

Aria Bay Senior Living Limited - Aria Bay Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Aria Bay Senior Living Limited

Premises audited: Aria Bay Retirement Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 30 March 2021 End date: 31 March 2021

Proposed changes to current services (if any): Please note the 'services audited' above is incorrect. The service is certified for the following services. Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care.

Total beds occupied across all premises included in the audit on the first day of the audit: 39



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

General overview of the audit

Aria Bay Retirement Village is owned and operated by the Arvida Group. The service provides rest home, hospital and dementia level of care for up to 59 residents in the care centre and up to 17 rest home residents in the serviced apartments. On the day of the audit, there were 39 residents in total.

There is a village manager (non-clinical) who has been in the role for five months and has fifteen years' experience in operations/people management. The village manager is supported by a clinical manager who has been in the role at Aria Bay Retirement Village for the last 18 months. The relatives and residents interviewed all spoke positively about the care and support provided at Aria Bay Retirement Village.

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

There were no areas for improvement identified at this certification audit.

Consumer rights

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| 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. | | Standards applicable to this service fully attained. |
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Staff at Aria Bay 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

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. | | Standards applicable to this service fully attained. |
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The organisation completes annual planning and has policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. Aria Bay Retirement Village has a current business plan and a quality and risk management programme that outlines goals for the year. Meetings are held to discuss quality and risk management processes. The organisation provides documented job descriptions for all positions, which detail each positions responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The service has an implemented induction/orientation programme, which includes packages specifically tailored to the position such as wellness partner (caregiver), registered nurse and so on. There is a documented rationale for determining staffing levels and skill mixes for safe service delivery.

Continuum of service delivery

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| 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. | | Standards applicable to this service fully attained. |
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There is an admission package available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans viewed demonstrated service integration and are reviewed at least six-monthly. Resident files include medical notes by the contracted nurse practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for the administration of medicines. Medication charts are reviewed three-monthly by the nurse practitioner. The wellness leader implements the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations. All meals are cooked on site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated. Snacks are available at all times.

Safe and appropriate environment

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| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. | | Standards applicable to this service fully attained. |
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The building has a certificate for public use. There is a preventative and planned maintenance schedule in place. Chemicals are stored safely throughout the facility. All bedrooms have ensuites. There is sufficient space to allow the movement of residents around the facility using mobility aids or lazy boy chairs. The hallways and communal areas are spacious and accessible. The outdoor areas are safe and easily accessible. There is an approved fire evacuation scheme. There are six-monthly fire drills.

There is a first aider on site at all times. The environment is warm and comfortable. Housekeeping staff maintain a clean and tidy environment. Systems and supplies are in place for essential, emergency and security services.

Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. | | Standards applicable to this service fully attained. |
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Restraint minimisation policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. The clinical manager is in the restraint coordinator role. The service has maintained a restraint-free status. Staff training on the management of challenging behaviours and de-escalation has been completed.

Infection prevention and control

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| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. | | Standards applicable to this service fully attained. |
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is responsible for coordinating/providing education and training for staff. The infection control coordinator has completed training. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. Information obtained through surveillance is used to determine infection control activities, resources and education needs within the facility. This includes audits of the facility,

hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Arvida facilities. Staff receive ongoing training in infection control. There have been no outbreaks.

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) |
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| Standards | 0 | 45 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 93 | 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 |
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| <p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p> | FA | <p>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with three wellness partners (caregivers), two registered nurses (RN) and one wellness leader confirmed their familiarity with the Code. The Code is discussed at resident, staff and quality meetings. Code of Rights training is included as part of the staff orientation and ongoing.</p> |
| <p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p> | FA | <p>Informed consent processes are discussed with residents and families on admission and are included in the admission agreement. Specific consent was viewed for influenza vaccines. Seven resident files reviewed (five rest home, one hospital and one dementia) included written consents. Advance directives and/or resuscitation status are signed for separately by the competent resident. Where the resident is unable to make a decision, the GP makes a medically indicated not for resuscitation order in consultation with the enduring power of attorney (EPOA).</p> <p>Copies of EPOA and activation status are available on the resident's electronic file under the EPOA icon. Caregivers and RN interviewed confirmed verbal consent is obtained when delivering cares. Family members interviewed stated that the service actively involves them in decisions that affect their relative's lives. Admission agreements for six long-term resident files reviewed had been signed within a timely manner. A new resident's admission agreement is still to be signed but is within the</p> |

