

# Aria Gardens Limited - Aria Gardens Home and Hospital

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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:

<b>Legal entity:</b>	Aria Gardens Limited	
<b>Premises audited:</b>	Aria Gardens Home and Hospital	
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care	
<b>Dates of audit:</b>	Start date: 31 October 2018	End date: 1 November 2018
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	149	

# 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

Aria Gardens is part of the Arvida Group. The service is certified to provide rest home, hospital (medical and geriatric), dementia level of care for 153 residents. At the time of the audit there were 149 residents in total.

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

The village manager has been in this role for two and a half years and has business management experience. The village manager is supported by an assistant manager, two clinical managers and a team of registered nurses. Family and residents interviewed all spoke positively about the care and support provided.

There are systems, processes, policies and procedures that are structured to provide appropriate care for residents. Implementation is being supported through the organisation's quality and risk management programme. An induction and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place.

Three continuous improvement ratings have been awarded around good practice, activities and food services.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

All standards applicable to this service fully attained with some standards exceeded.

Staff at Aria Gardens 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). The service promotes the attitude of living well (wellness) and introduction of the household model. Residents' cultural needs are met. Policies are implemented to support residents' rights, communication and complaints management. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

## Organisational management

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

Standards applicable to this service fully attained.

Aria Gardens has a current strategic plan and a quality assurance and risk management programme that outlines objectives for the next year. The quality process being implemented includes regularly reviewed policies. Quality projects are implemented. Quality data is reported to the quarterly combined staff and monthly quality meetings. There is an annual internal audit calendar schedule. Residents and relatives are provided the opportunity to feedback on service delivery issues at monthly resident/relative meetings and via annual satisfaction surveys. The introduction of the wellness meeting has given the residents a strong voice into how the facility should be run. There is a reporting process being used to record and manage resident incidents. Incidents are collated monthly and reported to facility meetings. The service has an orientation programme in place that provides new staff with relevant

information for safe work practice. The in-service education programme for 2018 is being implemented. 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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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in electronic resident records demonstrated service integration and were evaluated at least six monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurses and senior caregivers responsible for administration of medicines complete annual education and medication competencies.

The medicine charts reviewed met legislative prescribing requirements and were reviewed at least three monthly by the general practitioner. The activity team provide and implement an interesting and varied activity programme. 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' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. There are nutritional snacks available 24 hours.

## Safe and appropriate environment

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

Standards applicable to this service fully attained.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Rooms are personalised. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services.

## Restraint minimisation and safe practice

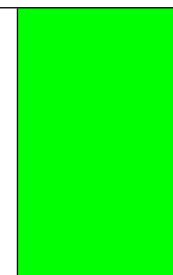
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

Standards applicable to this service fully attained.

Arvida Aria Gardens has restraint minimisation and safe practice policies and procedures in place. At the time of audit there were 23 residents with restraints and two with enablers. A clinical team leader in the hospital is the restraint coordinator. Assessments and consents were fully completed. Staff have received education and training in restraint minimisation and managing 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.

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is reviewed annually and meets the needs of the service. 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 organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	3	47	0	0	0	0	0
<b>Criteria</b>	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0



# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
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 sixteen care staff (eight caregivers, five registered nurses (RN) and three activities coordinators) confirmed their familiarity with the Code. Interviews with ten residents (four rest home and six hospital) and ten families (three rest home, five hospital and two dementia care) confirmed the services being provided are in line with the Code. The Code is discussed at resident, staff and quality meetings. Staff have received training on the Code.
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 consent.	FA	<p>Informed consent processes were discussed with residents and families on admission. Written general consent forms were evident on all resident files reviewed, four rest home residents including one younger person with a disability (YPD), seven hospital residents including one interim care and one long-term support, chronic health condition (LTS-CHC) contract and two dementia resident files. Specific consent had been signed by resident/relatives for the security keypad access (displayed) at the entrance to the rest home. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts.</p> <p>In the two dementia unit files reviewed, one had an activated EPOA and the other was in progress through the appropriate authorities. Advance directives where completed, were available in the</p>

