

# Olive Tree Holdings Limited - Olive Tree Rest Home

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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

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

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

The specifics of this audit included:

**Legal entity:** Olive Tree Holdings Limited

**Premises audited:** Olive Tree Rest Home

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 11 October 2017      End date: 12 October 2017

**Proposed changes to current services (if any):** The audit also included assessing the preparedness of Olive Tree Rest Home for the provision of adding on hospital (geriatric and medical) services in one wing previously used for rest home level residents (these will become dual-purpose beds). **Total beds occupied across all premises included in the audit on the first day of the audit: 46**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Olive Tree Rest Home is part of the Arvida aged care residential group. The service provides rest home and dementia level of care for up to 46 residents in the care facility and rest home level of care for up to two residents in studio apartments. On the day of the audit, there were 46 residents which included two residents at rest home level in studio apartments. The residents, relatives and general practitioner commented positively on the care and services provided at Olive Tree.

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 family, management, staff and the general practitioner.

A concurrent partial provisional audit was undertaken to assess the service as suitable to provide hospital (medical and geriatric) level care in 20 previously rest home level rooms. This included reviewing transitions plans, observing/viewing the rooms, service areas and clinical areas and interviews with staff and management.

The care services manager (an experienced registered nurse) is primarily responsible for the management of the care centre and clinical services with support and oversight from the village manager who is a registered nurse but no longer holds a practicing certificate and provides support around human resource processes and oversees the financial management of the village. The care services manager is also supported by the general manager of wellness and care.

The certification audit did not identify any areas requiring improvement and the service has been awarded continuous improvement ratings around the dementia education programme provided to families, the activities programme, improvements to the laundry service and the management of infections.

The partial provisional audit has identified one area for improvement around staffing for hospital level as per their draft roster.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		All standards applicable to this service fully attained with some standards exceeded.
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Staff at 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.		Some standards applicable to this service partially attained and of low risk.
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The quality and risk management programme includes service philosophy, goals and a quality/business planner. A transition plan described the process to begin to provide hospital level of care. Meetings are held to discuss quality and risk management processes. Resident/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 2017. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		All standards applicable to this service fully attained with some standards exceeded.
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A comprehensive information booklet is available for residents/families at entry, which includes information on the service philosophy, services provided and practices to the secure units. The care services manager takes primary responsibility for managing entry to the service in conjunction with the village manager. Initial assessments are completed by a registered nurse, including interRAI assessments. The registered nurses complete care plans and evaluations.

Care plans reviewed were based on the interRAI outcomes and other assessments. They were clearly written, and caregivers report they are easy to follow. Families interviewed confirmed they were involved in the care planning and review process. There is at least a three-monthly resident review by the medical practitioner. Medicines are stored and managed appropriately in line with legislation and guidelines.

There is a group activity programme developed for each service. Individual activity plans have also been developed in consultation with resident/family. The activity programme includes meaningful activities that meet the recreational needs and preferences of the residents and is suitable to meet the needs of hospital level residents.

At Olive Tree Rest Home all meals are prepared on-site. Resident's individual food preferences, dislikes and dietary requirements are met. Nutritional snacks are available over a 24-hour period in all areas.

## 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.		All standards applicable to this service fully attained with some standards exceeded.
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Olive Tree Rest Home has a current warrant of fitness and emergency evacuation plan. Chemicals are stored safely throughout the facility. At Olive Tree the bedrooms are single with a full or partial ensuite. There is sufficient space to allow for the movement of residents using mobility aids. There are large spacious lounges, smaller lounges and dining areas to accommodate all residents. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible. The rooms, ensuites, communal and outdoor areas are suitable to provide hospital level care. There is a secure outdoor area for the dementia residents at Olive Tree. Cleaning and maintenance staff provide appropriate services. Staff have planned and implemented strategies for emergency management. Emergency systems are in place in the event of a fire or external disaster. The facility has a van available for transportation of residents. Those transporting residents hold a current first aid certificate.

Documented systems are in place for essential, emergency and security services. There is a staff member on duty at all times 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.
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Olive Tree Rest Home 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 or enablers. Policy dictates that enabler use is voluntary.

