. In addition to the village manager, the care services manager works five days a week (Monday to Friday), the clinical lead (RN) works Tuesdays to Saturdays from 10.30 am-7 pm. Her office is next to the care unit (hospital and rest home) nurses' station.</p> <p>The RN on each shift is aware that extra staff can be called on for increased resident requirements. Interviews with staff, residents and family members confirmed there are sufficient staff to meet the needs of residents. The caregivers interviewed stated that they have sufficient staffing levels.</p> <p>There are two rosters:</p>

		<p>The care unit (including Camelia and Dahlia wing) have 13 hospital residents and 21 rest home residents.</p> <p>Morning shifts: There are two RNs on each day in the morning Monday to Sunday (except Saturday) both from 7 am-3.30 pm (also assist across the dementia unit).</p> <p>Three caregivers in morning on longer shifts (7.30 am-3.30 pm; 7 am-3.15 pm x2) and two on shorter shifts (7 am-1.30 pm and 7 am-12 noon).</p> <p>Divisional therapist (assists also in dementia unit) 8 am-4.30 pm Monday - Friday; Wellness coordinator 8 am-4.30 pm Monday - Thursday, Saturday, and Sunday) and Wellness Leader Monday to Friday 9 am-2.30 pm.</p> <p>Afternoon shift: There are two RNs on each shift except Mondays (only one RN) from 3 pm-11.30 pm. There are three caregivers on long shifts (3 pm-11.15 pm), One short shift 3 pm-9.30 pm and one from 11 am-7 pm.</p> <p>There is one RN on night shift supported by one caregiver.</p> <p>The dementia unit (16 residents):</p> <p>Morning shift: There are four caregivers on long shifts from Monday to Sunday 7 am-3.15 pm.</p> <p>There are three caregivers on afternoon shift (two on 3 pm-11.15 pm and 4.30 pm-8.30 pm), a wellness coordinator Tuesday to Saturdays 7 am-3.30 pm; and two-night caregivers 11 pm-7.30 am. Caregivers who have medication administration duties are medication competent.</p> <p>There are separate laundry, household, kitchen, and maintenance staff.</p>
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	All relevant initial information was recorded within required timeframes into the resident's individual electronic record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access and are held electronically, accessible by password only. Care plans and notes are legible. All resident records contain the name of resident and the person completing. Individual resident files demonstrate service integration including records from allied health professionals and specialists involved in the care of the resident.
Standard 1.3.1: Entry To	FA	Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs on the rest home services for long-term rest home, hospital and dementia level of

Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.		care are provided for families and residents prior to admission or on entry to the service. The care services manager or clinical lead screens all admissions to ensure the residents needs can be met. All permanent residents require a written approval for rest home level of care prior to admission. All eight long term admission agreements were signed and aligned with 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	Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exit or discharges to and from the service. Each resident file has an electronic record of admission and transfers.
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	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in the care centre and the dementia care household. Registered nurses' and senior caregivers' complete annual competencies and Altura education. Regular and 'as required' medications are delivered in blister packs. The nightshift RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were no residents self-medicating. A bulk supply stock is checked regularly for stock levels and expiry dates. The medication fridge temperature and medication room air temperature are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening.</p> <p>Sixteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual	FA	All meals and baking are prepared and cooked on site. The food services is overseen by a kitchen manager/chef Monday to Friday 7.30 am to 4 pm. The chef is supported by a weekend cook, two morning kitchenhands and one afternoon kitchenhand. All food services staff have completed online food safety training. The Arvida four weekly seasonal menu is reviewed by the group registered dietitian. The kitchen

<p>food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>manager/chef receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies and diabetic options.</p> <p>The service uses pure foods for pureed/soft meals. High protein snacks are provided and used for weight management. There are nutritious snacks available 24 hours in the dementia care household. The kitchen is adjacent to the main dining room and meals are plated in the kitchen and served to residents in the dining room. Buffet meals are not available during Covid restrictions. Food in bain maries is delivered to the dementia household and satellite kitchen in the studio apartments dining room. Residents may choose to have meals in their rooms.</p> <p>The Arvida group food control plan is valid until 14 December 2021. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, cooling, and reheating (as required), dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored by the chemical provider monthly.</p> <p>Residents provide verbal feedback on the meals through the monthly resident meetings. Resident preferences are considered with menu reviews. Resident surveys are completed annually. Residents and relatives interviewed were satisfied with the meals provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicates directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The RN completes an admission assessment including relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes for seven of eight resident files reviewed. The younger person did not require an interRAI assessment. The outcomes of assessments are reflected in the needs and supports documented in the care plans on the electronic eCase system. Behaviour assessments had been completed for residents with known behaviours. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others form the basis of the long-term</p>

