

Elmswood Court Lifecare Limited - Elmswood Retirement Village

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:	Elmswood Court Lifecare Limited	
Premises audited:	Elmswood Retirement Village	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 1 February 2022	End date: 2 February 2022
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	66	

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

General overview of the audit

Elmswood Retirement Village is privately owned. The service provides rest home and hospital level of care for up to 79 residents in the care centre and up to 33 rest home level of care residents in the serviced apartments. On the day of the audit there were 63 residents in the care centre and three rest home residents in the serviced apartments. The residents, relatives and general practitioner spoke positively about the care and services provided at Elmswood retirement village.

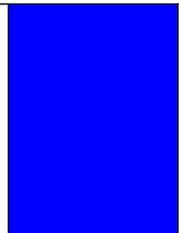
This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with family, management,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

The general manager/managing director has 15 years' experience in aged care management. The General Manager is supported by a facility manager, a clinical manager, and a quality advisor.

This certification audit identified the service continues to meet the health and disability standards

The service has been awarded continuous improvement ratings around good practice in relation to staff education, infection surveillance and resident outings.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		All standards applicable to this service fully attained with some standards exceeded.
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Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on noticeboards. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy, and informed consent. Care planning accommodates individual choices of residents and/or their family/whānau. Residents are encouraged to maintain links with the community. Complaints processes are implemented, and complaints and concerns are managed appropriately.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Elmswood Retirement Village has implemented a quality and risk management system. Key components of the quality management system include management of complaints, implementation of an internal audit schedule, incidents and accident reporting and analysis, review of infections, review of risk and monitoring of health and safety including hazards. Facility meeting minutes evidenced discussion around quality data, quality improvements and corrective actions. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and there are always sufficient staff on duty. There is an implemented

orientation programme that provides new staff with relevant information for safe work practice. The education programme includes mandatory training requirements.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		All standards applicable to this service fully attained with some standards exceeded.
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There is a comprehensive admission package on all services and levels of care provided at Elmswood Retirement Village. The registered nurses are responsible for each stage of service provision. A registered nurse assesses and develops the care plan documenting supports, needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were reviewed at least six-monthly. Resident files included the general practitioner, specialist, and allied health notes.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare leads are responsible for administration of medicines and complete annual education and medication competencies. The electronic medication charts reviewed meet prescribing requirements and were reviewed at least three-monthly.

A team of activity staff including two diversional therapists, oversee the activity team and coordinate the activity programme for the rest home, hospital, and serviced apartments. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and preferences for each resident group. Residents and families reported satisfaction with the activities programme.

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

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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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 facilities. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident bedrooms are personalised, rest home rooms all have toilet and hand basins. Hospital rooms all have ensembles. 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. Systems and supplies are in place for essential, emergency and security services. There is always a trained first aider on duty.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There are policies and procedures to follow if restraint or enablers are required. There were two residents using restraints and no residents using enablers. A registered nurse is the restraint coordinator. Staff receive training around restraint and challenging behaviours.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Responsibility for infection control is the clinical manager. The infection control coordinator has completed online training. Staff complete annual training on infection control. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. The service has implemented a Covid-19 management plan based on the traffic light system.

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	48	0	0	0	0	0
Criteria	3	98	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Six residents (two rest home and four hospital level of care) and four relatives (two of hospital level of care and two of rest home level of care) interviewed, confirmed that information has been provided around the code of rights. Residents stated their rights are respected when receiving services and care. There is a resident rights policy in place. Staff attend Code of Rights training. Discussion with four registered nurses (RNs), nine healthcare assistants (HCA) (three from hospital wing, four from the rest home and two from the serviced apartments) identified they were aware of the code of rights and could describe the key principles of resident's rights when delivering care. Non-clinical staff interviewed (one maintenance, one chef, one laundry assistant, one housekeeper, the head of housekeeping, an activities coordinator, and occupational therapist) were all aware of the code of rights in relation to their role.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give</p>	FA	<p>The service has policies and procedures relating to informed consent and advanced directives. All nine resident files reviewed included signed informed consent forms and advance directive instructions. Staff were aware of advance directives and the informed consent process. Admission agreements were sighted, which were signed by the resident or nominated representative. Discussion with residents identified that the service actively involves them in decision making.</p> <p>Family and residents interviewed confirmed they have been made aware of and fully understand informed</p>

informed consent.		consent processes and that appropriate information had been provided.
<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	Residents and families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Resident advocates are identified during the admission process. Pamphlets on advocacy services are available at the entrance. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy services. Staff receive education and training on the role of advocacy services. Healthcare assistants understood their role as resident advocates and the residents' rights to advocacy services. The RNs interviewed were aware of the resident's right to advocacy services and how to access the information.
<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>The service encourages residents to maintain their relationships with friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, evidenced through interviews and observations.</p> <p>Community links are being implemented with evidence provided of how the local community supports the facility. Residents attend outings as they are able (e.g., local church services, pet therapy visits, craft group) as covid19 restrictions allow. All visitors must provide evidence of their vaccine status. Residents who are able, are supported to come and go from the facility as they please, and as covid19 restrictions allow.</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	The complaints procedure is provided to residents and relatives at entry to the service. The residents and families interviewed were aware of the complaints process and to whom they should direct complaints. The complaints policy is posted in a visible area with complaints forms and advocacy information nearby. A complaint form is placed in the bedside drawer of all new admissions. A record of all complaints, both verbal and written is maintained by the facility manager using an electronic complaints' register. There have been two complaints since the previous audit. Both complaints have been managed in line with Right 10 of the Code and to the satisfaction of the complainant. Discussion around concerns, complaints and compliments was evident in facility meeting minutes.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their</p>	FA	The service has information on The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) available at the entrance to the care facility. The code of rights is displayed in English and Māori. There is a welcome information folder that includes information about the code of rights. The resident, family or legal representative can discuss this prior to entry and/or at