## 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.		All standards applicable to this service fully attained with some standards exceeded.
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Infection control management systems are in place at Olive Tree Rest Home to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the services and provides information and resources to inform the service providers. Documentation evidences 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 facility. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	4	40	0	1	0	0	0
Criteria	4	88	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 staff (three caregivers who work across both areas, two registered nurses, one enrolled nurse, two diversional therapists, the kitchen manager, the maintenance person, one laundry person, one kitchenhand and one cleaner) confirmed their familiarity with the Code. Interviews with nine residents (rest home level of care) and five families (two rest home and three dementia) confirmed the services being provided are in line with the Code. The Code is discussed at resident and staff/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	<p>Informed consent processes were discussed with residents and families on admission. Written general consents including outings and indemnity forms, were included in the admission process as sighted in seven of seven resident's files reviewed (four rest home including one young person's disability, one respite and one resident in a serviced apartment and three dementia). Consent forms are signed for any specific procedures.</p> <p>Caregivers interviewed confirmed consent is obtained when delivering cares. Advance directives sighted identified the resident resuscitation status and/or signed by the resident (if appropriate) and the general practitioner. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident. Copies of enduring power of attorney (EPOA) were seen in the resident files as</p>

consent.		<p>appropriate.</p> <p>Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives. All resident files sampled had an admission agreement completed (the respite resident had a short-term agreement).</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. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interviews with staff and residents informed they are aware of advocacy and how to access an advocate.</p>
<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 friend's networks. The service has exceeded the required standard around the support provided to families to assist in their understanding of dementia. 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.</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 that describes the management of the complaints process and complaints forms are available. Information about complaints is provided on admission. Interview with residents demonstrated an understanding of the complaints process. There is a complaint register. Verbal and written complaints are documented. Four complaints have been made in 2017 to date. All complaints reviewed had noted investigation, timeframes and corrective actions when and where required, and resolutions were in place. One complainant had been supported by a Health and Disability advocate. Results are fed back to complainants. All staff interviewed were able to describe the process around reporting complaints.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of</p>	FA	<p>There are posters of the Code on display throughout the facility and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if requested. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. On entry to the service, the village manager or care services manager discusses the information</p>

their rights.		pack with the resident and the family/whānau. The information packs include a copy of the Code.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	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>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	The service has established cultural policies to help meet the cultural needs of its residents. There is a Māori health plan. No residents identified as Māori at the time of the audit. Care plans sampled included other cultural needs. Discussions with staff confirmed that they are aware of the need to respond to cultural differences.
<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 has established cultural policies aimed at helping meet the cultural needs of its residents. All residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment, including resident's beliefs and values, is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on. Staff receive training on cultural safety/awareness.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial,</p>	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, advocacy and legal issues. The orientation and employee agreement provided to staff on induction

or other exploitation.		includes standards of conduct.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>The service has policies to guide practice that aligns 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 and families interviewed 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. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training.</p> <p>The service demonstrated a number of examples of good practice including (but not limited to):</p> <ul style="list-style-type: none"> <li>• Using the Aged Care Channel to give staff independent access to learning opportunities.</li> <li>• Providing information sessions for families about dementia to allow them to better understand and engage with their loved one.</li> <li>• Increasing the diversional therapy hours in the dementia unit including weekends.</li> <li>• The introduction of cognitive stimulation therapy as part of the activities programme in both dementia unit and rest home.</li> <li>• Introducing pet therapy weekly and installing a permanent fish tank now in the dementia unit.</li> <li>• Developing and implementing the 'red plate project', thereby increasing food intake for people with dementia and sight impairment.</li> <li>• Cooking hot toast on demand in the mornings for individual residents.</li> <li>• The clinical services manager (CSM) has joined the dementia action group to represent this community and widen the network in the Midcentral health district.</li> <li>• A leadership course provided for the leadership team.</li> <li>• The CSM is doing a medication audit monthly, checking for labelling/dating of non-packed medication and expiry of eye drops - resulting in this having improved greatly and all staff being aware of the importance of this.</li> <li>• All residents who are frequent fallers or are new fallers now have a frequent falls analysis or post-falls assessment done to determine how the service can reduce the falls.</li> </ul>
Standard 1.1.9:	FA	Residents interviewed stated they were welcomed on entry and given time and explanation about the

Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.		<p>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/relatives meeting occurs every month. At this meeting residents and families 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.</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>The service provides care for up to 46 residents in the care centre and additionally there are two apartments approved for rest home level care. The apartments are interspersed with resident rooms in one wing. On the day of the audit there were 46 residents including 29 rest home residents (including one young person with a disability YPD and one respite resident and two residents in apartments with Occupational Right agreements,) and 17 of a potential 17 residents in the dementia unit. All residents except the YPD and respite residents were under the ARRC.</p> <p>This audit has assessed the service as suitable to provide hospital level care in 20 rooms in one wing that are currently rest home level services. (These would become dual-purpose beds).</p> <p>The village manager is a non-practicing registered nurse with many years' experience in health management roles and has been in the current role for two years. She is supported by a competent care services manager who has been at Olive Tree for four years and in the current role for two years. Both are supported by the Arvida general manager for wellness and care.</p> <p>The village manager provides a monthly report to the Arvida general manager operations on a variety of operational issues. Arvida has an overall business/strategic plan and Olive Tree Retirement Village has an annual business plan in place. The organisation has a philosophy of care, which includes a mission statement. The village manager and care services manager have completed in excess of eight hours of professional development in the past 12 months.</p> <p>Partial provisional: A transition plan has been developed to support the introduction of hospital level care.</p>
Standard 1.2.2: Service	FA	In the absence of the village manager, the care services manager is in charge. Support is also provided by

<p>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>the general manager operations, the general manager wellness and care and the care staff.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>There is a quality plan that includes quality goals and risk management plans for Arvida Olive Tree. Interviews with staff confirmed that there is discussion about quality data at various staff meetings. The village manager advised that she is responsible for providing oversight of the quality programme on-site, which is also monitored at an organisational level. The quality and risk management programme is also designed to monitor contractual and standards compliance. The service uses the Arvida suite of policies, which meet all current requirements and are reviewed at least every 2 years across the group. Head office sends new/updated policies. Staff have access to the policies on the intranet.</p> <p>Data are collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement. The service has a health and safety management system that is regularly reviewed and has been comprehensively updated to meet recent legislative changes. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p> <p>The internal audit programme continues to be implemented and all issues identified had corrective action plans and resolutions. Staff interviewed could describe the quality programme corrective action process. Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The 2017 resident/relative survey overall result shows very high satisfaction with services provided. Resident/family meetings occur every month and resident and family interviews confirmed this.</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</p>	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 conducts clinical follow-up of residents. Twelve incident forms reviewed demonstrated that all appropriate clinical follow-up and investigation had occurred following incidents. Discussions with the village manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Two</p>

affected consumers and where appropriate their family/whānau of choice in an open manner.		section 31 incident notification forms (sighted) have been completed since the previous audit. One was for a dementia resident that went missing and was relocated unharmed within less than 2 hours and the other for a pressure injury acquired outside the facility. A norovirus outbreak in August 2016 and a gastrointestinal outbreak in July 2017 were appropriately notified to Public Health.
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resource management policies in place. This includes that the recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and veracity. Annual practising certificates of professional staff are sighted, and a copy is kept on file. Eight staff files were reviewed (one care services manager, one cleaner, one diversional therapist, one registered nurse, three caregivers, and the chef) and there was evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. Completed orientation was evidenced and staff described the orientation programme. Staff turnover sits at 3.7%.</p> <p>The in-service education programme for 2016 has been completed and the plan for 2017 is being implemented. The care services manager and registered nurses are able to attend external training, including sessions provided by the local DHB. Discussions with the caregivers and the RNs confirmed that ongoing training is encouraged and supported by the service. Eight hours of staff development or in-service education has been provided annually.</p> <p>Partial provisional: Staff have received all mandatory training and education relating to the provision of hospital level care including transferring/manual handling, use of hoist and hospital beds, pain management, inhaler use and insulin administration. All staff have current medication competencies including one of the diversional therapists and two registered nurses and the care services manager have current syringe driver competencies.</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>	PA Low	<p>Olive Tree policies includes staff rationale and skill mix. Staffing rosters were sighted and there is staff on duty to match the needs of different shifts.</p> <p>In the dementia unit (currently 17 of a potential 17 residents) there is a team leader, five days per week (an enrolled nurse) and an additional caregiver. The other two days there are two further caregivers for a full shift and another from 7.00 am to 1.30 pm. On afternoon shift there are two caregivers that work a full shift and another that works from 4.30 pm to 9.00 pm. On night shift there are two caregivers. There is also a diversional therapist that works in the unit from 10.00 am to 5.00 pm, five days per week.</p> <p>In the rest home/serviced apartments (intermingled in one wing, and eight rooms in another wing), currently</p>

