Mayfair Lifecare (2008) Limited - Mayfair Lifecare

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:	Mayfair Lifecare (2008) Limited
Premises audited:	Mayfair Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 April 2019 End date: 11 April 2019

Proposed changes to current services (if any): The service has proposed a reconfiguration of dual-purpose beds to eight. These are situated in the Randolph wing, close to the nurses' station.

Total beds occupied across all premises included in the audit on the first day of the audit: 69

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Mayfair Lifecare is part of the Arvida aged care residential group. The service provides hospital (medical and geriatric) and rest home level care for up to 86 residents. Including rest home level care in 23 serviced apartments. On the day of audit, there were 69 residents in total. The residents, relatives and general practitioner commented positively on the care and services provided at Mayfair Retirement Village.

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

This audit also included verifying eight rest home only rooms as suitable for dual-purpose. These rooms are situated in the Randolph wing nearest the nurses' station. All eight rooms have been verified as suitable to provide hospital or rest home level care.

A village manager (non-clinical) has been in the role since March 2017. He is supported by a clinical manager who has experience in aged care.

The service has been awarded a continuous improvement rating for community engagement and their activity programme.

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

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.

The quality and risk management programme includes service philosophy, goals and a quality/business planner. Meetings are held to discuss quality and risk management processes. Residents/family meetings are held regularly, and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported. Falls prevention strategies are in place that includes the analysis of falls incidents. An education and training programme has been implemented with a current training plan in place for 2019. 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.

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. Qualified nurses and senior caregivers responsible for administration of medicines complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three monthly by the general practitioner.

The activity team provide and implement an interesting and varied integrated activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and resident preferences.

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

Safe and appropriate environment

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

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. There is a mix of bedrooms with own ensuites, and communal toilets/showers. 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. Staff have planned and implemented strategies for emergency management. There is a staff member on duty at all times with a current first aid certificate.

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.

Mayfair 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.

Infection prevention and control

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

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation 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)
Standards	2	43	0	0	0	0	0
Criteria	2	91	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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 twelve staff (six caregivers, two registered nurses and one enrolled nurse, one wellness leader, one cleaner, and one maintenance person) confirmed their familiarity with the Code. Interviews with seven residents (three rest home, four hospital) and two relatives (hospital) confirmed the services being provided are in line with the Code. The Code is discussed at resident, staff and quality meetings.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Informed consent processes were discussed with residents and families on admission. Written general consents for photographs, release of medical information, and medical cares were signed as part of the admission agreement (under permissions granted). A transport and outings indemnity consent form was signed and sighted in the nine long-term residents' files reviewed (five hospital and four rest home including one resident in the serviced apartments). Specific consent had been signed by resident/relatives for procedures such as the influenza vaccine. 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 and activated

		where required. Advance directives for health care including resuscitation status had been completed where residents were deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the family. Discussion with family members (two hospital) identified that the service actively involves them in decisions that affect their relative's lives.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	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.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	CI	Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, all staff stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/family visiting could occur at any time. The service has exceeded the required standard around encouraging engagement with the community.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	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. Seven complaints (three in 2018, and four in 2019 YTD including a HDC letter dated 9 April 2019 requesting information regarding a complaint about another service) have been received at Mayfair Lifecare since the last audit. The complaints reviewed had been managed appropriately with acknowledgement, investigations and responses recorded. Residents and family members advised that they are aware of the complaints procedure and how to access forms.
Standard 1.1.2: Consumer Rights	FA	The information pack provided to residents on entry includes information on how to make a complaint, and information on advocacy services and the Code. This information has been discussed with