rights.		admission with the facility manager or clinical manager. Residents and relatives confirmed they receive sufficient verbal and written information to be able to make informed choices on matters that affect them.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	The service provides physical and personal privacy for residents. During the audit, staff were observed treating residents with respect and ensuring their dignity is maintained. Staff interviewed were able to describe how they maintain resident privacy. Staff sign house rules which include a confidentiality clause. Staff complete training on privacy and dignity, and abuse and neglect in-service as part of their education plan. Care staff interviewed stated they promote independence with daily activities where appropriate. Residents' cultural, social, religious, and spiritual beliefs are identified on admission and included in the residents' care/activity plan to ensure the resident receives services that are acceptable to the resident/relatives.
<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	There is a Māori health plan and cultural safety and awareness policy to guide staff in the delivery of culturally safe care. A Māori and other Ethnic Groups resource document includes guidance on working with Māori residents. The resource includes Māori values and concepts including the importance of whānau and Te Whare Tapa Whā (a Māori model of health) and references contact details to other Māori providers that are available. The staff educator has completed the Mauriora course on cultural competency. There is one resident at Elmswood who identifies as Māori. The care plan includes the resident's strong relationships with whānau and iwi and the local marae. Care staff were able to describe how to access information and provide culturally safe care for Māori. The service has engaged with Rehua and Rapaki Maraes to provide support for Māori residents and their families.
<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	The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Staff recognise and respond to values, beliefs, and cultural differences. Residents are supported to maintain their spiritual needs with church services and are supported to attend other community groups as desired.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any</p>	FA	Employment process includes the signing of house rules which include guidance on standards of behaviour. Professional boundaries are defined in job descriptions. Staff were observed to be

discrimination, coercion, harassment, sexual, financial, or other exploitation.		professional within the culture of a family environment. Staff are trained to provide a supportive relationship based on a sense of trust, faith, security, and self-esteem. Interviews with HCAs could describe how they build a supportive relationship with each resident. Residents interviewed stated they are treated fairly and with respect.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	CI	<p>Management are committed to providing a service of a high standard, based on the business mission, philosophy, and values. This was observed during the day with the staff demonstrating a caring attitude to the residents. All residents and families spoke positively about the care provided. The service has implemented policies and procedures developed with the assistance of a quality advisor that provide a good level of assurance that it is adhering to relevant standards. Care staff and RNs also have access to internal and external education opportunities. An external Careerforce assessor is contracted as required. Two general practitioners each visit weekly. Residents are reviewed by a general practitioner (GP) every three months at a minimum. The service receives support from the district health board (DHB). A physiotherapist is onsite weekly. A podiatrist visits the facility every six weeks.</p> <p>The quality advisor provides monthly clinical supervision for registered nurses providing an opportunity for staff to reflect on their clinical practise and consider alternatives. An educator is employed 20 hours per week and actively develops and populates an online education system which provides staff with additional educational opportunities. Management provides an opportunity to improve HCA involvement in assisting residents with activities of daily living. In June 2020 management introduced an activity of daily living competency for care staff. Staff have a sound understanding of principles of aged care and stated that they feel supported and encouraged by management to attain qualifications.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Management promotes an open-door policy. Relatives/residents are aware of the open-door policy and confirmed when interviewed that the staff and management are approachable and stated they are notified promptly of any changes to resident's health status.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they must pay for that is not covered by the agreement. An interpreter service is available if required.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and	FA	Elmswood Retirement Village is privately owned by a company of three directors, one of whom is the general manager across two facilities (Elmswood and Fendalton Retirement Village) owned by the company. The directors meet quarterly, and an annual general meeting includes the eight shareholders. The general manager/managing director is non-clinical and has been in the aged care industry for 15