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| | | required timeframe. |
| <p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p> | FA | Residents 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. Residents interviewed confirmed that relative/family visiting could occur at any time. |
| <p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p> | FA | 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. Residents interviewed confirmed that relative/family visiting could occur at any time. |
| <p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p> | FA | The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process in the admission pack. Complaint forms are available at each entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints. An online complaints register is in place. There have been two complaints received in 2021 year to date. The complaints reviewed have been responded to appropriately. Advocacy is offered as part of the resolution process. The village manager is responsible for the management of complaints and has attended Code of Resident Rights training. Residents and family members advised that they are aware of the complaint's procedure. The village manager and clinical manager operate an open-door policy. |
| <p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p> | FA | There are posters and brochures of the Code on display at both main entrances. The service is able to provide information in different formats and/or in large print if requested. On entry to the service, the village manager or clinical manager discusses the information pack with the resident and the family/whānau. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss during the admission process. Interviews with eight residents (seven rest home and one hospital) and two relatives (both rest home) confirmed the services being provided are in line with the Code. |

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| <p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p> | FA | <p>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 knocking on doors before entering the resident rooms. The Arvida Living Well model of care is being implemented with a focus on resident choice which encourages independence and choice in their daily activities of life. Residents and families interviewed confirmed they were treated with respect at all times. Personal belongings were not used for communal use.</p> |
| <p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p> | FA | <p>The service has a Māori health plan and an individual's values and beliefs policy, which includes cultural safety and awareness. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. At the time of the audit there were no residents at Aria Bay Retirement Village that identified as Māori. The service has links with local Māori iwi (Ngati Whatua Orakei) for advice and support as required.</p> |
| <p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p> | FA | <p>The service has established cultural policies aimed at helping meet the cultural needs of its residents. All residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment included residents' cultural beliefs and values in consultation with the resident/whānau. Information is used to develop a leisure and pastoral care plan as a guide for care staff and the wellness team. Staff receive training on cultural safety/awareness.</p> |
| <p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p> | FA | <p>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. 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. All residents interviewed reported that the staff respected them.</p> |
| <p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an</p> | FA | <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 reference checks, the</p> |

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| appropriate standard. | | requirement to attend orientation and ongoing in-service training. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management and clinical team. The staff are committed to providing a caring and de-institutionalised environment that aligns with the Arvida Wellness Model of Care. Each household has its own staff who complete cares, administer medications and provide individualised care. The care staff interviewed stated that providing a household environment means they know the residents and their families very well. Care staff are also involved in resident activities. Residents and families interviewed spoke positively about the care and support provided. |
| <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 and relative interviewed, stated they were welcomed on entry and given time and explanation about the services and procedures. A site-specific introduction document to the dementia unit provides information for family, friends and visitors to the facility. 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/incidents. Fourteen accidents/incidents reviewed identified the relative/EPOA had been notified. Full and frank open disclosure occurs.</p> <p>Relatives confirmed that they are notified of any changes in their family member's health status. Progress notes confirmed discussions with family members. Household meetings are held for residents who are given the opportunity to provide feedback on the services provided. There are six-monthly family meetings. The village manager produces monthly newsletters with information on facility matters. Relatives stated they were kept updated on infection control matters/visiting during the Covid-19 lockdown period. 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 consumers.</p> | FA | <p>Aria Bay Retirement Village is owned and operated by the Arvida Group. The service provides rest home, hospital and dementia level care for up to 59 beds across the care centre (40 dual bed for hospital and rest home level and 19 bed dementia unit). There are also 17 serviced apartments that are certified for rest home level care. On the day of the audit there were 39 residents in total, 34 rest home residents, three hospital residents and two dementia level of care residents (all residents were under the ARCC contract). There were no rest home residents in the serviced apartments.</p> <p>The care centre is a modern, spacious, purpose-built facility on a sloping section. The new purpose-built facility opened 20 January 2021. The care centre is on four levels (ground floor, levels one, two and three). Ground floor includes service areas, car parking, reception and offices. Level one includes a 19-bed secure dementia unit; level two and level three includes dual-purpose beds (21 beds on level two and 19 beds on level three).</p> <p>There is a village manager (non-clinical) who has been in the role for five months and has fifteen</p> |