During Service Delivery Consumers are informed of their rights.		residents and/or family members on entry to the service. Large print posters of the Code and advocacy information are displayed in the facility. The admission agreement includes information around the scope of services, and any liability for payment for items not included in the scope and the Code. Resident meetings provide the opportunity to raise issues/concerns. The facility manager, the clinical manager and two RNs interviewed described discussing the information pack with residents and family members on admission.
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 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. Six caregivers interviewed, reported that they knock on bedroom doors prior to entering and ensure doors are shut when cares are being given and do not hold personal discussions in public areas. All the residents interviewed confirmed that their privacy is being respected. Residents with shared bathrooms have a privacy lock. Resident files reviewed identified that cultural and/or spiritual values and individual preferences were identified on admission with family involvement and these were documented in the residents' care plan. This includes cultural, religious, social and ethnic needs.
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	There is a Māori health plan and cultural safety policy to guide practice, including recognition of Māori values and beliefs and identify culturally safe practices for Māori. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged. Cultural needs are addressed in the care plan. Links are established with community representative groups as requested by the resident/family. Cultural training is provided for staff. One resident identified as Māori at the time of the audit. Discussions with staff 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	FA	The residents' personal needs and values were identified on admission and this information was gathered from previous interRAI assessments and residents, family and/or EPOA. All care plans reviewed included the resident's social, spiritual, cultural and recreational needs. During interviews,

Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.		staff described talking to residents during cares and getting to know what is important to them, and learning about different cultures and values. Caregivers can describe how they meet the individual needs of residents. Staff receive training on cultural safety/awareness.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	The facility has a staff code of conduct, which states there will be zero tolerance against any discrimination occurring. The abuse and neglect processes cover harassment and exploitation. All residents interviewed reported that the staff respected them. Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	There are comprehensive policies and procedures, and a staff training programme which covers all aspects of service delivery. Internal auditing programmes are implemented. External specialists such as wound care specialists, Nurse Maude service, dietitian and continence nurse were used where appropriate. Weekly clinical meetings show improvements in clinical care. There is an Arvida-wide benchmarking programme, monitoring against clinical indicators were undertaken against all sites. There is an active culture of ongoing staff development with the Careerforce programme being implemented. There are implemented competencies for caregivers and RNs. There are clear ethical and professional standards and boundaries within job descriptions. 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 relatives 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.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Residents interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident. Full and frank open disclosure occurs. Incident/accidents forms reviewed had documented evidence of family notification or noted if family did not wish to be informed.

		Relatives interviewed confirmed that they are notified of any changes in their family member's health status. A residents' and wellness meeting occurs bi-monthly. At this meeting previous meetings are discussed, agenda is followed, time spent on "general business" food and activities are discussed, as well as matters arising from residents. New staff are introduced, residents are informed about staff achievements, incident and infection trend analysis outcomes, complaints and their resolutions, internal audit outcomes and any planned improvements or changes. Any issues arising from the meeting are communicated to staff. Any issues raised from these meetings are investigated by the village manager and there was evidence of implemented corrective actions. Interpreter services are available as required. There is a non-English speaking resident residing at Mayfair currently, and along with the family, there is a member of staff who talks in the same language who interprets needs. Staff can describe the use of picture cards and non-verbal communications skills used to communicate with this resident.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Mayfair Lifecare is owned and operated by the Arvida group. The service provides care for 86 residents, 63 care beds and 23 serviced apartments. On the day of audit, there were 69 residents in total, 40 rest home level care, including 12 in the serviced apartments, and 29 hospital level care residents. All residents are on the ARC contract. The double rooms used previously are now single premium rooms reducing the residents from 88 to 86. The previous (surveillance) audit verified eight dual-purpose rooms, three of these were in the serviced apartments. The manager has deemed the previously verified serviced apartments to be used for rest home residents only. This audit verified eight rest home beds for dual-purpose, as per the MOH reconfiguration letter dated 21 March 2019. These are situated in the Randolph wing (28 rooms), the eight dual-purpose rooms are those nearest to the hospital wing. There is a village manager has been in the role since March 2017. He is supported by an experienced clinical manager who has been in the position since August 2017, having previously worked at another Arvida facility for five years. The village manager is supported by a 'support partner' (the national purchasing manager). The clinical manager is supported by the national wellness manager and the national quality manager. The village manager reports to the support partner on a variety of operational issues and provides a monthly report. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement. Mayfair Lifecare has a business plan for 2018–2019 that is due for review in May 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, clinical