<p>appropriate to the needs of consumers.</p>		<p>years. Clinical governance is provided by a contracted quality/risk consultant/registered nurse.</p> <p>The general manager (GM) is supported by a full-time facility manager (with previous aged care experience and a background in business management). The facility manager is non-clinical and has been in the role for six months. A clinical manager with aged care experience has been in the role for four years and has overall responsibility for clinical operations. The GM continues to access aged care webinars and provide board members with industry knowledge. The facility manager has attended at least eight hours of education within the last year, related to managing a rest home and hospital including a manager and aspiring leaders study day with an aged care association and regional aged care association meetings.</p> <p>The service is certified to provide up to 79 hospital and rest home level residents in the care facility. There are 25 dual purpose beds. There are 33 studio apartments certified for rest home level of care. On the day of audit in the care unit, there were 38 rest home residents including one respite care and 25 hospital level residents including one on an end-of-life contract. All other residents were under the age-related residential care (ARRC) contract. There were three rest home level of care resident in the serviced apartments.</p> <p>The business plan is specific to Elmswood Retirement Village and includes reference to a mission statement which aims to provide 'a positive fulfilling experience of aging in a home where we care and nurture each other'. The business plan goals include continued introduction of electronic systems, EQC repairs and consideration of development opportunities. Goals are reviewed at quarterly meetings. The service has five identified values: Quality, Pride, Integrity, Teamwork and Laughter. All staff are orientated to the values and these values are embedded into all levels of practice.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>During the temporary absence of the facility manager, the general manager provides management oversight of the facility. The clinical manager, including the on-call requirement is supported by a unit coordinator (an experienced RN with three years in the current role) and another unit-coordinator. Four experienced RNs including the clinical manager, rest home and hospital unit coordinators and unit manager (Fendalton) rotate to provide RN on-call for both facilities.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	<p>FA</p>	<p>Elmswood Retirement Village has a quality risk management plan in place that is reviewed annually. The quality advisor oversees the quality programme. The service has in place a range of policies and procedures which align with current best practise and meet legislative requirements. Policies have been</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>developed by an external consultant and reviewed regularly. Staff are required to read reviewed/new policies.</p> <p>Quality goals are identified at the beginning of each year and progress towards monitoring of goals is documented at monthly quality meetings. The goals for 2021 included target rates for all key performance indicators and implementing the pandemic policy into daily practise. Elmswood met all targets in 2021 and evidenced extensive education and knowledge of pandemic protocols as confirmed on interview with clinical and management staff.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data, surveys, and complaints management. Data collected, is analysed, and compared monthly and annually for a range of adverse event data. Where improvements are identified, corrective actions are developed, implemented, and regularly evaluated. Staff are informed of quality results, including corrective actions, via staff meetings and newsletters. Meeting minutes are available for staff to read.</p> <p>The quality/risk consultant completes a comprehensive facility audit six monthly covering all aspects of the service including clinical, organisational management, human resources, and environmental areas. The quality/risk consultant completes a monthly summary of audits with corrective actions, which are implemented by the relevant person. Additional facility audits are included in the programme such as restraint, infection control, resident files, and medication. Corrective actions sighted had been completed and closed out as documented in meeting minutes.</p> <p>There are monthly health and safety and infection control meetings. Representatives from each service area attend the meetings. On call review meetings, care lead meetings, clinical meetings and general staff meetings are held at two to three monthly intervals. Meetings include discussion around quality data including complaints, compliments, health and safety, accident/incidents, infection control and internal audits and outcomes. Trends are identified and analysed for areas of improvement. Benchmarking occurs against industry standards. Staff interviewed confirmed they read meeting minutes and key performance indicator summaries in the two monthly staff newsletters. Meeting minutes and quality data is displayed for staff. Management team and unit coordinators are in close daily contact and receive daily reports on relevant/significant aspects of service delivery.</p> <p>Annual resident and family satisfaction surveys are completed annually in August and September. All residents and families were very satisfied with the care and services provided in 2021, resulting in overall 97% satisfaction for rest home residents and 94% for hospital level residents. Results from the surveys are collated and fed back to participants through meetings and by newsletter. Any areas of concern are raised as an opportunity for quality improvement.</p> <p>A healthcare assistant is the health and safety officer for the staff, contractors, visitors, and residents. The health and safety committee comprise of representatives from all areas and includes the facility manager and clinical manager. The health and safety officer and management staff have completed external</p>
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		<p>training. The hazard register is current and reviewed at least two yearly. There is currently construction on the site involving EQC repairs to the serviced apartments. All contractors have been inducted to the facility. The areas under construction are safely cordoned off and there have been regular site meetings with the contractors.</p> <p>Falls prevention strategies are in place that include the analysis of falls and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>As part of risk management and the health and safety framework, there is an accident/incident policy. Individual reports are completed for each incident/accident through the resident electronic system. The service collects incident and accident data and reports monthly to the health and safety committee and to clinical and quality meetings. Accident/incident data, trends and corrective actions are documented in meeting minutes sighted.</p> <p>Twelve incident forms were reviewed. All incident forms identified timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had been completed for suspected or known head injury. The next of kin had been notified for all incidents/accidents. The healthcare assistants interviewed could discuss the incident reporting process. The service coordinator collects incident/accident forms, completes investigations, and implements corrective actions as required.</p> <p>The facility manager could describe situations that would require reporting to relevant authorities. There has been one report to the public health/DHB for an outbreak in June 2021. Seven section 31 notifications have been sent in late 2021 and 2022 for difficulties in covering RN shifts. A notification of change of facility management form was completed to address the appointment of the facility manager.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Ten staff files were reviewed (clinical manager, two RNs, four HCAs, one diversional therapist, one cook and one housekeeper). The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience, and suitability for the role. The service uses an electronic human resources system commencing at the onboarding process and providing storage of contracts, consents, reference checks, competencies, and training. All files reviewed contained relevant employment documentation including (but not limited to) signed position descriptions, completed orientations, police checks and qualifications. Annual performance appraisals have been completed for those staff who have been employed for more than one year.</p> <p>The service employs an educator with a national certificate in adult education to develop and implement</p>

		<p>the orientation and annual training programme.</p> <p>The orientation programme provides new staff with relevant information for safe work practice including completion of core competencies. Care staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>Healthcare assistants are encouraged to commence Careerforce aged care qualifications and are supported by the staff educator. Currently there are 27 healthcare assistants (HCAs) with level 4 NZQA and nine HCAs with level 3 and one with level 2. External Careerforce assessors are contracted to the facility. The quality advisor is also a Careerforce assessor and can assist if required.</p> <p>There is an annual education and training schedule being implemented that includes mandatory training across 2021 and 2022. Toolbox talks are held when required at handovers. Care staff attend over eight hours training. The service uses an online training programme developed by the staff educator which is role specific and linked to the facility policies and procedures. Staff are notified of required training courses through the roster system and monitored to complete training sessions each month. The education planner includes training that is relevant to hospital and rest home services including but not limited to: manual handling, hoist training, chemical safety, emergency management including fire drills, personal protective equipment (PPE) training, nutrition, care of the dying, wound care, pressure injury prevention and falls prevention. The service introduced a specific healthcare assistant care competency for HCAs' (link 1.1.8.1). Manual handling training is completed by the physiotherapist on an annual basis or on request.</p> <p>Training for clinical staff is linked to external education provided by the district health board. Registered nurse specific training viewed included: syringe driver, wound care, and first aid. There are 13 RNs employed (including six on casual contracts) and five plus the clinical manager are interRAI trained. Two unit-coordinators (RNs) have been enrolled for the next available course. The clinical manager provides oversight of the registered nurses and HCAs.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The human resources policy determines staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager, the clinical manager/RN, a RH unit coordinator and Hospital unit-coordinator are on duty during the day Monday to Friday. The clinical manager, unit manager or unit coordinators from both sites Elmswood and sister facility Fendalton provide on call support. There is a RN on duty in the hospital 24 hours. Care leads (HCAs) are employed on morning shifts seven days a week in the care centre to support the RN.</p> <p>Staff are rostered separately for each area.</p> <p>In the hospital with 25 residents there is the unit coordinator from 8.30 am to 5 pm, an RN from 6.45 am</p>