		<p>with 29 residents there are two caregivers that work a full morning shift, one that works from 8.00 am to 11.00 am and another that works from 7.00 am to 1.30 pm. There are 2.7 FTE caregivers that work full shifts on afternoon and evening shifts. A diversional therapist works in the rest home from 10.00 am to 5.00 pm five days per week.</p> <p>In addition to the care services manager (a registered nurse who works full time Monday to Friday) there is at least one registered nurse on duty seven days per week and a registered nurse on call at all times. Caregivers interviewed reported that on-call registered nurses are easy to contact and very responsive.</p> <p>Interviews with staff, residents and family members confirmed there are sufficient staff to meet the needs of residents.</p> <p>Partial provisional: A draft roster has been developed to accommodate various residents mixes and acuity. This includes increased numbers of caregivers on duty and a registered nurse on duty 24 hours every day. Not all additional registered nursing staff have yet been employed, as the service is waiting for this certification level approval.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24-hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant caregiver or registered nurse.</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>	FA	<p>The service has comprehensive admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The information pack for residents and families being admitted to the dementia unit includes information about the services policies on behaviour management and the complaints process.</p> <p>The care services manager screens all potential residents prior to entry and records all admission enquires. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the village manager and/or the care services manager. The admission agreement form in use aligns with the requirements of ARRC contract.</p>



<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service uses a transfer form and ensures appropriate transfer of information occurs. Relatives are notified if transfers occur.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Fourteen medication charts were reviewed (eight rest home and six dementia). There are policies available for safe medicine management that meet legislative requirements. All medication charts sampled, and medication stored met legislative requirements. The medication charts reviewed identified that the GP had reviewed all residents' medication three-monthly and all allergies were noted.</p> <p>All RNs/senior caregivers who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications in each area. Registered nurses interviewed could describe their role regarding medication administration. The service currently uses robotic roll medications. Medication administration recorded sampled showed that all prescribed medications had been administered. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the pharmacy.</p> <p>Olive Tree does not have standing orders. There were two rest home residents self-medicating on the day of audit and all required assessments consents and review documentation have been completed.</p> <p>Medication fridge temperatures recorded are within acceptable ranges.</p> <p>Partial provisional:</p> <p>The currently implemented medication system is satisfactory to meet the needs of hospital level 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>	FA	<p>A kitchen manager oversees food provision at Olive Tree. She is supported by two cooks and three kitchenhands. There is a large commercial kitchen where all food is prepared and served. All staff working in the kitchen have completed food safety certificates. There is a food services manual in place to guide staff. The menu has been reviewed by the dietitian. There is a six-weekly seasonal menu. The cook receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements by the RN. Food allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, gluten free, vegetarian, pureed and alternative choices for dislikes are accommodated. Cultural and religious food preferences are met. Food is plated, transferred via bain marie then served by a kitchen assistant to the main (camellia wing) dining room and via bain marie to the dahlia wing and the</p>