		resident file. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the family. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.
<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 have received 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 friends' networks. There has been a focus on inter-generational partnerships with community agencies which has been successful. On interview, staff stated that residents are encouraged to build and maintain relationships. Residents and relatives 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 and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission via the information pack. Complaint forms are available at each entrance of the services. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is available. Thirty-three complaints (17 in 2018 year to date and 16 in 2017) have been received at Aria Gardens since the last audit. The complaints reviewed have been managed appropriately with acknowledgement, investigations and responses recorded. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p> <p>A complaint made through the Health &amp; Disability Commissioner (HDC) in July 2018 has been investigated and followed up. The Arvida support office responded to the HDC letter in August 2018 and at the time of the audit were awaiting a response from HDC.</p>
Standard 1.1.2: Consumer Rights	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</p>

During Service Delivery Consumers are informed of their rights.		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 admissions co-ordinator, village manager or clinical manager discusses the information pack with the resident and the family/whānau. The information pack includes a copy of the Code.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting resident's privacy and could describe how they manage maintaining privacy and respect of personal property. There is a policy that describes spiritual care. Church services are conducted regularly. Residents interviewed indicated that resident's spiritual needs are being met when required. Young people with disabilities can maintain their personal, gender, sexual, cultural, religious and spiritual identity.
Standard 1.1.4: Recognition Of Māori Values And Beliefs  Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	The service has established cultural policies to help meet the cultural needs of its residents. There is a Māori health plan in place. There were two residents that identified as Māori at the time of the audit. The files of the two residents that identified as Māori were reviewed and included a specific Māori health care plan. The service has established links with the local Iwi. Cultural and spiritual practice is supported, and identified needs are incorporated into the care planning process. Discussions with the caregivers confirmed that they are aware of the need to respond to cultural differences.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service has established cultural policies aimed at helping meet the cultural needs of its residents. Residents interviewed, reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment including resident's cultural 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 awareness, last occurring in July 2018.
Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or	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

other exploitation.		to staff on induction includes standards of conduct.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	<p>The service has policies to guide practice that align with the health and disability services standards, for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Residents 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. Arvida is operationalising their vision 'to transform the ageing experience' within the care communities through the introduction of the wellness/household model.</p> <p>The wellness/household model focuses on the relationship between the care team and the resident as partners in the pursuit of a rich and meaningful life. Aria Gardens introduced the wellness/household model in June 2017. The emphasis is on supporting each resident to live well and be actively engaged in their life the way they want it to be. Residents are supported within the care communities by decentralised self-led teams of employees that together create home, nurture relationships, determine their own lives and build community. Residents are encouraged and supported to create a comfortable living space suited to their particular needs and personal tastes. The introduction of the wellness meeting has given the residents a strong voice into how the facility should be run.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Fifteen incident/accidents (nine hospital, three rest home and three dementia level of care) forms reviewed for September 2018, had documented evidence of family notification or noted if family did not wish to be informed. Relatives interviewed, confirmed that they are notified of any changes in their family member's health status. Interpreter services are available as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of</p>	FA	<p>Aria Gardens is owned and operated by the Arvida Group. The service provides care for up to 153 residents at hospital (medical and geriatric), rest home and dementia level of care. At the time of the audit there were 149 residents in total; 87 hospital level residents including two residents on YPD contracts, one on interim care and one on a LTS-CHC contract. Forty-two rest home residents including two residents on YPD contracts and 20 residents in the dementia unit. All other residents</p>