		<p>to 3 pm, a care lead (HCA) from 7 am to 3 pm, one HCA 7 am to 3 pm and two HCAs from 7 am to 1.30 pm. In the afternoon there is an RN 2.45 pm to 11 pm, two HCAs from 3 pm to 11 pm and two HCAs from 4 pm to 9 pm. At night there is one RN from 10.45 pm to 7 am and two HCAs from 11 pm to 7 am.</p> <p>In the rest home with 38 residents there is an RN/UC from 8.30- am to 5 pm, a care lead (HCA) from 7 am to 3 pm and two HCAs from 7 am to 1.30 pm. On the afternoon shift there is a care lead from 3pm to 11 pm, an HCA from 3 pm to 11 pm and two HCAs from 4.30 pm to 9 pm. At night there is one care lead from 10.45 pm to 7 am and one HCA from 11 pm to 7 am.</p> <p>In the apartment studios with three rest home residents there is a care lead from 6.45 am to 3.15 pm and an HCA from 7 am to 1.30 pm. On the afternoon shift there is one care lead 3 pm to 10.45 pm and one HCA 4.30 pm to 9.30 pm. Staff from the rest home and hospital cover the studio and apartment areas at night.</p> <p>There are dedicated activities, cleaners, laundry, and food services staff.</p> <p>Residents and relatives stated there were adequate staff on duty at all times. Staff stated they feel supported by the management who respond quickly to after-hours calls.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>There are resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and resident register. Resident clinical and allied health records are integrated. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident electronic files are protected from unauthorised access. All entries in the electronic progress notes are dated and signed with the designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>All residents are assessed prior to entry for rest home or hospital level of care. The service has specific information available for residents/families/whānau at entry and includes associated information such as the Code, advocacy, and the complaints procedure.</p> <p>Comprehensive information is available to all residents/family/whanau on enquiry or admission. The information includes examples of how services can be accessed that are not included in the agreement. Registered nurses interviewed were able to describe the entry and admission process. The GP is notified of new admissions.</p> <p>Nine signed admission agreements were sighted. The admission agreement reviewed aligns with the ARRC contract. Exclusions from the service are included in the admission agreement.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>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 exits or discharges to and from the service. The yellow envelope system is used for transfers to hospital.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medicine management policies and procedures that meet legislative requirements are in place and implemented. The RNs and care leads who administer medications complete annual medication competencies and education on medication is provided. All medication is stored in a locked cupboard in the two treatment rooms, one in the rest home and one in the hospital. Fridge and air temperatures met requirements.</p> <p>An RN or unit coordinator does a weekly check for expired medication. Unwanted or expired medications are collected by the pharmacy weekly. Medicines (blister packs) are delivered weekly by the pharmacy, checked by an RN on site and verified on the electronic medication system. Any discrepancies are fed back to the pharmacy. The pharmacy manager also completes a weekly check of unwanted or expired medication. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent and safe storage of the medications.</p> <p>There were three rest home residents self-administering specific medications on the day of the audit. Their medications were stored in a lock box in their rooms. The residents had competencies in place which had been signed and reviewed three-monthly by the GP. There are no standing orders or 'nurse initiated' medications used. All eye drops in use were noted to be dated at opening or discarded within required timeframes. A bulk supply of stock medicines was available in the hospital. Controlled drugs are stored securely, and weekly checks have been consistently documented.</p> <p>A medication round was observed; the procedure followed by the registered nurse was correct and safe. The service uses an electronic medication administration system.</p> <p>Eighteen individual resident's medication charts were reviewed, ten in the rest home and eight in the hospital. Resident medication charts are identified with photographs. All charts had been correctly signed and all discontinued medications had been signed and dated. All as required 'PRN' medications included indication for use and the effectiveness of 'as required' medications were documented in the electronic medication system. There was evidence of three-monthly review by the GP. Allergies were recorded for all residents.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The residents' individual food, fluids and nutritional needs were met. Residents are provided with a balanced diet which meets their cultural and nutritional requirements. All meals at the service are prepared and cooked on site. The service also provides meals for the facility's sister site, Fendalton Retirement Village. The cook works 9 am to 5.30 pm Tuesday - Saturday. Another cook works four days per week and prepares all the baking. There is another cook who works on the weekend. The cooks are supported by seven kitchen assistants. Meals are prepared in a well-appointed kitchen in the rest home adjacent to the rest home dining room and served from a bain-marie. Food is transported to the serviced apartment dining room and hospital dining rooms, placed in the bain-marie, and served to residents. Staff were observed delivering meals and assisting residents with their lunchtime meals as required.</p> <p>The five weekly seasonal menus were last reviewed by a registered dietitian in October 2021. A dietary assessment is completed on all residents at the time they are admitted. Residents with special dietary needs, allergies, cultural and religious preferences, likes, and dislikes have these needs identified. Resource information on these diets is available in the kitchen and via the dietitian. A dietary requirement list is generated from the electronic clinical management system and includes new admissions and dietary changes. The list is posted on a noticeboard in the kitchen.</p> <p>A kitchen cleaning schedule was in place and implemented. Labels and dates on all containers and records of food temperature monitoring were maintained. The chiller, fridge and freezer temperatures were monitored. The kitchen was observed to be clean and well organised. All aspects of food procurement, production, preparation, storage, delivery, and disposal complied with current legislation and guidelines.</p> <p>Kitchen staff are trained in safe food handling, and food safety procedures were adhered to. The cook is a qualified chef with four and a half years' experience at Elmswood. The food control plan expires 2 March 2022.</p> <p>Resident meetings and surveys provide an opportunity for resident feedback on the meals and food services. Interviews with residents and family members indicated satisfaction with the food service.</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,</p>	<p>FA</p>	<p>The reason for declining service entry to prospective residents to the service is recorded. Should this occur, the service stated it would be communicated to the prospective resident/family/whānau and the appropriate referrer. Potential residents would only be declined if there were no beds available or they did not meet the service requirements.</p>