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| | | <p>years' experience in operations/people management. The village manager is supported by a clinical manager who has been in the role at Aria Bay Retirement Village for the last 18 months, who previously worked as Clinical Lead at another Arvida facility, and a national quality manager (who was present during the audit).</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. The village manager provides a monthly report to the Support Partner at the Arvida Office, 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. Aria Bay Retirement Village has a business plan 2021/2022 and a quality and risk management programme.</p> <p>The clinical manager has completed in excess of eight hours of professional development in the past twelve months.</p> |
| <p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p> | <p>FA</p> | <p>In the absence of the village manager, the clinical manager is in charge. Support is provided by the clinical team lead, head of wellness operations and the general manager wellness and care.</p> |
| <p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p> | <p>FA</p> | <p>There is a business/strategic plan that includes strategies for Aria Bay Retirement Village that link to the overall Arvida goals/strategies. Interviews with staff confirmed that there is discussion about quality data at various staff meetings. The village manager and clinical manager are 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. Arvida Group policies are reviewed at least every two years across the group. The service policies and processes meet relevant standards and are updated to the Arvida intranet. Data is collected in relation to a variety of quality activities and an internal audit schedule is being completed. Areas of non-compliance identified through quality activities are actioned for improvement.</p> <p>Staff interviewed could describe the quality programme corrective action process. There are various monthly meetings across the village including (but not limited to) RN/clinical meetings, staff meetings, head of department/quality meetings, health and safety meeting, and community and wellbeing</p> |

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| | | <p>meetings. Quality data is shared and is reported through all relevant meetings. Corrective actions identified are shared with staff through meetings, message board on eCase and reports. The service has linked the complaints process with its quality management system. The service also communicates this information to staff and at relevant other meetings so that improvements are facilitated. The monthly village manager reports include complaints.</p> <p>A resident/relative satisfaction survey was completed in February 2021. Resident/family meetings occur monthly, and the results of the satisfaction survey have been discussed. 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 that meets monthly. The maintenance person is the health and safety coordinator and has completed site safe training. Hazard identification forms and an up-to-date hazard register is in place, which was last reviewed on 1 March 2021. Falls prevention strategies are implemented including identifying residents at higher risk of falling and the identification of interventions on a case-by-case basis to minimise future falls.</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 management and staff meetings including actions to minimise recurrence. Fourteen incident forms reviewed for January, February and March 2021 demonstrated that appropriate RN clinical assessment, follow-up and investigation occurred following incidents. Neurological observation forms were documented and completed for six unwitnessed falls, where there was risk of potential head injury. 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 three section 31 notifications reported since the last audit. Two unstageable pressure injuries in October 2020 and one stage 3 pressure injury in December 2020. All three pressure injuries were non-facility acquired.</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. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. Eight staff files were reviewed (one clinical team lead, one RN, four caregivers, one wellness leader and one kitchen manager). There is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident. 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, competencies and training were on files. The in-service education programme for 2020 has been completed and the plan for 2021 is being implemented. The Arvida online training programme (Altura) is available for all</p> |