consumers.		<p>were under the age related residential care (ARRC) contract.</p> <p>There is a village manager in place who has business management experience and has been in this role since February 2016. The village manager manages both the Aria Gardens and Aria Bay facilities. She is rostered to spend three days at Aria Gardens and two days at Aria Bay. The village manager is supported by an assistant manager, two clinical managers and a team of RNs. The two clinical managers each have annual practising certificates and undertake appropriate ongoing education for the clinical role they perform. The village manager reports to the general manager operations on a variety of operational issues and provides a monthly report. The national quality manager for the organisation was present during the audit.</p> <p>Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement. Aria Gardens has a business plan for July 2018 to June 2019. Achievements against these plans are recorded on an action plan and are reviewed by the senior operations team at least annually. Regular meetings are held between the village manager and head office as well as weekly meetings between the village manager and assistant/clinical manager.</p> <p>The village manager and assistant/clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</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>	FA	<p>In the absence of the village manager, the assistant manager is in charge. Support is provided by the organisation's general manager of Wellness and Care and care managers.</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</p>	FA	<p>There is a robust and established quality and risk management system in place at Aria Gardens which is designed to monitor contractual and standards compliance. There is a 2018/2019 business/strategic plan that includes quality goals and risk management plans for Aria Gardens. The quality and risk management system supports improved resident outcomes and identifies where improvement is required. The village manager is responsible for providing oversight of the quality and risk management system on site, which is also monitored at organisational level. Interviews with staff confirmed that there is discussion about quality data at various facility meetings. Arvida Group policies are reviewed at least every two years across the group. The Arvida office sends out new/updated</p>

principles.		<p>policies for staff to read.</p> <p>Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement. All staff interviewed could describe the quality programme corrective action process. Restraint and enabler use (when used) is reported within the quality and clinical staff meetings. Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The overall service result for the resident/relative satisfaction survey completed in March 2018 was at 86%. Corrective actions have been established in areas where improvements were identified, (ie, around food/meals and activities). Resident/family meetings occur monthly and resident and families interviewed confirmed this.</p> <p>The service has a health and safety management system that is regularly reviewed. Risk management, hazard control and emergency policies and procedures are being implemented and are monitored by the health and safety committee. The health and safety committee has been recently changed to have more representative membership. The village manager and maintenance person have completed specific health and safety training in their role. Hazard identification forms and an up-to-date hazard register are in place. Falls prevention strategies are implemented, including identifying residents at higher risk of falling and the identification of interventions on a case-by-case basis to minimise future falls, review of call bell response times, providing falls prevention training for staff and encouraging resident participation in the activities programme.</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>There is an accidents and incidents reporting policy. The clinical 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. An RN conducts clinical follow-up of residents. Fifteen incident forms reviewed demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Neurological observation forms were documented and completed for nine reviewed unwitnessed falls with potential head injuries.</p> <p>Discussions with the village manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been seven section 31 incident notifications required since the last audit. There were two notifications for police investigations (missing residents) in December 2017 and January 2018, four pressure injuries, one stage four in April 2017, one stage three in February 2018 and two unstageable pressure injuries in January and August 2018 and a norovirus outbreak in September 2018 (link 3.5).</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 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. Eleven staff files were reviewed (one village manager, two clinical managers, two RNs, four caregivers, one activities team leader and one chef). There is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in eight of ten staff files reviewed; the other two staff were new to the service. A copy of practising certificates is kept. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes video and e-learning on all aspects of the facilities procedures. Completed orientation is on files and staff described the orientation programme.</p> <p>The in-service education programme for 2017 has been completed and the plan for 2018 is being implemented through the Bridge (online training channel). Discussions with the caregivers and RNs confirmed that on-line training through the aged care channel is available. Eight hours of staff development or in-service education has been provided annually. There are 25 RNs and seven have completed interRAI training. Arvida has introduced an aged care channel on-line training for staff. There are 15 caregivers who work routinely in the dementia unit and nine have completed the dementia standards. Six caregivers are in progress of completing. All six of the caregivers have commenced work within the last 18 months. The Arvida group hosts two conferences per year for village managers and clinical managers to promote the updating of skills and knowledge.</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>	FA	<p>Aria Gardens policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 118 staff in various roles. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The village manager and the two clinical managers work 40 hours per week from Monday to Friday and are available on call after hours. The village manager is rostered to spend three days at Aria Gardens and two days at Aria Bay. In addition to the village manager and clinical managers there is at least one RN on at any one time. The RN on each shift is aware that extra staff can be called on for increased resident requirements. The caregivers interviewed stated that they have sufficient staffing levels.</p> <p>In the hospital unit there are six wings (Gardenia wing has 20 of 21 residents, Camellia wing 13 of 14 residents, Wisteria wing 14 of 14 residents, Hibiscus wing 15 of 15, Magnolia wing 15 of 16 and the Palms wing 10 of 11 residents). There are four RNs on duty on the morning shift and on the afternoon shift, and two RNs on the night shift. They are supported by four caregivers on the morning shift, three on the afternoon shift and one caregiver on the night shift in the Gardenia wing. Three caregivers on the morning shift, two on the afternoon shift and one caregiver on the night shift in each of the Camellia, Wisteria, Hibiscus and Magnolia wings. Two caregivers on the morning shift and on the</p>