where appropriate.		
<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 unit coordinator or registered nurses complete an initial assessment and care plan on admission to the service which includes relevant risk assessment tools including (but not limited to); falls risk, detailed pain, pressure injury, skin, continence, and nutritional assessments. Risk assessments are completed six-monthly or earlier if indicated. InterRAI assessments and long-term care plans were completed within the required timeframes. Outcomes of assessments were reflected in the needs and supports documented in the electronic care plans. Additional available information such as discharge summaries and plans, allied health notes, and consultation with resident/relative or significant others are included in the electronic long-term care plans. Wound assessments were completed for all wounds. The outcomes of assessments form the basis of the long-term care plan.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Resident lifestyle plans reviewed were resident focused and individualised. All identified support needs as assessed, were included in the care plans for all resident files reviewed. Care plans evidenced resident (as appropriate) and family/whanau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process.</p> <p>All resident files sampled included a care plan and input from allied health. There was evidence of service integration with documented input from a range of specialist care professionals, including palliative aged residential care nurse specialist, wound specialists, dietitians, physiotherapy, ear health and podiatry support. The service uses electronic assessments which then update long term care plans for changes in health status. Short-term care plans were in place for short term needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved.</p> <p>Healthcare assistants interviewed reported they found the care plans easy to follow and contained information to provide quality care for residents.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Residents receive adequate and appropriate services to meet their assessed needs and desired outcomes. Interventions are documented for each goal in the long-term care plans. Interventions from allied health providers are included in the long-term and short-term care plans.</p> <p>Dressing supplies and continence products are readily available. Wound assessment and wound management plans were in place for 15 residents (seven rest home and eight hospital) with twenty wounds. Wounds included skin tears, abrasions, scratches, and chronic ulcers. There were three current pressure injuries. The stage two pressure injury is healing, and the two stage one pressure injuries are being monitored. All wounds have documented assessments and a treatment plan in place. All wounds show evidence of healing, including the chronic vascular ulcers. Specialist wound care services are</p>

		<p>involved as required. The long-term care plans reflect acute wound care has interventions around management of wounds and dressings.</p> <p>If external allied health requests or referrals are required, the registered nurse after consulting with the clinical manager, unit manager and GP initiates the referral (e.g., wound care specialist, dietitian, or older persons health team). A physiotherapist visits once weekly and reviews new residents. Registered nurses interviewed were able to describe access to specialist services if required.</p> <p>The residents' files included a urinary continence assessment, bowel management plan, and continence products used. There were adequate supplies of incontinence products. The clinical nurse manager interviewed confirmed continence advice can be obtained.</p> <p>Changes in health such as weight loss, wound management or infections are assessed and reflected in the electronic long term care plans. These had been reviewed.</p> <p>There was evidence of monitoring including positioning charts, monthly (or more frequent) weight and vital sign monitoring, catheter changes, blood glucose levels, food and fluid charts, restraint monitoring charts, and behaviour charts in place.</p> <p>The relatives interviewed stated that the clinical care is good and that they are involved in the care planning. Interviews with registered nurses and healthcare assistants demonstrated understanding of the individualised needs of residents.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>CI</p>	<p>The activity programme confirmed that independence was encouraged, and choices were offered to residents. The service currently employs five activity coordinators who work a variety of hours. There are two qualified diversional therapists, one occupational therapist, one registered nurse (not currently practising) and one trainee diversional therapist. The team covers all areas of the facility providing a varied and innovative programme. The programme includes a range of activities which meets the abilities and needs of both hospital and rest home residents.</p> <p>The programme is planned monthly, and residents receive a personal copy of planned monthly activities. Activities planned on the day were displayed on noticeboards around the facility. The programme is Monday to Friday and integrated to meet the physical and psychosocial well-being of the residents with specific activities for each care level. Hospital residents can choose to attend the rest home or serviced apartment activity programme. Some activities are integrated with the serviced apartments such as entertainment, arts and crafts, exercises, and happy hours. Themes and events are celebrated. The programme has been rejuvenated to include an emphasis on van outings to the community activities for rest home and hospital residents, including residents' requests to see more of the countryside and changes to Christchurch city following the earthquake repairs. The van outings have also included more picnic, lunch, and coffee trips. The service has a van and second car for regular outings which has</p>

		<p>increased the number of residents able to participate in the outings. Activity staff have current first aid certificates.</p> <p>One-on-one activities such as individual walks, reading and chats, pet therapy, use of technical devices to communicate with family and friends and hand massage occur for residents who choose not to be involved in group activities.</p> <p>On admission, the diversional therapist completes a profile for each resident within three days and an activity plan is completed within three weeks. A record is kept of individual resident's activities and progress notes are completed monthly. Reviews are conducted six-monthly (or earlier should the residents condition determine) as part of the care plan evaluation/review.</p> <p>Covid-19 risk management strategies has meant continuing periods of reduced access for visitors to the facility. Regular video sessions were held with families at these times.</p> <p>Residents' and family interviews confirmed they enjoyed the variety of activities and were satisfied with the activities programme. Feedback from the residents is gained through annual surveys and resident meetings.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans reviewed were evaluated by the RN within three weeks of admission. Long-term lifestyle plans had been reviewed at least six-monthly or earlier for any health changes. The written evaluation documents the residents progress against identified goals. The GP reviews the residents at least three-monthly or earlier if required. The multidisciplinary team includes the clinical manager, unit coordinator, residents primary nurse (RN), DT, GP, resident/relative and any other allied health professional involved in the care of the resident. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Changes are made to care plans if needs alter.</p> <p>Short term care plans are documented for changes in health and are added to the long-term care plan if unresolved after six weeks. Files sampled demonstrated that the long-term nursing care plan was evaluated at least six-monthly or earlier if there is a change in health status. Progress notes reviewed identified regular reviews of residents.</p>
<p>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</p>	<p>FA</p>	<p>Referral to other health and disability services was evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The GP, clinical manager, unit coordinator and RN involve the resident (as appropriate) and relative in discussions around referrals and options for care.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The</p>