		care plans.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	<p>Resident care plans on the electronic system for all resident files reviewed were resident-focused and individualised. Support needs as assessed were included in the long-term care plans. The eCase programme identifies interventions that cover a comprehensive set of goals including managing medical needs/risks, daily activities of living, transferring and mobility, nutritional, behaviour support plans (link 1.3.6.1), cultural and pastoral plans, and leisure plans. Care plans were current and are updated with any changes to care or health status. Care plans include the involvement of allied health professionals involved in the care of residents in meeting their specific goals around wellbeing. Residents/relatives interviewed confirmed they were involved in the development of the long-term care plan. There was documented evidence of family involvement in the development of care plans.</p> <p>There was evidence of allied health care professionals involved in the care of the resident including podiatrist, dietitian, nutrition clinic, rheumatoid clinic, elder health service, gastroenterology service, wound nurse, and hospice.</p>
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	<p>Residents and relatives interviewed reported their needs and expectations were being met. When a resident's condition alters, the registered nurse initiates a review and if required a GP/NP visit or nurse specialist consultant. Family were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Electronic progress notes record family notifications and discussions.</p> <p>Wound assessments, wound management plans with body map, photos, wound measurements, and evaluations were reviewed on eCase for seven residents with wounds (skin tears, surgical wounds and one pressure injury). There was one hospital resident with a stage 1 pressure injury of the spine on admission to the facility. There is access to the wound nurse specialist at the DHB.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete electronic monitoring charts including personal cares, bowel chart, blood pressure, weight, food and fluid chart, behaviour chart, blood sugar levels and toileting regime. Monitoring around unintentional weight loss was not always documented. Neurological observations had been completed and recorded in general progress notes for unwitnessed falls. Not all progress notes recorded continuity of care or changes in care for the sharing of information between care staff.</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.	FA	<p>The diversional therapist (DT) works 8.30 am to 4.30 pm Monday to Friday and oversees the activity programme within the care centre households/bubbles and the dementia care household. She is supported by a wellness leader who has been in the role one year and works three days a week with flexible hours to meet the needs of the programme. The DT develops the monthly calendar of activities in consultation with the wellness leader, care staff and residents. Activities can also occur spontaneously within households/bubbles. The wellness leader works alongside caregivers to coordinate activities suggested by residents and provide resources required, for example residents suggested getting guinea pig pets and a project is in place building their homes and the residents will go to choose their guinea pigs. The activities are displayed, and all residents receive a copy. Some activities are set; however, the programme allows for flexibility and resident choice of activity. Some activities are integrated such as church services, outings, exercises, housie, movie nights and knit and knatter. There are outings into the community including shopping, cafés, scenic drives, concerts, and weekly visit to the senior citizens club. Canine friends visit weekly. Staff and residents coordinate weekend activities including van trips. There are plentiful resources. The programme has been disrupted due to Covid restrictions.</p> <p>There are several lounges, seating, and activity stations where group or quieter activities can occur. There are plentiful resources readily available. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities. The younger people (YPD and LTS-CHC resident) choose activities they wish to participate in. One-on-one time is spent with the younger persons such as weekly shopping trips, cafés, and coffee.</p> <p>A resident activity assessment and leisure profile is completed soon after admission. Individual leisure plans were seen in resident electronic files reviewed. Leisure plans are evaluated six-monthly and align with the care plan reviews. There are 24-hour clocks in place for each dementia care resident developed in consultation with resident/relative and cares staff. The service receives feedback and suggestions for the programme through household meetings. Meetings are open to families to attend. Annual surveys provided residents and relatives an opportunity to provide feedback on the activities offered. The residents and relatives interviewed were happy with the variety of activities provided.</p>
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	All interim care plans for long-term residents were evaluated by the RN within three weeks of admission. Long-term care plans have been evaluated by the RN six monthly for residents who had been at the service six months. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family is invited to attend the MDT case conference meeting. If they are unable to attend the RN provides the opportunity for family to provide input by phone and they receive a copy of the care plan. Written case conference notes are kept on the electronic system and evidenced resident/relative input. Written evaluations reviewed, identified if the resident goals had been met or

		unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing RN evaluations occur as indicated and are documented within the electronic progress notes.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	The service facilitates access to other medical and non-medical services. Referral to other health and disability services is evident in the resident files reviewed. Referral documentation is maintained on resident files. Discussion with the clinical leader identified that the service has access to a wide range of support either through the GP, specialists, and allied health services as required.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit or auto feed systems. Safety data sheets and product sheets are available. Sharps containers were available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the day of audit. There is a sluice tub located within the laundry (dementia care household) and a sluice room within the dual-purpose household. Personal protective equipment was available including a face visor/shield available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their	FA	The building holds a current warrant of fitness which expires 30 July 2022. There is one full-time maintenance person (available on-call) who is supported by a part-time maintenance assistant. There is a maintenance request book for repair and maintenance requests located in the nurses' station. This is checked daily and signed off when repairs have been completed. There is a monthly and annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. The maintenance person is a qualified electrical tag and tester. Resident hot water temperatures sighted were within the acceptable range. Resident rooms are refurbished as they become

		<p>vacant. The interior of the care centre has been refurbished with new furniture, painting, and window furnishings.</p> <p>The gardening team maintain the gardens and grounds. There is seating and shade available. The dementia care household is a secure unit. It has a safe external walking pathway and gardens with entry/exits into communal lounges.</p> <p>The corridors are wide with rails and promote safe mobility with the use of mobility aids (including lazy boy hospital lounge chairs). Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and outdoor spaces.</p> <p>Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home level of care residents.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All resident rooms are single. Resident rooms in Dahlia household (eight rest home beds) all have hand basins. There are adequate numbers of toilet/showers for communal use and have privacy locks/signs. All dual-purpose rooms in Camelia household (26 beds) have full ensuites. Resident rooms in the dementia care household – Silverfern (17 beds) all have hand basins with three rooms with toilets. There are communal bathrooms/showers within the facility with privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. There is sufficient space in toilet and shower areas to accommodate shower chairs if appropriate.</p>
<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	<p>There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required in the dual-purpose rooms. Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p>

<p>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.</p>	FA	<p>There are two dining areas. The serviced apartment dining room is adjacent to the kitchen and there is a large rest home dining room in the care centre and open plan dining/lounge in the dementia care household. There are several lounge areas and seating alcoves. An activities room has resources available such as arts, crafts, puzzles etc. A family room has a foldout bed and tea/coffee making facilities. The living well hub has a hairdresser room, gym, and shop. All communal areas are easily accessible for residents with mobility aids.</p>
<p>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.</p>	FA	<p>All personal clothing and linen are laundered on site by a dedicated laundry person Monday to Friday 8.30 am – 2.30 pm and from 8.30 am to 1 pm on the weekends. The laundry is located within the dementia care household. The laundry has a defined clean/dirty area with two door keypad entry/exit. There is a clean folding table and linen room. The laundry person labels and distributes clothing as part of the role. There is a small domestic laundry located within the dual-purpose household.</p> <p>There are dedicated cleaning staff that have access to a range of chemicals, cleaning equipment and protective clothing. The cleaners' trolleys were always attended and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The chemical storage cupboard is located within the cleaning cupboard.</p> <p>Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A fire evacuation plan is in place that has been amended by the New Zealand Fire Service is dated 11 April 2018. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted. Fire training and security situations are part of orientation of new staff and include competency assessments. There are adequate supplies in the event of a civil defence emergency including food, two water storage tanks for emergency water supply, bottled water, gas cooking and emergency lighting and power back-up for up to 24 hours. A minimum of one person trained in first aid and CPR is always available. There are call bells in the residents' rooms, ensuites and all communal lounge/dining room areas. Residents were observed to have their call bells in proximity. Staff always carry pagers and external doors are secured at dusk.</p>
Standard 1.4.8: Natural	FA	<p>All bedrooms and communal areas have ample natural light and ventilation. Bedrooms in the dual-purpose</p>

<p>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>		<p>household open out onto patios. There is underfloor heating which is centrally adjusted.</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 infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the quality management system. The hospital registered nurse is the designated infection control coordinator with support and supervision from the care services manager and other members of the infection control team. Minutes are available for staff. Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The Arvida infection control programme has been reviewed annually.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The hospital registered nurse is the designated infection control (IC) coordinator. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC coordinator and IC team; two caregivers, kitchen, cleaning, and laundry representatives, have external support from the Arvida Group support office and the IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available. Staff were observed practising good hand hygiene.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of</p>	FA	<p>Olive Tree Rest Home uses the Arvida group infection control policies and procedures. The policies and procedures are appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies include Covid-19 preparedness, guidelines specific to different alert levels and cleaning procedures include reusable eyewear</p>