		<p>afternoon shifts and one caregiver on the night shift in the Palms wing.</p> <p>In the rest home unit there are two wings (Pohutukawa wing has 22 of 22 residents and Kowhai wing 20 of 20 residents). There is one RN on duty on the morning shift who is supported by four caregivers on the morning shift, four caregivers on the afternoon shift, and two caregivers on the night shift. In the dementia unit (Kauri wing) there are 20 of 20 dementia care residents. There are three caregivers on the morning shift and on the afternoon shifts, and one caregiver on the night shift. The care manager for rest home/dementia shares her time within the two units. The RNs from the hospital cover the rest home and dementia units on the afternoon and night shifts. Interviews with staff, residents and family members confirmed there are sufficient staff to meet the needs of residents.</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 in the individual residents' electronic files. Clinical notes were current and integrated with GP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Residents' files are protected from unauthorised access by being locked away in the nurses' stations and password protected on computers. Other residents or members of the public cannot view sensitive resident information. Records were legible with the name and designation of the person making the entry identifiable.</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>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs on the services and rest home, hospital and dementia level of care are provided for families and residents prior to admission or on entry to the service. All admission agreements reviewed (for long-term residents) align with all contractual requirements. 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>	FA	<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 exit or discharges to and from the service.</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>There are policies and procedures in place for safe medicine management that meet legislative requirements. Clinical staff who administer medications (RNs and senior caregivers) have been assessed for competency on an annual basis and attend annual medication education. Medications are stored safely in each unit. All medication (robotic rolls) is checked on delivery against the medication chart. The medication fridges in each medication room are checked daily and are maintained within the acceptable temperature range. All eye drops were dated on opening. There is a bulk supply order for hospital level residents. There was one rest home resident self-medicating on the day of audit. Self-medication competency had been completed on e-Case. Twenty-six medication charts reviewed met legislative requirements. The medication charts had been reviewed three monthly.</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>	CI	<p>The qualified head chef is supported by a second chef, one cook and five kitchenhands. Staff have been trained in food safety and chemical safety. All meals and baking are prepared and cooked on-site. The food control plan has been verified and expires 28 May 2019. The seasonal menu has been designed in consultation with the dietitian at an organisational level and seeks feedback from residents. Menu choices are decided by residents (or primary care staff if the resident is not able) and offer choices. Diabetic desserts and gluten free diets are accommodated as required. Meals are delivered in hot boxes or bain maries and served in the unit dining rooms. The chef receives a resident dietary profile for all new admissions and is notified of any dietary changes. Resident dislikes are accommodated and listed on the kitchen whiteboard. Alternative foods are available on the menu or offered.</p> <p>Cultural, religious and food allergies are accommodated. Nutritious snacks are delivered regularly to the dementia care units. Fortified meals are provided on RN/dietitian request. Freezer and chiller temperatures and end cooked, re-heating and serving temperatures are taken and recorded twice daily. The chilled goods temperature is checked on delivery. All foods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Residents can provide feedback on the meals through resident meetings, resident survey and direct contact with the food services staff. Residents and relatives interviewed spoke very positively about the choices and meals provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to</p>	FA	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>