<p>disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>residents and the families are kept informed of the referrals made by the service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Documented policies and procedures are in place for the management of waste and hazardous substances to ensure incidents are reported in a timely manner. Safety datasheets and products charts are readily accessible for staff. Chemicals are stored in a locked cupboard. Appropriate signage is displayed where necessary. Chemical bottles sighted have correct manufacturer labels. Personal protective clothing is available for staff and was observed being worn by staff when they were carrying out their duties on the day of audit. All staff have completed chemical safety training.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness that expires 1 April 2022. The maintenance person was interviewed and works forty hours per week and is available on call as required. He is supported by a part time maintenance person who works twelve hours per week and garden staff. The maintenance team are responsible for maintenance requests and repairs, planned maintenance, gardens and grounds. Staff request for repairs are either verbally or via the -paper maintenance request book at reception. A record is maintained of all repairs by the maintenance person. There is a monthly planned maintenance schedule in place and all maintenance undertaken is monitored by the facility manager. Planned maintenance includes interior and exterior building, equipment checks, electrical checks and hot water temperature checks. Essential contractors are available 24 hours. Hot water temperatures are monitored monthly. When there have been hot water temperatures above the recommended safe temperature, action is taken and rechecking of the temperature occurs to ensure it is maintained at a safe temperature.</p> <p>Currently contractors are onsite completing earthquake repairs. There is a project management team including the contractors and the facility general manager who meet weekly. Contractor meets WorkSafe requirements. The project has been working onsite for three years and any information on health and safety or incidents are reported to the facility or general manager as required. On the day of audit, the building areas were noted to be safely cordoned off to maintain safety of residents' staff and relatives. Signage was observed and appropriate. Residents, relatives, and staff interviewed commented that this is being well managed.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. The hospital unit has ceiling hoists available in every room. Corridors and public areas are light and spacious, and residents can walk around freely. There is safe ramp access to courtyards</p>

		<p>and garden areas. Outdoor areas have wrap-around established gardens. Seating and shade are provided. The facility has one resident van and a people mover car that have current registration and warrants of fitness.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids, wheelchairs, chair scales, hoists, and pressure injury resources (if required), to safely deliver the cares as outlined in the residents' care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All bedrooms throughout the rest home have a handbasin and toilet. Communal showers are available for residents' use. There are communal toilets with privacy locks located near the communal areas. All 25 resident rooms in the hospital unit have full toilet and shower ensuites. There are 33 single serviced apartments or studios certified for rest home level care and all have ensuites. Visitor toilet facilities are available. Residents interviewed stated their privacy and dignity are maintained while attending to their personal cares and hygiene. The communal toilets and showers are well signed and identifiable and include vacant/in-use signs. The fixtures fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence.</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>All rooms are single. There is adequate room to safely manoeuvre mobility aids or hoists in hospital rooms. Residents and families are encouraged to personalise bedrooms. A tour of the facility evidenced personalised rooms, which included the resident's own furnishing and adornments.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There is a large lounge, a large dining room, and small seating areas situated throughout the rest home wings. The rest home dining room is spacious and located directly off the kitchen/servery area. A second smaller lounge includes a library and internet access for residents and is available for quieter activities and visitors. There is a dining room and lounge in the serviced apartment area. The hospital unit has a large lounge/dining area which opens to the outdoors, and a separate family room. A servery is located adjacent to the dining area.</p> <p>All areas were easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they can move around the facility and staff assist them when required. Activities take place in any of the lounges. External areas include a raised vegetable</p>