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| | | <p>staff.</p> <p>Discussions with the caregivers and RNs confirmed that online training is readily available. More than eight hours of staff development or in-service education has been provided annually. Competencies completed by staff included medication, insulin, wound care, manual handling, hand hygiene, syringe driver and restraint. There are 26 caregivers in total. Completed Careerforce training as follows; 13 have completed level four, four have completed level three and four have completed level two. There are two Careerforce assessors who continue to support caregivers to complete qualifications including the dementia standards. Six caregivers are currently working in the dementia unit and three are in progress of completing the required dementia standards. There are currently six RNs including the clinical manager and clinical team lead. Three are interRAI trained.</p> |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> | <p>FA</p> | <p>There is a specific staffing Policy which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 60 staff in various roles. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The clinical manager and clinical team lead work 40 hours per week, Monday to Friday. The clinical manager is available on-call after hours. There is at least one RN on at any one time. Interviews with staff, residents and family members confirmed there are sufficient staff to meet the needs of residents.</p> <p>The service currently has 39 residents, 34 rest home and three hospital residents in the 40 dual-purpose beds, and two dementia level care residents in the 19-bed dementia unit. There were no rest home residents in the 17 certified serviced apartments at the time of the audit.</p> <p>In the dual-purpose units (Tui and Kea units); there is one RN 24/7 across the two units. An RN will be rostered on each floor as hospital and acuity level increases.</p> <p>Level three (Kea 19 bed unit, 17 rest home and one hospital level residents); there are three caregivers (two full and one short shift) rostered on the morning, two caregivers (one full and one short shift) on the afternoon shift and one caregiver on night duty.</p> <p>Level two (Tui 21 bed unit, 17 rest home and two hospital level residents); there are three caregivers (two full and one short shift) rostered on the morning, two caregivers (one full and one short shift) on the afternoon shift and one caregiver on night duty.</p> <p>Level one Dementia unit (Robin 19 bed unit, two dementia level residents); there is one caregiver rostered on the morning, one caregiver on the afternoon shift and one caregiver on night duty, current roster is for up to 5 dementia residents. The roster allows for two caregivers on each shift when there are 5-10 dementia residents.</p> |

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| <p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p> | FA | <p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's electronic individual record. Residents' files are protected from unauthorised access by password. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and identify the relevant caregiver or RN.</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>There are policies and procedures to safely guide service provision and entry to services including an admission policy. The service has an information pack available for residents/families at entry. There is a site-specific introduction document for the dementia unit. The admission agreements reviewed met the requirements of the ARRC contract. Exclusions from the service are included in the admission agreement. All long-term admission agreements sighted were signed and dated.</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>Policy describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. The facility uses the 'yellow envelope' transfer system. Communication with family is made.</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 comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There was one resident self-administering on the day of audit. All consents and competencies had been signed. The RN checks the resident's medications have been taken daily. There are no standing orders. There are no vaccines stored on site. The facility uses an electronic and robotic pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. Registered nurses and medication competent caregivers administer medications. Staff attend annual education and have an annual medication competency completed.</p> <p>The three medication room temperatures are checked weekly and medication fridge temperatures are checked daily. In Robin medication room, there have been some temperatures recorded at 27 degrees. The service has addressed this including installing portable air conditioner units and replacing stock. Ongoing monitoring has occurred to ensure temperatures stay at the recommended temperature.</p> <p>Eye drops are dated once opened. Staff sign for the administration of medications electronically.</p> |

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| | | Fourteen medication charts were reviewed (two hospital, ten rest home and two dementia level care). Medications are reviewed at least three-monthly by the nurse practitioner. There was photo ID and allergy status recorded. 'As required' medications had 'indications for use' charted. |
| <p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p> | FA | <p>The service has a kitchen manager who works 45 hours weekly, and a weekend cook. There are four kitchenhands who work on a rostered system. The kitchen manager and cook have current food safety certificates. The kitchenhands have internal training. The kitchen manager oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen, and all meals and baking are cooked on site. Meals are served in each area from hot boxes. The temperature of the food is checked before serving. Special equipment such as lipped plates is available. On the day of audit meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance.</p> <p>Kitchen fridge and freezer temperatures were monitored and recorded weekly. Food temperatures are checked, and these were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted. The four weekly menu cycle is approved by a dietitian. The residents have a choice of two options for lunch and dinner. Residents can provide feedback on meals through residents' meetings and direct contact with the food service staff. All resident/families interviewed were satisfied with the meals. The food control plan verification expires on 14 June 2021.</p> <p>There are snacks available in the dementia unit at all times.</p> |
| <p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p> | FA | <p>The service records the reason for declining service entry to potential residents should this occur and communicates this to the potential residents/family. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.</p> |
| <p>Standard 1.3.4: Assessment Consumers' needs, support</p> | FA | <p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. InterRAI assessments had been completed for all long-term residents whose files were sampled. Overall the goals were identified</p> |