the consumer and/or their family/whānau is managed by the organisation, 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 RN completes an interim care plan on admission including relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes for 12 of 13 resident files reviewed including the LTS-CHC resident and YPD person. An interim assessment and support plan had been completed for the one resident under interim care funding. The outcomes of assessments are reflected in the needs and supports documented in the care plans. Other available information such as discharge summaries, medical notes and in consultation with resident/relative significant others are included in the long-term care plans.</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 care plans reviewed on the resident electronic system for long-term were resident focused and individualised. Support needs as assessed were included in the long-term care plans reviewed. The e-Case programme identifies interventions that cover a set of goals including managing medical needs/risks. Key symbols on the resident's electronic home page identify current and acute needs such as (but not limited to); current infection, wound or recent fall.</p> <p>Short-term care plans are activated for short-term needs and are either resolved or if ongoing, added to the relevant care plan. There was evidence of allied health professionals involved in the care of the resident including physiotherapist, podiatrist, dietitian, nurse specialist, community mental health services and assessment and rehabilitation service. This was integrated into the electronic e-Case individualised record.</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 interviewed reported their needs were being met. The family members interviewed stated their relative's needs were being appropriately met. When a resident's condition alters, the RN initiates a review and if required a GP visit or nurse specialist consultant. Care plans reflect the required health monitoring interventions for individual residents. Computers in each nurse's station allows caregivers the opportunity to sign the work prompt when the action has been completed, (eg, resident turns, fluids given [sited]). Monitoring charts are well utilised. Electronic short-term care plans are utilised for changes to health. Resident falls are reported electronically and written in the progress notes. Neurological observations are completed for unwitnessed falls or falls where residents hit their heads. Family are notified of all changes to health as evidenced in the electronic progress notes. Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence</p>

		<p>and wound care supplies.</p> <p>There is access to a continence specialist as required. Wound assessments, wound management plans and photos were reviewed on e-Case for 18 hospital level residents and two rest home residents. There were six hospital level residents with facility acquired pressure injuries on the day of audit (two stage one, two stage two, one stage three and one unstageable). When wounds are due for a change of dressing, a task is automated on the RN daily schedule. The unstageable pressure injury has had input from the GP and wound care nurse specialist and photos demonstrate wound healing progress. Pressure injury prevention equipment is available and is being used. Caregivers document changes of position on e-Case. Monitoring charts are completed on the electronic system such as pain, observations, behaviour, sleep charts, weight, food and fluids, neurological observations and repositioning. Work logs for the caregivers and RNs record that cares and monitoring is completed as outlined in the care plans.</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>	FA	<p>The service employs three activity coordinators (one diversional therapist (DT) and one with dementia unit standards) who cover the Monday to Friday (rest home, hospital and dementia care). The rest home and hospital programme has integrated activities which identifies the location of the activity. Residents are assisted to attend the activities. There are plenty of resources available for care staff to implement activities. Care staff coordinate and implement activities in the dementia unit as part of their role. The activity team provide individual and group activities that meets the cognitive and physical abilities and preferences of the residents. Activities include (but are not limited to); exercise groups, Tai Chi, news and views, board games, chats, reminiscing, music, crafts, hand and nail care, happy hours, memory lane and walks. Exercise classes are run twice weekly.</p> <p>There are weekly entertainers and community visitors including churches, preschool children, mums and bubs groups and pet therapy. Volunteers are involved in the programme. Some activities are integrated between the three resident groups. One-on-one activities such as individual walks, newspaper reading, and hand massage occur for residents who choose not to be involved in group activities. Themes and events are celebrated. There are regular outings/scenic drives for all residents. The service has a 12-seater van with a hoist for wheelchairs. A resident leisure profile is completed on admission. Individual leisure plans were seen in resident electronic files. The activity coordinators are involved in the six-monthly review with the RN. The service receives feedback and suggestions for the programme through resident wellness meetings, resident integrated meetings and annual survey. The residents interviewed were happy with the activities provided.</p>
Standard 1.3.8: Evaluation	FA	All interim care plans for long-term residents were evaluated by the RN within three weeks of