		manager, household coordinator, and wellness leader. The village manager and clinical manager have completed in excess of eight hours of professional development in the past twelve months.
Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.	FA	In the absence of the village manager, the clinical manager is in charge. Support is also provided by the general manager operations, the general manager wellness and care, and the care staff.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	There is a 2018 business/strategic plan that includes quality goals and risk management plans for Mayfair Lifecare. Interviews with staff (two registered nurses, one enrolled nurse, six caregivers, one wellness leader, one cook, one cleaner and one maintenance) confirmed that there is discussion about quality data at various staff meetings. The village manager is responsible for providing oversight of the quality programme, which is also monitored at an organisational level. The quality and risk management programme is designed to monitor contractual and standards compliance. The site-specific services policies have been transitioning over to the Arvida Group policies. Head office uploads to the Arvida intranet new and/or updated policies so these are available to all staff. 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. An example includes providing registered nurses with ‘paper days’ to ensure all aspects of care planning timeframes are met, when there was a change of interRAI trained staff. The e-case system alerts staff to residents change in condition for example weight loss, resulting in early awareness and management to prevent further decline. Staff interviewed could describe the quality programme corrective action process. Restraint and enabler use (which have not been used since January 2017) is reviewed within the quality and clinical staff meetings. Health and safety goals are established and regularly reviewed. The Health and Safety Committee has been recently changed to have more representative membership; seven representatives have received specific health and safety training in their role webinar. Hazard identification forms and a

		hazard register are in place. Resident/family meetings occur bi-monthly and resident and families interviewed confirmed this. Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The resident/relative satisfaction survey completed in March 2019, showed overall satisfaction with the service. Corrective actions were established in areas where improvements were identified, around food/meals and activities. 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. There are students from the university sports college who come to the facility to conduct an eight-week balance and exercise programme three times a year. A variety of residents from the care centre, apartments and village attend.
Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.	FA	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. A registered nurse (RN) conducts clinical follow-up of residents. Twelve incident forms (eight hospital and four rest home) reviewed for March 2019, demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Neurological observation forms were documented and completed for any unwitnessed falls. Discussions with the village manager and clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 incident notification completed since the last audit for a pressure injury (sighted).
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	There are human resource management policies in place. This includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. Nine staff files were reviewed (one clinical manager, clinical leader, two RN, two senior caregivers (one SA) one diversional therapist, one head cook, one cleaner). There is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. A copy of practising certificates is kept. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Completed orientation is on files, and staff described the orientation programme. The in-service education programme for 2018 has been completed and the plan for 2019 is being implemented. The village manager, clinical manager and RNs are able to attend external training, including sessions