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| <p>requirements, and preferences are gathered and recorded in a timely manner.</p> | | <p>through the assessment process and linked to care plan interventions. Other assessment tools in use included (but not limited to) pain, behaviour, nutrition and continence. Assessments are also completed when there is a change in health status or incident and as part of completing the six-month care plan review.</p> |
| <p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p> | <p>FA</p> | <p>The eCase care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans reviewed were resident centred. Interventions documented support needs and provided detail to guide care. Residents and relatives interviewed stated that they were involved in the care planning process. There was evidence of service integration with documented input from a range of specialist care professionals including the dietitian, wound care nurse and mental health care team for older people. The care staff interviewed advised that the care plans were easy to follow.</p> |
| <p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p> | <p>FA</p> | <p>When a resident's condition changes the RN initiates a nurse practitioner consultation. Staff stated that they notify family members about any changes in their relative's health status. All care plans sampled had interventions documented to meet the needs of the resident and there is documented evidence of care plans being updated as residents' needs changed. Resident falls are reported on electronic incident forms and written in the electronic progress notes. Neurological observations are taken when the resident hits their head or for an unwitnessed fall. Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence and wound care supplies.</p> <p>Wound assessment, wound management and wound evaluation electronic forms are in place for all wounds. Wound monitoring occurs as planned. There are currently eight wounds being treated. The majority of these are minor. There are currently three pressure injuries; all are non-facility acquired. There has been nurse practitioner and wound care nurse specialist input. Photos have been taken. A section 31 notification was documented. Electronic monitoring forms are in use as applicable such as weight, vital signs and wounds. Behaviour charts are available for any residents that exhibit challenging behaviours.</p> |
| <p>Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age,</p> | <p>FA</p> | <p>There is one wellness leader who works 30 hours a week. She is currently studying diversional therapy. She is assisted by the caregivers and they work closely together. The wellness leader holds weekly meetings in each level and the activities are discussed with both staff and residents. The programme is flexible, and the residents choose what they want to do. There are three exceptions to this, namely exercises, van outings and happy hour which have set times. In the dementia unit,</p> |

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| <p>culture, and the setting of the service.</p> | | <p>activities depend on residents' mood and interests on the day. On the days of audit residents were observed listening to news and views, going on a van outing, participating in exercises, doing Easter crafts and listening to music. There is a whiteboard on each level where activities of the day are advertised.</p> <p>Residents have the choice of a variety of activities in which to participate, and every effort is made to ensure activities are meaningful and tailored to residents' needs. Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat. A mobility assistant assists the wellness leader with exercises and takes residents for walks. There is an interdenominational church service every Monday and Catholic communion weekly. There are frequent van outings. Special events like birthdays, Easter, Mothers' Day, Anzac Day and the Melbourne Cup are celebrated. They are currently reorganising pet therapy. This was unavailable during Covid-19 lockdowns. There has also been a problem with entertainers, but this has recommenced.</p> <p>There is community input from a local preschool and the bowling club across the road. Residents are invited to watch the bowling action and the wellness leader also organises games of bowls when the greens are not in use. One resident has a personal caregiver who takes the resident out shopping and to cafés. Other residents also go out for coffee. Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family. Resident files reviewed identified that the comprehensive individual activity plan is based on this assessment. The activity assessment is incorporated into the eCase care plan and evaluated at least six-monthly at the same time as the review of the long-term care plan. Resident meetings are held monthly.</p> |
| <p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p> | <p>FA</p> | <p>All plans reviewed (except for the recent admission) had been evaluated by the RN six-monthly or when changes to care occurred. Care plans had been updated with any changes to health and care. Activities plans (incorporated in the eCase plan) had also been evaluated six-monthly. The multidisciplinary review involves the RN, nurse practitioner, and resident/family if they wish to attend. There is at least a three-monthly review by the nurse practitioner. The family members interviewed confirmed that they are informed of any changes to the care plan.</p> |
| <p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or</p> | <p>FA</p> | <p>Referral to other health and disability services is evident in the electronic resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence where residents had been referred to the wound care nurse specialist, mental health services for older people and the speech language therapist.</p> |