Consumers' service delivery plans are evaluated in a comprehensive and timely manner.		admission. Long-term care plans have been evaluated by the RN six monthly or earlier for any health changes for the long-term resident files reviewed. One rest home resident had not been at the service six months. The interim care resident was not required to have an evaluation. Family are invited to attend the multidisciplinary review meeting and case conference notes are kept. Written evaluations reviewed identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)  Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	There are documented policies and procedures in relation to exit, transfer or transition of residents. Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where residents had been referred to the wound care nurse specialist, dietitian, mental health services for older people and the speech language specialist. Discussion with the RN identified that the service has access to a wide range of support either through the GP, specialists and allied health services as required.
Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and guards are available for staff. There are sluice rooms in each clinical area.
Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building holds a current warrant of fitness which expires 20 July 2019. There is a maintenance person who works full-time. Contractors are available when required. Electrical equipment has been tested and tagged. The hoist and scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The communal lounges and hallways are carpeted. Bedrooms in the rest home are carpeted, there is vinyl flooring in the hospital and dementia unit.  The corridors are wide, have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The

		external areas and gardens were well maintained. All outdoor areas have seating and shade. There is safe access to all communal areas. The dementia unit garden is safely fenced. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital and dementia level of care residents.
<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	Thirty-four rooms have ensuites, 116 rooms have toilets and hand-basins and in the hospital, there are 37 rooms where residents use communal showers and toilets. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and hoists if appropriate. There are signs and privacy locks on all shower/toilet doors. The toilet seats in the dementia unit have coloured seats which gives a visual prompt to residents.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	All rooms are single. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. In the dementia unit, bedroom doors have individual painted designs that reflect a home's front door. This provides visual prompts for residents.
<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	There are large and small communal areas in the rest home, hospital and dementia unit. Activities occur in the larger areas and the smaller areas are where residents who prefer quieter activities or visitors may sit. There are spacious dining rooms in each unit. The facility has set up drinks bars in the dining rooms in the rest home and in reception. There is a hairdressing salon.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry</p>	FA	All laundry is done on-site. The laundry is divided into a "dirty" and "clean" area. There is a laundry and cleaning manual and safety datasheets. Personal protective equipment is available. Cleaning and laundry services are monitored through the internal auditing system. The cleaner's trolley was attended at all times or locked away when not in use. All chemicals on the cleaner's trolley were

services appropriate to the setting in which the service is being provided.		labelled. There are sluice rooms in each clinical area for the disposal of soiled water or waste and the sluicing of soiled linen if required. The sluice rooms and the laundry are kept locked when not in use. On admission all personal clothing is labelled.
Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations.	FA	<p>There is an emergency/disaster management plan in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted, with the last fire evacuation drill occurring on 26 September 2018. All RNs hold a current first aid certificate. There is an approved NZ Fire Service evacuation scheme in place, letter dated 17 August 2007. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. Short-term backup power for emergency lighting is in place.</p> <p>The facility is well prepared for civil emergencies with four civil defence kits and a store of emergency water (water tanks and bottled water) and one BBQ, three portable gas cookers and gas hobs in the kitchen for alternative cooking. Emergency food supplies sufficient for three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. The facility is secured at night.</p>
Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	All bedrooms and communal areas have ample natural light and ventilation. Apart from 40 rooms that have electric panel heaters, there is electrical underfloor heating. Staff and residents interviewed stated that this is effective. There is one outdoor area where residents smoke. All other areas are smoke free.
Standard 3.1: Infection control management  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	FA	The clinical manager/RN is the infection control coordinator with responsibility of overseeing infection control management for the facility. The infection control coordinator provides reports to the village manager, infection control committee/quality team meeting. The infection control programme is reviewed twice yearly in consultation with the clinical managers at the Arvida forums. Visitors are asked not to visit if they are unwell. Hand sanitisers were appropriately placed throughout the facility. Residents are offered the annual influenza vaccine.

scope of the service.		
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator has attended infection control education at the DHB in April 2017 and has completed the MOH on-line infection control course October 2018. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The infection control committee comprises of representatives from the clinical staff, food services, and housekeeping services. The committee meets monthly as part of the quality team meeting. Advice and support is readily available from expertise within the organisation, infection control nurse specialist at the DHB, laboratory technician, GPs and public health.</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>There are infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a range of policies, standards and guidelines and includes responsibilities of the infection control team and training and education of staff. The policies have been reviewed by the Arvida Group at support office.</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 policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred annually and includes hand hygiene. There are informal "quality circles" where there are discussions held regarding infection control practices for the prevention of infections such as mouth cares, toileting hygiene cares etc. Infection prevention and control competency (questionnaire and hand hygiene audit) is part of the staff orientation process. Resident education occurs as part of daily cares.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Arvida group infection control manual. Monthly infection data is collected for all infections based on signs, symptoms and definition of infection. Infections are entered into the infection register on the electronic data base. Surveillance of all infections is entered onto a monthly infection summary. This</p>