<p>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>and cleaning between equipment use.</p>
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. All staff complete infection control education on the Altura system. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in their medical records.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Arvida group infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic data base. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends monthly and annually. Infection control surveillance is discussed at facility meetings and meeting minutes are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives benchmarking feedback from support office.</p> <p>An organisational Covid-19 strategy and pandemic plan was available to staff on site with links to education and associated resources relating to hand hygiene, PPE, and donning/doffing procedures. Covid-19 education was also provided for all residents, including hand hygiene and use of PPE, these details being passed on to families via email, telephone and in writing. During Covid lockdown the service implemented weekly staff briefings which allowed for updates, education, and discussion. All visitors are required to sign in, provide contact tracing information and have their temperature taken upon entry. Visiting during the current alert level 2 is by appointment and staff are still strongly encouraged not to travel to and from work in uniform, having changing facilities provided on site.</p> <p>There has been one respiratory outbreak since the last audit, and this was of short duration, contained and sufficiently managed. Debrief meetings with staff (sighted) followed and included discussions from lessons</p>

		learned.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The service has documented systems in place to ensure the use of restraint is actively minimised. The restraint coordinator (RN) is responsible for oversight of restraint and enabler use. The restraint coordinator reviews restraint and enabler use at RN monthly meetings. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. On the day of the audit there were no residents with any restraints and seven residents using enablers (bedrails and lap belt). The files for the residents with enablers showed that enabler use was voluntary to promote independence and safety. Assessment, consent form and the use or risks associated with the enabler were evidenced in a sample of residents file reviewed. Staff receive training on restraint minimisation and enabler use. The education sessions include managing of challenging behaviour.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Low	Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete electronic monitoring charts including personal cares, bowel chart, blood pressure, weight, food and fluid chart, behaviour chart, blood sugar, toileting regime and neurological observations, however monitoring forms had not been implemented (as directed) for unintentional weight loss. Electronic progress notes had RN entries for hospital residents at least every 24 hours. Progress notes for dementia care residents had caregiver wellbeing entry at least every 24 hours and weekly RN reviews. There were	(i). One rest home resident with unintentional weight loss had not been implemented for weekly weigh (as per dietitian letter) and food and fluid monitoring (as per care plan), (ii) interventions for unintentional weight loss had not been fully implemented for another rest home resident (with undernutrition risk identified in interRAI). (iii). Four of four rest home resident progress notes had RN weekly reviews, however there were no caregiver wellbeing entries at least every 24 hours as per policy.	(i)-(ii) Ensure interventions are implemented for unintentional weight loss. (iii). Ensure progress notes are entered at least every 24 hours and when there are changes

		weekly RN reviews but no caregiver entries in the rest home files.		to health as per policy for rest home files. 90 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.12.2 Consumers are supported to access services within the community when appropriate.	CI	Olive Tree Rest home noticed a lack of knowledge and understanding of memory loss and dementia among family members attending the support groups for people living in the secure unit. The idea for education was seeded at the support group and the service developed and implemented a community education initiative “Understanding and Living	The initiative is a five-week multidisciplinary education programme provided for families, staff, and the wider community, aimed at improving an understanding of physiology of dementia and strategies for improving meaningful interaction when living with memory loss. The project brought together a range of health care professionals (GP, geriatrician, local Dementia Action Group, and providers to provide an education series that is factual, in layman terms and presented in a warm open environment that met the needs of the adult population targeted. Invitations were extended to carers living with a partner with dementia, families with a relative in a secure unit, staff, community groups including retail, supermarkets, police, and transport services. Topics included physiology of dementia, community support available, importance of meaningful activities, nutrition, and mobility needs. The service also developed a video introducing the programme for the Health Quality and Safety Commission New Zealand website. This can be viewed prior to attending the sessions. The popularity of the course is evidenced by the progressively increased numbers (first session was attended by 16 individuals and last session 56). The success is evaluated by the Midcentral Dementia Action Group against the objectives of

		<p>with Dementia.”</p> <p>the National Dementia Action Plan 2020 to 2025.</p> <p>The education contributed to the objectives: supporting people living with dementia and their family/whānau care partners/supporters to live their best possible lives, building accepting and understanding communities and strengthening leadership and capability across the sector.</p>
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End of the report.