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| <p>referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p> | | <p>Discussion with the RN identified that the service has access to a wide range of support either through the nurse practitioner, specialists and allied health services as required.</p> |
| <p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p> | <p>FA</p> | <p>There are implemented policies to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available for all care staff and laundry/housekeeping staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals are labelled correctly and stored safely throughout the facility. Safety data sheets and product information is available. The chemical provider monitors the effectiveness of chemicals and provides chemical safety training.</p> |
| <p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p> | <p>FA</p> | <p>The building obtained a CPU on 25 November 2020. A building warrant of fitness will be applied for when building is completed. There is a maintenance person who works full time and is available on call. There is a contracted lawnmower person, and the facility is currently looking for a new garden contractor. The pool is also maintained by a contractor. Contracted plumbers and electricians are available when required. There is a reactive maintenance and planned maintenance schedule. Electrical equipment has been tested and tagged. The hoists and scales are new but will be checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. One lift is able to accommodate beds and stretchers.</p> <p>The building is across three levels and there are lifts between each floor. Levels two and three have balconies that are safely fenced (railings). Seating and shade are provided. There are spacious outdoor balconies off the communal lounges. These have shade, seating and tables and chairs. There is still no specific outdoor garden areas for the rest home and hospital residents but these are planned and will be under construction shortly. Meanwhile residents do have access to a large park and bowling green over the road. Staff escort residents over to the park regularly.</p> <p>The facility has wide corridors with sufficient space for residents to mobilise using mobility aids. There is adequate storage and space in the rest home and hospital wings for safe manoeuvring of hoists within bedrooms and for hospital level lounge chairs in communal areas. Staff interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p> <p>Level one (dementia unit) has a secure garden area off the living area. The dementia unit has a spacious outdoor area off the main open plan living area. There is easy access to a shaded patio and a landscaped courtyard with paths. The outdoor area has raised gardens and seats. Residents can access the outdoor area from other doorways off the hallway and this means that the residents can wander the pathways in a circular fashion. There are signs and pictures on doors to assist residents</p> |

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| | | recognise their room and other areas. |
| <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 | All resident rooms have full toilet/shower ensuites. There are adequate numbers of communal toilets located near the communal areas. Toilets have privacy locks. Non-slip flooring and handrails are in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. |
| <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 one married couple who have adjoining rooms. All bedrooms and ensuites are spacious for the safe use and manoeuvring of mobility aids. There are ceiling hoists in the dual-purpose units. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. |
| <p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p> | FA | <p>Level two (Tui unit) and three (Kea unit) hospital/rest home units have a large open-plan dining area and lounge area. One side is a spacious lounge, and the other side is the dining area and kitchen. There is a smaller but spacious quiet lounge located at the end of a hallway that includes a covered balcony. The centrally located nurse desk is within the open plan aspect of the dining and lounge area. The open plan lounge is large enough for individual or group activities. The large communal lounge has sliding doors that open out to a covered balcony with table and chairs.</p> <p>The dementia unit is a similar design to the dual-purpose floors above. The open-plan living area is spacious with a separate assigned dining area. The roomy open plan area allows for quiet areas and group activities. The open-plan living area and hallways are spacious and allow maximum freedom of movement while promoting the safety of residents who are likely to wander. There is a separate quiet lounge at the end of a hallway. The centrally located nurse's desk is behind a large cupboard within the open plan aspect of the dining area.</p> |
| <p>Standard 1.4.6: Cleaning And</p> | FA | The Arvida group has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. The laundry is located in the lower ground service area. The |