		garden, and established garden area. There is a smoking area for residents outside of the building.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All laundry is completed on site. There are dedicated laundry persons and cleaning staff on duty seven days per week. The laundry is in the rest home wing. There is appropriate personal protective wear readily available. The laundry has a defined clean/dirty area. Linen and personal clothing is delivered to the laundry in covered trolleys where it is sorted. There is protective personal clothing including eye goggles available.</p> <p>Cleaning chemicals are securely stored in locked cupboards and are labelled. Cleaning and laundry policies and procedures are available. There are safe and secure storage areas for cleaning equipment and chemicals and staff have access to these areas as required. Sluice rooms are available for the disposal of soiled water/waste. Handwashing facilities are available throughout the facility with alcohol gels in various locations.</p> <p>Laundry and housekeeping staff have completed chemical safety training. The laundry assistant, head housekeeper and another housekeeper interviewed were knowledgeable around infection control practices. Residents and relatives expressed satisfaction with cleaning and laundry services.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Emergency, disaster policies and procedures are documented for the service. There are emergency flip charts throughout the facility for all emergency disasters. The orientation programme and annual education/training programme include fire, security, and emergency/civil defence situations. The fire evacuation scheme has been approved for the rest home and hospital. Fire drills occur every six months, last in September 2021. An unplanned fire drill occurred on day 2 of the audit and staff on duty evidenced a good knowledge and response.</p> <p>Staff interviewed confirmed their understanding of emergency procedures. There are adequate supplies available in the event of a civil defence emergency including food, external water tank (1000 litre) and three ceiling tanks (800 litres each), gas cooking and heating. The civil defence kits are checked three-monthly. There is back-up oxygen cylinders and access to paper-based medication charts. A call bell system is in place including all resident rooms and communal areas. Residents were observed in their rooms with their call bell within reach. There is at least one staff member on duty 24 hours a day with a current first aid/CPR certificate. The building is secure afterhours.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and</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>comfortable temperature. All bedrooms have adequate natural light.</p> <p>Individual bedrooms and communal areas are heated by underfloor heating which can be adjusted to meet individual requirements. On the days of audit, the indoor temperature was comfortable.</p> <p>Residents and families confirmed the facilities are maintained at a comfortable temperature during the summer and winter months.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The annual infection control plan is developed by the clinical team with input from the quality advisor and specialists as required. The programme includes infection prevention and antimicrobial management that align with the organisation's strategic document. The management team knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection control programme is appropriate for the size and complexity of the service and is reviewed annually.</p> <p>The infection control coordinator is a registered nurse (CM) who has been in the role for four years and has a signed job description that outlines the role and responsibilities of the role. The infection control team includes representatives from each area of the service and meet monthly. Meeting minutes are available to all staff and infection control is an agenda topic at staff meetings.</p> <p>Covid 19 is well prepared for. All visitors and contractors are required to sign in either manually or using a new electronic monitoring system. This includes wellness checks and verification of their vaccination passes. All staff, visitors and contractors are required to wear masks and use hand sanitiser in line with current (red traffic light) Covid requirements. All staff have been trained in donning and doffing personal protective equipment (PPE), isolation and standard precautions. Adequate supplies of PPE were sighted in the infection control cupboard. Monthly stocktakes are completed to ensure adequate supplies are available.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>There are adequate resources to implement the infection control programme. The infection control coordinator has been in the role since March 2017 and held a previous role in infection control. The infection control committee are representative from each service area. The infection control coordinator has completed the online health learn infection control training in 2021. There is access to infection control expertise within the DHB, aged care consultant, external infection control specialist, wound nurse specialist, public health, laboratory, and microbiologist. The GP monitors the use of antibiotics.</p>

<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection, and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry, and housekeeping, incorporate the principles of infection control. The policies have been developed by an aged care consultant and last reviewed January 2022. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations. The service has developed a comprehensive visual pandemic plan that includes actions at each of the traffic light levels. The pandemic plan includes sections for access, visitors, clinical, activities and staff</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Specific training on the management of Covid has been provided and includes donning and doffing of personal protective clothing and required interventions at each of the traffic light levels.</p> <p>Consumer education is expected to occur as part of the daily care.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. The RN logs each individual infection into the electronic resident management system. Infection control data and relevant information is displayed for staff. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at both the infection control committee meeting, quality, clinical and general staff meetings. Trends are identified and preventative measures put in place. The results and analysis of the data collated each month are reported to the GM. All data is benchmarked against the Australian Victoria and NZ reference ranges.</p> <p>Internal audits for infection control are included in the annual audit schedule. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There has been one gastrointestinal outbreak at Elmswood Retirement Village. The infection control</p>

		<p>coordinator (CM) and rest home unit coordinator interviewed described the reporting process, outbreak management and resident, whānau and staff communication. The debrief meeting minutes evidenced evaluation of actions and effectiveness of the outbreak management.</p> <p>All staff and residents have been fully vaccinated including boosters. All visitors, entertainers and contractors are required to have a vaccination pass. At this stage unvaccinated visitors can visit within a designated area only. The room undergoes a full clean after each visit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were two hospital level residents using bedrails as restraints. The restraint coordinator is the clinical manager (RN) who reviews all residents with restraint and enablers monthly. The restraint coordinator has a defined job description on file. The restraint coordinator also monitors and maintains records, checks staff compliance and documentation. Representatives on the restraint committee include unit coordinators, the clinical manager, RN, and carers.</p> <p>Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education including assessing staff competency on restraint has been provided. Restraint is discussed as part of staff meetings and in separate, monthly restraint meetings.</p> <p>The files of the two residents using restraint were reviewed and reflected evidence of an assessment, consent process and monthly evaluations. The use of restraint was linked to the residents' care plans.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>The restraint approval process is described in the restraint minimisation policy. The roles and responsibilities for the restraint coordinator (RN) and for staff are documented and understood, evidenced in interviews with the restraint coordinator and care staff. Restraint processes identify the indications for restraint use, consent process, duration of restraint and monitoring requirements. Staff are required to complete a restraint competency every year.</p>

<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	<p>FA</p>	<p>Assessments are undertaken by the registered nurses in partnership with the resident and their family/whānau. Restraint assessments are based on information in the care plan, resident discussions and on observations of the staff. There is a restraint assessment tool available, which is completed for residents requiring an approved restraint for safety. Ongoing consultation with the resident and family/whānau is also identified.</p> <p>A restraint assessment form is completed for those residents requiring restraint (sighted). Assessments consider the requirements as listed in criterion 2.2.2.1 (a) - (h).</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service. Monitoring and observation are included in the restraint policy.</p> <p>The restraint coordinator is responsible for ensuring all restraint documentation is completed. The approval process includes ensuring the environment is appropriate and safe. Assessments identify the specific interventions or strategies to try (as appropriate), before implementing restraint. Restraint authorisation is in consultation with the resident (as appropriate) and/or family/whānau and the facility restraint coordinator. Restraint use is reviewed monthly by the restraint coordinator as well as during the facility restraint meetings and as part of the three-monthly resident reviews.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Monitoring requirements are documented, and the use of restraint evaluated regularly.</p> <p>Two resident files were selected for a resident using restraint (bed rails). Restraint assessments were completed, consent for restraint was obtained, and the risks associated with restraint use were documented in the resident's care plan.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>The restraint evaluation considers the areas identified in 2.2.4.1 (a) – (k). Evaluations occur one to three-monthly as part of the ongoing reassessment for residents on the restraint register, and as part of their care plan review. Families are included as part of this review where possible.</p> <p>Two resident files reviewed for restraint use and the restraint had been in use for over three months and evaluations had taken place a minimum of three monthly.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p>	<p>FA</p>	<p>The restraint minimisation programme is discussed and reviewed at the bimonthly restraint group meetings, attended by the restraint coordinator (clinical manager), unit coordinator, RNs, health, and safety officer (HCA). Meeting minutes include (but are not limited to) a review of the residents using</p>