		<p>dementia wing.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are recorded daily. Dry goods are stored in dated sealed containers. Chemicals are stored safely. Cleaning schedules are maintained. The dishwasher is checked regularly by the chemical supplier. There is specialised crockery such as lip plates, mugs and utensils to promote resident independence with meals.</p> <p>Residents at Olive Tree have the opportunity to provide feedback on the menu and food services through the resident meeting and resident surveys. Residents and family members interviewed were very satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>Partial provisional:</p> <p>The current food service is satisfactory to accommodate all hospital resident dietary requirements. The two cooks have previously worked in facilities that provide hospital level care and were familiar with the preparation of altered texture and high calorie or high protein meals.</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>The service records the reasons for declining service entry to residents should this occur and communicates this decision to residents/family/whānau and the referring agency. Anyone declined entry is referred back to the referring agency for appropriate placement and advice.</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>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Long-term files sampled contained appropriate assessment tools that were completed and assessments that were reviewed at least six-monthly or when there was a change to a resident's health condition. Behavioural assessments are completed for all new admissions to Olive Tree dementia care. The interRAI assessment tool is implemented. InterRAI assessments have been completed for all long-term residents. Care plans sampled were developed on the basis of these assessments. Three of four registered nurses are interRAI trained (includes care services manager).</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>The long-term care plans reviewed described the support required to meet the resident's goals and needs. The care plans sampled identified allied health involvement. The interRAI assessment process informs the development of the resident's care plan. Residents and their family/whānau interviewed reported that they are involved in the care planning and review process. Short-term care plans are in use for changes in health status. Staff interviewed reported they found the plans easy to follow.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Registered nurses (RNs) and caregivers, follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the RNs will initiate a referral (e.g., to the district nurse, dietitian, podiatrist). In files sampled there was evidence of allied health input. Staff have access to sufficient medical supplies (e.g., dressings). Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessment, monitoring and wound management plans are in place for residents. On the day of audit, there were eleven wounds (no pressure injuries at time of audit). All wound documentation including assessments, treatment plans, and evaluations were fully completed. All wounds had been reviewed in the appropriate timeframes. The RNs have access to specialist nursing wound care management advice through the district nursing service or DHB wound care nurse specialist.</p> <p>At Olive Tree, behaviour charts are used for any residents that exhibit challenging behaviours. These behaviours, their triggers and de-escalation techniques are well identified through the assessment process. Management plans are implemented and those reviewed had evidence of regular review by the care services manager and registered nurse.</p> <p>Interviews with registered nurses and caregivers demonstrated an understanding of the individualised needs of residents. Care plan interventions describe interventions to meet residents' needs. There was evidence of pressure injury prevention interventions, food and fluid charts; BSL monitoring, regular monitoring of bowels' and regular (monthly or more frequently if required) weight management.</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,</p>	CI	<p>At Olive Tree, there are two diversional therapists (DT) who provide a programme for the rest home and dementia residents from Monday to Friday. Activities are available for the residents over the weekend. The programme is developed monthly and displayed in large print. Olive Tree has its own van and residents are taken on regular outings.</p> <p>Each resident has an individual activities assessment on admission, which is incorporated into the interRAI assessment process. The residents at Olive Tree dementia care all have 24-hour activity care plans in place. An individual activities plan is developed for each resident by the activities staff in consultation with</p>

and the setting of the service.		<p>the registered nurses. Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan. Residents can attend any activities on offer. The individual activity plans are reviewed at least monthly and also reviewed at the same time as the review of the long-term care plan.</p> <p>Younger person specific activities include (but are not limited to), resident specific interests, involvement with local community, outings for shopping trips, accompanying and assisting staff with preparations for celebration days. The younger person stated they were very happy with the services provided. Activities are age appropriate and have been comprehensively planned. Activities provided are meaningful and reflect ordinary patterns of life. Activities attendance was reviewed in 2016 (with residents and families) with the aim of increasing participation and an increase in the variety of activities are offered as a result. These include entertainers, crafts (weekly sessions and craft-making classes), exercise (weekly sessions for all residents), music/sing-a-long, movie nights weekly, pet therapy, baking and outings. There is a craft stall displaying items for sale made by residents (lavender bags were one item made with lavender from the village garden). Staff and residents prepare for cultural day celebrations (hats were being made for the Melbourne Cup on the day of audit). There are also visits from community groups. The service has exceeded the required standard around the activities programme.</p> <p>Residents and families interviewed commented positively on both activity programmes.</p> <p>Partial provisional:</p> <p>The activities staff currently provide separate activities for higher functioning residents and have the resources to expand further for hospital level residents.</p>
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	<p>The registered nurses evaluate all initial care plans within three weeks of admission. Files sampled demonstrated that all long-term care plans were evaluated at least six-monthly, or if there was a change in health status. There was at least a three-monthly review by the GP. All changes in health status were documented and followed-up. The RN completing the plan signs care plan reviews. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing. Where progress is different from expected, the service responds by initiating changes to the care plan.</p>
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access	FA	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. The staff provided examples of where a resident's condition had changed, and the resident was waiting on reassessment for transfer to a different level of care.</p>