		provided by the district health board (DHB). Discussions with the caregivers and the RNs confirmed that ongoing training is encouraged and supported by the service. Eight hours plus of staff development or in-service education has been provided annually. There are nine RNs and six of them have completed interRAI training.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	Arvida Mayfair Lifecare 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 68 staff in various roles. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The village manager works 40 hours per week from Monday to Friday and are available on call after hours. In addition to the village manager, the clinical manager works four days a week (Monday to Thursday), 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. Interviews with staff, residents and family members confirmed there are sufficient staff to meet the needs of residents. The caregivers interviewed stated that they have sufficient staffing levels. Registered nurses have 'paperwork' days once a week to catch up with interRAI assessments and care planning. Across the two hospital wings Cressy and Seymour (29 hospital residents and three rest home residents), there are two RNs on duty on the morning and one RN afternoon and the night shift. They are supported by five caregivers; (one senior caregiver and two caregivers 7.30 am to 4.00 pm, one caregiver 7.00 am to 3.00 pm, and one caregiver 7.00 am to 1.30 pm on the morning shift). The afternoon shift has three caregivers 4.00 pm to midnight, and two caregivers 4.00 pm to 10.00 pm. Night shift has two caregivers' midnight to 7.00 am. In the Randolph rest home wing (25 rest home residents), there is one RN on duty on the morning shift and one RN on the afternoon shift Sunday to Thursday with senior caregivers (medicine competent) covering on Friday and Saturdays. The hospital RNs cover the rest home on these days and the night shift. They are supported by three caregivers; (one senior and one caregiver 7.00 am to 3.00 pm, and one caregiver 7.30 am to 4.00 pm) on the morning shift. Two caregivers are on in the afternoon shift (one 4.00 pm to midnight and one caregiver 3.30 pm to 8.45 pm), and one senior caregiver on the night shift. The serviced apartments (12 rest home residents) have a separate roster with one enrolled nurse (EN) on duty on the morning 7.30 am to 4.30 pm Monday to Friday, supported by two caregivers (one senior caregiver and 7.00 am to 3.00 pm and one caregiver 7.00 am to 1.30 pm). The afternoons have one senior caregiver 4.15 pm to midnight, and one 4.30 pm to 8.30 pm, one caregiver is on nightshift. The apartments are a wing off the main rest home/hospital. The nurses' station is in close proximity to the serviced apartment wing and registered nurses oversee the residents in the apartments. All senior

		caregivers are medicine competent.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	All relevant initial information was recorded within required timeframes into the resident's individual electronic record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access and are held electronically, accessible by password only. Care plans and notes are legible. All resident records contain the name of resident and the person completing. Individual resident files demonstrate service integration including records from allied health professionals and specialists involved in the care of the resident.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs on the services and rest home and hospital level of care are provided for families and residents prior to admission or on entry to the service. All nine admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exit or discharges to and from the service.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	There are policies and procedures in place for safe medicine management. Medications are stored safely in the three medication rooms (rest home, hospital and serviced apartments). Clinical staff who administer medications (RNs, enrolled nurses and senior caregivers) have been assessed for competency on an annual basis and attend annual medication education. Registered nurses have completed syringe driver training with the hospice. All medication (blister packs) are checked on delivery against the paper-based medication charts by two RNs. The bulk supply order for hospital level residents have expiry dates and stock levels checked monthly. There were three rest home self-medicating residents for inhalers. Self-medication assessments had been completed on the eCase system and reviewed three-monthly by the GP. The medication fridge is checked as per policy, and temperatures are maintained within the acceptable temperature range. All eye drops sighted in the

		medication trolleys were dated on opening. Eighteen medication charts (paper-based) were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three monthly. 'As required' medications had prescribed indications for use.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	The food services are overseen by a chef/household manager. All meals and baking are prepared and cooked on-site by qualified chefs who are supported by cook assistants, morning and afternoon kitchenhands. All food services staff have completed food safety training. The Arvida seasonal menu is reviewed twice yearly and includes resident references. The main meal is the evening meal. Buffet breakfasts are in place in line with the Arvida Living Well model. The cook receives resident dietary profiles and notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies and gluten free diets. The menu provides pureed/soft meals. The kitchen is adjacent to the main dining room and meals are plated in the kitchen and served to residents in the rest home and hospital dining rooms. Meals are delivered in the bain marie to the serviced apartments kitchenette for serving. The food control plan has been verified for 18 months and expires 14 August 2020. Freezer, fridge and end-cooked, re-heating (as required), cooling and serving temperatures are taken and recorded daily. The dishwasher rinse and wash temperatures are taken and recorded. All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Residents provide feedback on the meals through resident meetings and resident survey. The cook receives feedback directly both verbally and through resident meetings. Residents and relatives interviewed spoke positively about the choices and meals provided.
Standard 1.3.2: Declining Referral/Entry To Services 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.	FA	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.
Standard 1.3.4: Assessment	FA	The RN completes an admission assessment including relevant risk assessment tools. Risk

Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.		assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes. The outcomes of assessments are reflected in the needs and supports documented in the care plans on the electronic eCase system. Other available information such as discharge summaries, medical and allied health notes and consultation with resident/relative or significant others are included in the long-term care plans.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Resident care plans on the resident electronic system for all resident files reviewed were resident focused and individualised. Support needs as assessed were included in the long-term care plans. The eCase programme identifies interventions that cover a comprehensive set of goals including managing medical needs/risks. Care plans include the involvement of allied health and community workers to assist the residents in meeting their specific goals around wellbeing. Key symbols on the resident's electronic home page identity current and acute needs such as (but not limited to); current infection, wound or recent fall. Short-term needs are added to the long-term care plan and removed when resolved. There was evidence of allied health care professionals involved in the care of the resident including physiotherapist, physiotherapy aide, podiatrist, dietitian, community mental health services and palliative care nurse.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	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 registered nurse initiates a review and if required a GP visit or nurse specialist consultant. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs sign a care activity worklog with scheduled tasks and monitoring charts including repositioning, bowel chart, behaviour chart, food and fluid chart, weight, blood pressure monitoring, blood sugar levels, neurological observations and toileting regime. Monitoring charts are well utilised. Family are notified of all changes to health as evidenced in the electronic progress notes. Wound assessments, wound management plans with body maps, photos and wound measurements were reviewed on eCase for four residents with wounds (skin tears, chronic lesion and two surgical wounds). There were no pressure injuries on the day of audit. When wounds require a change of dressing, this is scheduled on the RN daily schedule. There is access to the wound nurse specialists at Nurse Maude and the plastics department at the DHB. Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a

		continence specialist as required.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	CI	The service Wellness Leader is a qualified occupational therapist (OT) who works full-time and has been in the role two years. She is supported by a full-time diversional therapist (DT) and an activity coordinator for 18 hours a week. The programme is integrated (rest home including service apartments and hospital residents) from Monday to Friday. Residents receive a copy of the programme which has set daily activities and additional activities, entertainers, outings, movies, sports on TV and resident led activities. There are two main areas for activities which are identified on the programme as the main lounge and the gallery which has been set up where activities can be set up any time. Resources are readily available in the gallery. There are volunteers and are staff involved in weekend activities. One-on-one activities such as individual walks, chats and hand massage occur for residents who are unable to participate in activities or choose not to be involved in group activities. The activity team provide individual and group activities that align with the Wellness model of thinking well, engaging well and moving well. These include (but are not limited to); daily exercise groups, newspaper reading, board games, quizzes, happy hours, outdoor garden walks and activities, book club, hand and nail care and bowls. Art classes have been introduced and observed on the day of audit. Community visitors include volunteers, SPCA pet therapy visits, church services, school children groups, speakers and entertainers. There are inter-home visits for bowls. The Mayfair choir provide entertainment. Resident led groups include the ladies' group and men's' group with their choice of activities and outings. The service has a van and hires a wheelchair taxi for outings into the community. A resident leisure profile is completed soon after 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 integrated meetings (rest home and hospital) and surveys. The residents and relatives interviewed were happy with the variety of activities provided. There is a resident wellness committee and a resident Wellness Leader for the residents who advocate for residents, providing suggestions for activities and outings and attends the Age concern coffee group monthly.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	All initial care plans for long-term residents were evaluated by the RN within three weeks of admission. Long-term care plans have been evaluated by the RN six monthly or earlier for any health changes in the electronic resident files reviewed. Family are invited to attend the multidisciplinary review meeting and case conference notes are kept on the electronic system. 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 electronic progress notes.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	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. Discussion with the registered nurses identified that the service has access to a wide range of support either through the GP, specialists and allied health services as required. There is evidence of referrals for re-assessment from rest home to hospital level of care.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons, and are available for staff and they were observed to be wearing these as they carried out their duties on the day of audit. There are sluice rooms with appropriate personal protective clothing. Staff have completed chemical safety training by the provider of chemical supplies.
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 1 August 2019. The maintenance manager works full-time and is on the health and safety committee. There is a maintenance request book for repair and maintenance requests located at the reception. This is checked daily and signed off when repairs have been completed. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment and testing and tagging of electrical equipment. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. Essential contractors/tradespeople are available 24 hours as required. A contracted gardener maintains the gardens and grounds. The service continues to develop households within the environment. The corridors are wide 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, courtyard and gardens were well maintained. All outdoor areas have seating and shade. There is safe access to all communal areas. There is a designated resident smoking area.

		Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.	FA	All serviced apartments have full ensuites. Some resident rooms have full ensuites and others toilet and hand basin ensuites. There are communal bathrooms/showers within the facility with privacy locks and privacy curtains. There is one standard room with a communal shower/toilet closely located to the room. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs if appropriate.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	Two double rooms in the hospital wing have been reconfigured to single rooms. The number of beds available in the care centre have been reduced from 88 to 86 single rooms. There is sufficient space in all areas (including the serviced apartments) to allow care to be provided and for the safe use of mobility equipment. Dual purpose rooms and hospital level rooms had adequate space for the use of a hoist for resident transfers as required. Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There are two dining areas. One main dining room is adjacent to the kitchen and for more independent residents. The second dining room is where more dependent residents have meals as they require more assistance and feeding. The serviced apartments have an open plan lounge/dining room and there is a serviced apartment communal dining room with kitchenette. There is a main lounge and a smaller lounge at the end of each wing. There are seating alcoves throughout the facility. There is safe access to the courtyard and gardens. All communal areas are easily accessible for residents with mobility aids. The “gallery” is a large room with space for a pool table and other activities.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry	FA	All laundry and cleaning is done on-site by dedicated laundry and housekeeping staff seven days a week. The laundry is divided into a “dirty” and “clean” area with an entry and exit door. Personal protective equipment is available. There is a separate clean laundry folding and ironing room. The cleaner’s trolley was attended at all times and is locked away in the cleaner’s cupboard when not in

services appropriate to the setting in which the service is being provided.		use. All chemicals on the cleaner's trolley were labelled. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. Staff have completed chemical safety training.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	A fire evacuation plan is in place that has been approved by the New Zealand Fire Service dated 9 February 2013. 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 (4,000litre tank on the roof with gravity feed for emergency water supply and bottled 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. Staff carry pagers at all times and external doors are alarmed.
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. Heat pumps/air conditioning units are in communal areas. There is underfloor heating which is centrally adjusted.
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 scope of the service.	FA	The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the quality management system. The clinical manager is the designated infection control coordinator with support and supervision from the clinical manager and other members of the infection control team. Minutes are available for staff. Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The Arvida infection control programme has been reviewed annually.
Standard 3.2: Implementing the	FA	The clinical manager is the designated infection control (IC) coordinator. There are adequate

infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.		resources to implement the infection control programme for the size and complexity of the organisation. The IC coordinator and IC team; two caregivers (one of whom is a microbiologist), kitchen, cleaning and laundry representatives, have external support from the Arvida Group support office and the IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.
Standard 3.3: Policies and procedures 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.	FA	Mayfair uses the Arvida group infection control policies and procedures. The policies and procedures are appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control policy states that the facility is committed to the ongoing education of staff and residents. All staff complete infection control education on the Altura system. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in their medical records.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Infection surveillance is an integral part of the infection control programme and is described in the Arvida group infection control manual. Monthly infection data is collected for all infections based on signs, symptoms and definition of infection. Infections are entered into the infection register on the electronic data base. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends monthly and annually. Infection control surveillance is discussed at facility meetings and meeting minutes are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives benchmarking