Services demonstrate the monitoring and quality review of their use of restraint.		restraints, updates (if any) to the restraint programme, and staff education and training. The organisation and facility are proactive in minimising restraint while also keeping residents safe. A restraint education and training programme is in place, which includes restraint competencies.
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>The service has policies and procedures and associated systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies and procedures are regularly updated, and reviews are conducted.</p> <p>Elmswood employ a qualified staff educator who provides accessible and informative online educational opportunities. The educator works closely with clinical staff</p>	<p>Management identified an opportunity to improve HCA understanding of the principles around aged care planning and implementation in June 2020. As part of this, RNs completed one-on-one theory and practical assessment education for all healthcare assistants. A new activity of daily living competency for care staff was developed including a comprehensive assessment tool. In July 25% of the staff assessed failed the initial assessment. Additional strategies were implemented to support the staff to succeed. The assessment was repeated a year later and there was a 92% pass rate. Additional toolbox training on manual handling was implemented in October 2021. The additional education has contributed to an overall increase in resident satisfaction. Overall resident satisfaction has improved from to 94% in 2020 to 96% in 2021. All clinical indicators have supported the conclusion of improved care as evidenced by skin infections and pressure injury reductions. The service identified that over the last 12 months overall bruising rates have trended downwards, falling from 9.1 incidents/1000 bed nights in 2020 to 6.2 incidents/1000 bed nights in 2021. Skin tear rates have fallen from 4.6 incidents/1000 bed nights to 1.10 incidents/1000 bed nights.</p>

		to provide a variety of tools designed to upskill all staff.	
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>July 2020 and January 2021 facility wellness checks audits identified shortfalls in the activities programme around resident van outings. There was an opportunity to review the outings which identified an improvement was required around providing more interesting and meaningful van outings. Many residents expressed an interest in the van outings. The staff also identified the need to review the van outings due to resident numbers increasing of those who were finding it difficult to transfer on and off the van. The service saw an opportunity to further develop the van outings to include the residents' requests and introduce more variety and type of outings and to improve the resident's mental health and wellbeing especially during Covid times.</p>	<p>The service commenced a project in December 2020 with identified goals and an action plan to include more varied and type of van outings. The residents were involved in suggesting locations and types of van outings as discussed in the residents' and staff meetings of April 2021. Van outings have included more locations of interest such as countryside trips, beach trips, trips to the Christchurch city to see all the new buildings and development of new suburbs following the earthquake repairs. The outings have also included picnics, afternoon teas, lunch, and coffee days. The outings have catered for the needs and requests of the residents and their abilities to safely transfer on and off the van. To cater for hospital and rest home residents the facility had purchased another vehicle, a people mover to allow more residents to participate in the outings. Two staff members now go out with the residents which ensures and maintains resident safety. Having two vehicles and two staff members allows fourteen residents to be taken out at any one time. Staff have also taken smaller groups out separately in the people mover on smaller trips to improve the mental health and wellbeing of those residents that don't socialise with bigger groups. Residents have shared their experiences with photos of the outings displayed in the facility and in the newsletters. The service has achieved its goal of improving the van outings for the residents. There has been an increase in the number of resident participations in van outings from a total of 545 in 2020 -607 in 2021. The outcome of the resident rest home and hospital satisfaction surveys with the specific question on van outings activities resulted in satisfaction from 94% in 2020 to 100% November 2021. Residents and relatives interviewed expressed satisfaction and a great improvement on the variety and types of van outings.</p>
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific</p>	CI	<p>Infection events are collated monthly and areas for improvement are identified and corrective actions developed and followed up. The facility is</p>	<p>In early 2021, the service, in conjunction with the Health Quality and Safety Commission (HQSC) commenced a project to reduce the unnecessary use of antibiotics for asymptomatic bacteriuria and reduce the incidence of UTIs. A review of 2020 data identified that not all episodes of reported urinary tract infections (UTIs) met the accepted definition. Elmswood provided education on four HQSC modules</p>

<p>recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>		<p>benchmarked against Australian benchmarking standards and benchmarking results are fed back to the infection control nurse and used to identify areas for improvement. Surveillance results are used to identify infection control activities and education needs within the facility. The service has successfully reduced incidences of all infections with a particular focus upon urinary tract infections (UTIs).</p>	<p>which introduced the (i) aim of the project, (ii) correct diagnosis, (iii) recognition of signs and symptoms and identifying risk factors and prevention of UTIs and (iv) the risk of overuse of antibiotics. Changes in practise were supported by the introduction of a process flow chart identifying steps to be followed for suspected UTIs. Specific education was provided to RNs and care leads including both group and individual discussion. The SBAR tool (situation, background, assessment request) was used prior to requesting review. The service identified that over the last 12 months urinary tract infection rates have trended downwards, falling from 1.45 incidents/1000 bed nights in the rest home for 2020 to 0.95 incidents/1000 bed nights in 2021. UTIs in the hospital have fallen from 6.6 incidents/1000 bed nights to 1.7 incidents/1000 bed nights. The service has implemented and maintained a focus of staff training in UTI prevention, particularly relating to perineal hygiene, regular toileting, and fluid maintenance. As a result of increased staff awareness, knowledge, and best practise in diagnosing and treating UTIs, the service has successfully reduced the incidence of UTIs across both the rest home and the hospital for 2021.</p>
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End of the report.