or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.		
<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>	FA	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons and goggles are available, and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout both facilities. Safety datasheets are available.</p> <p>Partial provisional: The facility has a sluice room in close proximity to the area in which it intends to provide hospital level of care. The room is fully equipped with personal protective equipment, handwashing facilities and material data safety sheets.</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>	FA	<p>Olive Tree has a current building warrant of fitness (expires 31 July 2018). There is a maintenance person employed to address the reactive and planned maintenance programme. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The dementia unit has secure access.</p> <p>At Olive Tree all rooms are single and rest home rooms and all except three rooms in the dementia unit have a full ensuite (the dementia wing has three rooms with toilet only and there is one shared bathroom).</p> <p>The external areas are well maintained, and garden areas are attractive. The garden areas have furniture and shaded areas. There is wheelchair access to all areas. The dementia unit garden is pleasant and secure. There are two large communal dining areas and a large lounge area with smaller areas for quiet activities and private meetings with family/visitors in the rest home/serviced apartment areas. There is a large communal dining and lounge area and a smaller lounge area in the dementia wing. There is also a large activities room which residents access for some activities (i.e., use of sewing machines and craft making) and a hairdresser salon.</p> <p>There are adequate communal toilets also located close to the dining room and lounge areas.</p> <p>The facility has wide corridors and spacious rooms to allow for easy access and movement and promotes independence for residents with mobility aids. Handrails are appropriately placed in the corridors and communal areas.</p> <p>Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>

		<p>Partial provisional:</p> <p>The wing to be changed from rest home to dual-purpose level rooms has a very wide and light corridor with resident rooms off each side of this. All rooms are large enough to cater for the care staff and equipment (including hoists) that hospital level residents may require. Each room has a large 'wet room' style ensuite that is suitable to meet the needs of hospital level residents. There is a transitional plan that includes any equipment that maybe required. Advised these will be accessed/purchased as per resident assessed needs.</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>There are an adequate number of toilets and shower/bathing areas (includes one shared bathroom in dementia wing) for residents and separate toilets for staff and visitors at Olive Tree. All bedrooms are single with a full ensuite except for three rooms (toilet only) in the dementia wing. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>Partial provisional:</p> <p>The ensuites in the wing to provide hospital level care has large 'wet room' style ensuites large enough to meet the needs of hospital level residents.</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>The bedrooms at Olive Tree are of an adequate size, appropriate to the level of care provided. The bedrooms allow for the resident to move about the room independently with the use of mobility aids. Residents and their families are encouraged to personalise the bedrooms as viewed. Residents interviewed confirmed their bedrooms are spacious and they can personalise them as desired.</p> <p>Partial provisional:</p> <p>The resident rooms in the area to provide hospital level care are all large and well able to cater for the needs and equipment required for hospital level residents.</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</p>	FA	<p>At Olive Tree, there are two large lounges, other smaller lounges and two large dining areas in the rest home, service apartment area. In the Olive Tree dementia wing, there is one large communal lounge and dining area and one smaller lounge. The lounges at Olive Tree have seating placed appropriately to allow for group and individual activities to occur. Residents were observed safely moving between the communal areas with the use of their mobility aids.</p>

areas to meet their relaxation, activity, and dining needs.		<p>Partial provisional:</p> <p>Olive Tree has two large sunny lounge areas, two large dining areas and other smaller open lounge areas (one with a piano). There is a large commercial kitchen. All communal and outdoor areas are satisfactory to meet the needs of hospital level residents.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	CI	<p>There are dedicated cleaning staff that have access to a range of chemicals, cleaning equipment and protective clothing at Olive Tree. The standard of cleanliness is monitored through the internal audit programme. Residents interviewed were satisfied with the standard of cleanliness in the facility.</p> <p>At Olive Tree, the laundry is completed by the caregivers on-site who advised they have sufficient time to complete the laundry over the 24-hour period. Families and residents interviewed were satisfied with the laundry service. The laundry service has exceeded the required standard.</p> <p>Partial provisional:</p> <p>Olive Tree contains sluice rooms (link 1.4.1.1) and access to a locked cleaning room for storage of chemicals and cleaning trolleys when not in use, thereby able to meet the needs of hospital level residents. Olive Tree has current cleaning and laundry processes that are suitable to meet the needs of hospital residents.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A fire evacuation plan is in place and the most recent amendment was approved by the New Zealand Fire Service dated July 2017. 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, water and 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 available at all times. 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 close proximity. A security company completes at least two facility checks each night and check all doors. On at least one of the checks they must sight all staff on duty.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with</p>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated. There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Air temperatures are monitored monthly and these were reviewed during this audit. Residents</p>

adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.		<p>and family interviewed confirmed the facility is maintained at an appropriate temperature.</p> <p>The residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature</p> <p>Partial provisional:</p> <p>Ventilation and heating systems are suitable to meet the needs of hospital level residents.</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>Olive Tree implements the Arvida group infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. 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. An annual review has been completed.</p> <p>Partial provisional:</p> <p>The current infection control programme is suitable to meet the needs of hospital level residents.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>A senior registered nurse, who is trained in this function, is the designated infection control (IC) coordinator. There are adequate resources to implement the infection control programme for the size and complexity of the service. The IC coordinator and IC team (comprising all staff) have good external support from the microbiologist, infection control team and 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.</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</p>	FA	<p>There are Arvida infection control policies and procedures 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. The organisational policies have been reviewed and updated centrally.</p>



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>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	The infection control policy states that the service is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control coordinators attend Bug Control infection control forums. 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 medical records.
<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>	CI	Infection surveillance is an integral part of the infection control programme and is described in the Arvida infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. Short-term care plans are used to monitor and evaluate infection outcomes. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at quality meetings. The service has exceeded the required standard in this area. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the village manager. There have been two outbreaks at Olive Tree (August 2016 and July 2017) since the previous audit and both were reported and well managed.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents being restrained and no residents using an enabler during the audit. 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.

## 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 1.2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.	PA Low	The service has a roster for the service currently receiving care as evidenced on the roster and in resident, relative and staff interviews. Not all staff have yet been employed to provide hospital level of care, until confirmation of hospital approval has been provided.	Partial provisional: The additional staff required to provide hospital level care including 24-hour registered nurse cover have not yet been employed.	Ensure sufficient staff are recruited and employed to provide hospital level services.  Prior to occupancy days

## 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, there 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 1.1.12.1 Consumers have access to visitors of their choice.	CI	The service has introduced a regular support group with education sessions for families of dementia or village residents. The goal was to increase family participation and awareness and for families to utilise this as a support system for people to share ideas and discuss anything personal to them in a supportive environment. Each education session was evaluated and a new initiative for families was introduced. This resulted in the increase in numbers of attendees each session and a positive impact for families.	<p>In June 2016 the service identified an area to improve knowledge for families in relation to dementia. Once every 2 months the service has held a dementia support group meeting for families of those who have a loved one in the dementia unit or other areas of the facility. They identified while doing these sessions there was a lack/variation of knowledge that some families have around dementia and memory loss. Due to the varying knowledge around dementia the service then decided to trial a four-part education series. The invitations were sent to families that attended the support groups with the intention to extend it out to a wide group depending on how the trial went. The sessions were in fortnightly blocks on a Wednesday night between 6-7pm. Refreshments were provided by Olive Tree, and the meeting held in the village community centre to utilise the larger space. Evaluation forms were completed at the end of the sessions.</p> <p>Education sessions were held and included; Part 1's session was about dementia, delirium and depression (16 people attended); For Part 2's session they had the manager of Alzheimer's Manawatu come and speak about the different support available in the wider Manawatu (18 people attended); Part 3's session was the importance of activities and person-centred care, which was run</p>