		feedback from support office. There have been no outbreaks.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134. The policy includes comprehensive restraint procedures and identifies that restraint be used as a last resort. The service continues to be restraint-free. There were no residents using enablers. The restraint coordinator (clinical manager) reviews residents who may have behaviours that challenge and these are discussed at the monthly quality meetings. Challenging behaviour and restraint minimisation and safe practice education is provided.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.12.2 Consumers are supported to access services within the community when appropriate.	CI	Mayfair has a philosophy that includes positive ageing and as part of this, has developed a number of initiatives to increase the engagement of residents with the community they live in; to a level that exceeds the required standard.	There are several links with the local community including good relationships with the blind foundation, pet therapy, church services, and weekly communion. Residents are supported to attend church services in the community. The Salvation army hold twilight fairs in spring and at Christmas, the residents help to pack cards for these. Residents knit peggy squares for the cat protection group for adoption of cats and kittens. The primary school children visit the facility throughout the year, and the residents go to the school to see their productions/concerts. As part of the falls preventions strategies, students from the local institute for sports visit the facility and run eight-week exercise classes for varying levels of fitness. The numbers of residents attending the group increased, and residents continue to participate in daily exercises, which has reduced the number of falls. Residents have developed a choir, who perform at Christmas and at other facilities in the area. Residents are encouraged to remain linked to groups within the community. One resident remains an active member of Age Concern. There is a planned expo coming up, the residents are planning on having a stand at the expo for the second year. Last year, they

			focused on healthy eating, offering whitebait patties and salad. There were quizzes, and the choir performed. This year blood pressure checks are planned. The residents planned a trip to Akaroa. Preparation for the trip included exercises and practising getting in and out of the vans. Residents completed expression of interest forms. Medications were organised and planned with the registered nurses. Morning tea was planned to be served earlier with the kitchen staff. On the day, staff used the intercom to inform residents of the details for the day. The facility hired two vans. Twenty-one residents went on the trip, convenience stops were planned. One resident called ahead to prepare the wharf to decrease the waiting time for fish and chips. The residents asked for feedback on the trip. Another trip is in the planning stages. Satisfaction survey results identified improvements in activities from 52% very satisfied in 2018 to 72% in 2019.
Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.	CI	The activity team identified an opportunity to introduce new activities that would encourage residents to become involved in resident led activities, encourage socialisation and learn new skills. The resident wellness committee have been active in promoting resident choice and preferences into the activity programme.	(i) The activity team identified additional space was required to set up activities and have an area that residents could use to participate in a choice of activities within the one area that did not need to be cleared away at meal times, as activities were being held in the hospital dining room. A suitable dining area nearer to the rest home dining area and kitchen is now being used for hospital residents. The previous large dining room has now become the “gallery”. The resident wellness committee were involved in the set up and placement of the entertainment area taking into account the safety of the residents accessing the gallery. There is a pool table set up for use any time. There is a resource cupboard with puzzles, cards etc for weekend activities. There is plenty of space for the setting up of chairs for exercises, speakers and entertainment. There is room for tables which are set up for other activities and art classes. Residents are able to leave the gallery and go to meals knowing they can return to their art work or activity without it being cleared away. The resident wellness leader and Mayfair wellness leader both stated the gallery is well utilised and there has been greater resident attendance at activities held in the gallery. (ii). Euchre evenings have been introduced every fortnight held in the gallery. Residents interviewed look forward to this evening which includes an open invitation to families and staff. Some residents have not played Euchre before and have been supported by other residents to learn the card game. This has become a popular social event. (iii). One of the residents who is an artist regularly attended a community art group and suggested introducing an art class for Mayfair residents with an interest in art. The weekly art classes were set up with all the required equipment and resources. The resident and OT and DT support and encourages the art group with their artwork and have noticed an improvement

			in confidence and eye to hand coordination. The artists have produced a booklet of their paintings which is on display at the front entrance. The booklet also includes testimonials from relatives who are very satisfied with resident involvement in art either as previously interested in art or a new skill. The service has been successful in increasing resident and relative satisfaction in the variety of activities and resident involvement in the programme.

End of the report.