objectives, priorities, and methods that have been specified in the infection control programme.		data is monitored and analysed for trends monthly and annually. Infection control surveillance is discussed at facility meetings. Meeting minutes are displayed for staff. Internal infection control audits are completed with corrective actions for areas of improvement. There has been one norovirus outbreak in September 2017. Documentation demonstrated the outbreak was well managed. The relevant authorities were notified.
Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised.	FA	The facility has a restraint policy and procedure and the restraint coordinator aims to reduce the number of restraints used. Assessment and approval process for restraint use included the restraint coordinator, RNs, resident/family and GP. The service completes assessments for residents who require restraint or enabler interventions. These are undertaken by suitably qualified and skilled staff in partnership with the family/whānau. At the time of the audit there were 23 residents with restraints and two residents using enablers. Enabler use is voluntary. Restraint minimisation and managing challenging behaviour are part of orientation and are repeated for all staff at least annually.
Standard 2.2.1: Restraint approval and processes  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.	FA	If a RN assesses a restraint is appropriate, this is discussed with the restraint coordinator. The facility's restraint processes are adhered to. An assessment is completed, consent is obtained and all information regarding the use of restraint is documented and conveyed to all staff (including the GP and physiotherapist), the resident and family. In an emergency a RN may apply a restraint, however the restraint coordinator and the GP must be informed as soon as possible.
Standard 2.2.2: Assessment  Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	Assessment and approval process for restraint use includes the restraint coordinator, RNs, resident/family and GP. The service completes assessments for residents who require restraint. These are undertaken by suitably qualified and skilled staff in partnership with the family/whānau. Before restraint is commenced, a rigorous assessment including risks, is completed. There is a detailed risk assessment on e-Case. All possible alternative interventions/strategies to restraint are explored before a restraint is approved.
Standard 2.2.3: Safe Restraint Use	FA	Restraint is only ever used as a last resort for safety reasons. All restraint policies and procedures are



Services use restraint safely		adhered to. An electronic register is maintained on e-Case. The restraint coordinator coordinates all planning, preparation and use. Each episode of restraint, all monitoring and evaluation are documented in e-Case.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	Each episode of restraint is documented in e-Case. Any changes required are documented in the resident's care plan. The restraint coordinator will follow up care staff if further education is required. He also liaises with the resident/family. At present all restraints are reviewed six monthly but the restraint coordinator would like to change to three monthly.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	The restraint coordinator reports weekly to management and monthly to the RN meeting. The Arvida national quality manager also reviews the restraint statistics. Trends are analysed and discussed. Any required actions/changes are put in place.

## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.12.2 Consumers are supported to access services within the community when appropriate.	CI	The service identified an opportunity to develop new initiatives for activities by creating partnerships with the community that will enrich the lives of residents and community participants. This was included in the business goals for 2018 and the service has achieved a successful outcome for residents and the community groups involved in the inter-generational activities.	<p>In 2017 to 2018 to date the management and activities team have actively created opportunities for inter-generational activities and community interaction and socialisation. There were several community connections under the umbrella of “community partnerships” including:</p> <p>1) Aria Gardens has worked in conjunction with Massey university and Albany primary school children to put in place “Timeslips” community connections project, whereby speech language students and primary school students are selected to work together on improving communication skills. The children then visit the residents on a weekly basis (for one school term) with their SLT tutor for a group creative storytelling activity that involves all residents. The experience provides students social confidence and enhances resident’s well-being and improved communication abilities. The residents were invited to the school for the finale performance at the end of the project and enjoyed afternoon tea with the students.</p> <p>2) The local high school Gateway project has provided an opportunity for</p>