			<p>by care services manager, nurse educator and the DT (20 people attended this session including a new couple from the village who attended due to word of mouth. Staff also attended the session); Part 4's session was medications used in dementia which was presented by the facility GP. His emphasis was on minimising the use of medications in dementia (22 attend this session including staff).</p> <p>This resulted in increased attendance, positive feedback and increased participation and feeling of inclusion (being part of a family) by family members.</p>
<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>The activities programme has been amended to include more variety with activities with the aim of increasing resident participation and satisfaction. The activities team implemented changes in the variety and frequency of activities offered. This resulted in more residents participating in activities; less residents aren't passive. Staff interviewed described an increase in resident engagement and satisfaction during the activities that are offered.</p>	<p>In April/May 2016 the service identified an area to improve resident participation and satisfaction with activities. The activities team reviewed activities offered and with resident feedback initiated changes to some of the activities offered. The variety of craft experiences offered has extended exponentially (now craft is offered once per week). Numbers participating have increased and on average for both rest home and dementia, there were initially 2 – 3 attendees and now there are 8 – 10 attendees. Cooking (variety and taste sensations increased) is now offered once per week. Numbers participating have increased on average from 2 – 3 to 8 – 10. The happy hour mix and mingle, now once per week with an increased variety of entertainment (community involvement) and relevance to residents. Numbers participating have increased on average from 30 – 35 to 60 – 70 participants across the care facility. The exercise programme ('variety and pizzazz') is now offered three times per week. Numbers participating in the exercise programme have increased on average from 3 – 4 residents to 12 – 15 residents across both rest home and dementia care.</p>
<p>Criterion 1.4.6.2</p> <p>The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.</p>	CI	<p>The existing laundry service has introduced a new process for return of laundry to residents. The goal was for the resident's; clothing to go in to the right resident's rooms; right clothing on the right people and to improve satisfaction and less complaints from residents and families. This resulted in no verbal or written</p>	<p>In June 2016 the service identified an area to improve resident satisfaction with laundry services provided. They identified there was an ongoing issue with the clothing ending up in the wrong resident's room and the residents wearing other resident's clothing. For example, written complaint received April 2016 from a family member regarding missing clothing and others found in other resident rooms. All clothes had names on them.</p> <p>In June 2016 the process for returning laundry was reviewed by the care services manager and team leader. A new initiative was proposed. In staff meetings held in June 2016, staff were advised of the initiative and the reasons why. This</p>

		<p>complaints regarding clothing since the new process was commenced. 'They have not noticed any residents wearing the wrong persons clothing'.</p>	<p>included (but not limited to) instruction and a change in process; "if labels on clothing are faded this needs to be re-labelled so that it can be identified"; the introduction of a team leader in Silver Fern who can keep an eye on this; to purchase a new laundry trolley so each resident has a dedicated laundry container, and this also prevents double handling of clothing; obtain a quote for a linen trolley and build a business case; address this ongoing issue at care staff meetings. In July 2016 a linen trolley was purchased in order to ensure the correct clothing is placed in the correct basket for each resident (previously the system was to fold the clothing into piles and place a small label on each pile and carry it to a number of rooms, making it very easy for the clothing to be mixed up).</p> <p>This resulted in no verbal or written complaints regarding clothing since the new process was commenced. The service and relatives have not noticed any residents wearing the wrong persons clothing.</p>
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific 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>	CI	<p>The service has introduced a new procedure when administering eye drops. The goal was to reduce the number of eye infections by educating staff and residents around infection control and cross contamination. This resulted in a sustained improvement with no eye infections across the entire care facility from December 2016 to May 2017.</p>	<p>In November 2015 a high number of eye infections was noticed as part of monthly infection control reporting. The data was analysed by the care services manager and registered nurses. Current stats for 2015 showed almost one eye infection a month in the rest home, a total of six eye infections in six months (July – December 2015) and three eye infections noted in the dementia unit for the month of October 2016. There was a total of 10 eye infections in residential care within the last six months. It was identified that those residents mostly affected were residents that receive eye drops regularly.</p> <p>A plan to reduce the number of eye infections by educating staff and residents around infection control and cross contamination was identified. A new quality improvement (QI) process was implemented. An eye cleansing kit was placed on each drug trolley, so eyes can be cleaned prior to administration of eye drops. These kits contain gauze, saline and gloves. Saline comes in 5 ml amps so that they can be discarded after use, gauze swab packs have x 2 gauze to prevent wastage. One x gauze per eye to prevent cross contamination. Staff were informed of this implementation at handovers and in form of a memo (sighted). They identified they needed to; keep on top of hand hygiene competencies with staff; educate residents and staff around hand hygiene and cross contamination.</p> <p>Evaluation of the process was carried out by the care services manager/IC coordinator and IC team. There was a review of monthly infection control data to</p>

			<p>see any reduction in eye infections. Infection control data was then reported back at clinical and care staff meetings. Ongoing infection control education (sighted) occurred for staff and residents. Staff were kept up-to-date at meetings. Eye cleansing kits were stocked on drug trolleys at all times.</p> <p>In May 2017 evaluation after 18 months shows a clear pattern of sustained improvement with no eye infections across the entire care facility from December 2016 – May 2017.</p>
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End of the report.