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| <p>Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p> | | <p>laundry has an entry and exit with defined clean/dirty areas. All linen and personal clothing is laundered on site. There is one full time laundry coordinator seven days a week. All laundry is sorted prior to washing. There are large commercial washing machines and dryers. There is a folding table and laundry is placed into a delivery trolley for distribution to resident rooms.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals in the laundry. Material safety datasheets are readily accessible. Cleaners were observed wearing appropriate protective clothing while carrying out their duties. Cleaners' trolleys were well equipped, and all chemical bottles had the correct manufacturers' labels. Cleaners' trolleys are kept in locked cupboards when not in use. There is a sluice room on each care centre level. Residents interviewed stated they are happy with the cleanliness of their bedrooms and communal areas.</p> |
| <p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p> | FA | <p>There is a civil defence and emergency management plan in place. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, letter dated 4 December 2020. A fire evacuation drill was completed for the new building on 15 March 2021. A minimum of one person trained in first aid/CPR is available at all times. 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 for up to four hours.</p> <p>There are adequate supplies in the event of an emergency including civil defence and first aid kits, sufficient water (large 15,000 litre water tank), blankets, two BBQs and gas hobs in the kitchen for alternative cooking. Emergency food supplies sufficient for three days are kept in the kitchen. There are also sufficient supplies of outbreak/pandemic and personal protection equipment (PPE) available. There are call bells in the residents' rooms, and lounge/dining room areas and these link to staff pages. Residents were observed to have their call bells in close proximity. The external garden area in the dementia unit is secure. The facility is secured at night. The service utilises security cameras.</p> |
| <p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p> | FA | <p>Residents are provided with adequate natural light and safe ventilation. The environment is maintained at a safe and comfortable temperature. Resident room temperatures can be adjusted in all rooms. There is overhead cooling and heating system in all rooms and communal areas and underfloor heating in bathrooms. All rooms have large windows and or sliding doors with Juliet balconies. Some of the dual-purpose rooms have small accessible balconies. There is a small smoking area at the side of the building. All other areas are smoke free. Residents and staff are offered smoking cessation programmes.</p> |

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| <p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p> | <p>FA</p> | <p>The infection prevention and control programme is appropriate for the size and complexity of the service. An infection control coordinator (clinical manager) is responsible for infection control across the facility. A job description outlines the role and responsibilities. The infection prevention and control committee meet monthly and comprises a cross section of staff. The infection control coordinator provides monthly reports to head office, the village manager and to staff meetings.</p> <p>The programme is set out annually from head office and directed via the quality programme. The programme is reviewed annually by head office. All visitors and contractors are required to complete an electronic health declaration which also serves as contact tracing. Residents and staff are offered the annual influenza vaccine. There are adequate hand sanitisers and signage throughout the facility. There is an outbreak management bin and ample stock of personal protective equipment and there is a running stocktake. Arvida Group surveys on PPE stock are conducted monthly.</p> |
| <p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p> | <p>FA</p> | <p>The infection control coordinator completed online infection control education on appointment to the role and updates infection control education annually. During Covid-19 there has been regular information from support office. The facility has access to an infection prevention and control nurse specialist from the DHB, infection control consultant, microbiologist, public health, GPs, local laboratory and expertise from within the organisation.</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> | <p>FA</p> | <p>There are comprehensive infection prevention and control policies that are current and reflected the Infection Prevention and Control Standard SNZ HB 8134:2008, legislation and good practice. These policies are developed by the National Quality Manager, the Wellness Team in consultation with subject matter experts and reviewed biennially or as needed. The infection prevention and control policies link to other documentation and cross reference where appropriate. There is resource information and plans around Covid-19 from head office and from the facility.</p> |

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| <p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p> | <p>FA</p> | <p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation/induction package includes specific training around hand hygiene and standard precautions, and training is provided both at orientation and as part of the annual training schedule. All staff complete hand hygiene audits. In-services have been provided around personal protective equipment and outbreak management and there has been particular emphasis on this since Covid-19. Infection control is an agenda item on the staff meeting agenda. Any new communication re Covid-19 is relayed to staff re meetings, the eCase message board and at handovers. Resident education occurs as part of providing daily cares.</p> |
| <p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p> | <p>FA</p> | <p>The surveillance policy describes the purpose and methodology for the surveillance of infections. Definitions of infections are appropriate to the size and complexity of the service. Infections are reported on an electronic register. The infection control coordinator completes a monthly report. Monthly data is reported to the infection control committee, staff meetings and to support office. Meeting minutes are available to staff. The infection prevention and control programme links with the quality programme including internal audits. There is close liaison with the nurse practitioner and laboratory service that advise and provide feedback and information to the service. Systems in place are appropriate to the size and complexity of the facility. Benchmarking against other Arvida facilities occur. There have been no outbreaks.</p> |
| <p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p> | <p>FA</p> | <p>The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. The restraint coordinator is the clinical manager. The service continues to be restraint-free and there are no enablers in use. Staff training around restraint minimisation and management of challenging behaviours and de-escalation has been completed.</p> |

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.

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

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End of the report.