			<p>students to gain work experience for those wishing to work in the medical, health, social service and aged care sectors. The service accepts two to three students per term under the Gateway project. The students involve themselves in activities with the residents and the residents enjoy the younger people around.</p> <p>3) Inter-generational activities with another school commenced with a music class visiting the residents to play musical instruments and perform concerts. When the music class moved on, upcoming students continued to visit frequently. The 'Adopt a Teenager' project began with a resident and a teenager meeting up regularly to share fun individual activities together and group activities such as inter-generational bingo mornings. This has encouraged residents to remain active and connected in their lives, and provide residents a link to the outside world. The teenagers gained confidence and felt comfortable in the company of the elderly.</p> <p>4) There is a close link between the Knitters and Natters knitting group and the SPCA Outreach project. The knitting group made blankets for the SPCA who visited fortnightly with the pets they lovingly knitted for. This gave the residents a furry link to their project and the chance to interact with the animals and their handlers whilst working together for a common community goal. The residents visited the SPCA to present their blankets followed by an afternoon tea.</p> <p>5) Aria Gardens combines with the RSA to host an ANZAC service in the community on an annual basis.</p> <p>Documented evidence of the success of the above inter-generational activities include photos, video clips, resident meeting minutes, emails from students and the community, Timeslip project manager, resident evaluations for community connections and adopt a teenager project.</p>
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that</p>	CI	<p>The wellness/household model focuses on the relationship between the care team and the resident as partners in the pursuit of a rich and meaningful life. The emphasis is on supporting each resident to live well and be actively engaged in their life, the way they want it to be. Residents are supported within</p>	<p>The wellness/household model of resident care improvement focuses on the relationship between the care team and the resident as partners in the pursuit of a rich and meaningful life. Aria Gardens was one of the first Arvida facilities to support resident-centred care and introduced the wellness/household model in June 2017. In a planned approach, staff began creating a resident led care environment from a task-focussed approach to a relationship based one reflecting increased choice, autonomy</p>

encourages good practice, which should include evidence-based practice.		the care communities by decentralised self-led teams of employees that together create home, nurture relationships, determine their own lives and build community. Residents are encouraged and supported to create a comfortable living space suited to their particular needs and personal tastes.	<p>and engagement. The five pillars; Eating, Moving, Resting, Thinking and Engaging have created an opportunity for the residents to move away from an institutional care environment to one that enables the resident to determine how their day plays out. Wellness/household meetings were initiated and included collaboration between residents and staff in this newly arranged area.</p> <p>At the meetings, residents' preferences for how they would like to live; environment, routines, freedom of choice, resources, care team approach etc were discussed. Residents had the opportunity to design their model of care. Staff contributed what they would like if they were residents, and the challenges they faced in providing that, and obstacles to be overcome. The outcome of the wellness/household model implementation is that there is a greater acceptance of the model, with significant measurable changes in residents' wellbeing and interaction. Family have expressed an improvement in their loved one's demeanour and interaction and are finding the visiting experience significantly improved. Documented comments from families stated the resident feels more engaged and this has enabled deeper relationships for family and residents. Residents stated that staff have helped them to feel more engaged and have found ways to meet their personal needs.</p>
<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer</p>	CI	Since 2016 when the new village manager commenced, there have been a number of changes introduced to ensure residents' nutritional needs are met and the dining experience improved. This has been achieved as evidenced by resident/family feedback.	<p>The existing kitchen was built to service a much smaller facility when Aria Gardens had been a smaller service. In May 2018 the entire kitchen was rebuilt in order to improve kitchen functionality. Staffing was restructured to have trained chefs and a cook for the evening meal. The four-week rotating seasonal menu now offers choices including two main dishes for the midday meal and resident requests for meals. Gluten and lactose free meals are available on request. Cultural dietary needs are met as requested.</p> <p>There has been feedback and consultation with residents on the new menu with concerns and feedback noted and changes made such as decreasing the spiciness of curries and fewer noodle dishes. There has been ongoing education for staff around food services and nutrition and hydration. The dining experience has improved through staff etiquette, more choices and presentation and a relaxed rather than rushed meal time as observed in the dining areas of each unit on the day of audit. The facility rarely receives any negative feedback regarding meals and the latest food satisfaction survey</p>

group.			between 21 June and 15 July 2018 was very favourable.
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End of the report.