

The Cascades Retirement Resort Limited - The Cascades Retirement Resort

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:	The Cascades Retirement Resort Limited
Premises audited:	The Cascades Retirement Resort
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 July 2021 End date: 14 July 2021
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	71

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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

The Cascades Retirement Resort is part of the Arvida aged care residential group. The service provides rest home and hospital level of care for up to 74 residents in the care facility and rest home level of care for up to up to 32 residents in serviced apartments. On the day of the audit there were 71 residents. The residents, relatives and nurse practitioner commented positively on the care and services provided at the Cascades.

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

The village manager (non-clinical) has experience in business management and is supported by a clinical manager (registered nurse). The management team are supported by a national quality manager and personnel at support office.

The service has achieved continuous improvement ratings for good practice and training.

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 the Cascades Retirement resort 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). Care plans accommodate the choices of residents and/or their family/whānau. Residents' cultural needs are met. Policies are implemented to support residents' rights, communication, and complaints management. Complaints and concerns have been managed and a complaints register is maintained. Resident information is kept private and secure.

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 Cascades Retirement resort has a current business plan and quality and risk management plan that outlines objectives for the year. Policies and procedures are reviewed at support office and implemented by the service. Quality data is collated and reported to the monthly quality and staff meetings. Internal audits are completed as scheduled. Residents and relatives are provided the opportunity to feedback on service delivery at resident meetings and through annual resident/relative satisfaction surveys. There is a reporting process to record and manage resident incidents. Incidents are collated monthly and reported to facility meetings. There is an orientation programme in place that provides new staff with relevant information for safe work practice. The in-service

education programme includes online learning, onsite education sessions and opportunities to attend external training. 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.		Standards applicable to this service fully attained.
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Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner, nurse practitioners and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The medication charts are reviewed at least three-monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for each consumer group. Individualised, age-appropriate activity plans are in place for those residents under 65 years of age.

All cooking and baking are done on site. Residents' nutritional needs are identified and documented. Choices are available and are provided. The Arvida wellness and care dietitian reviews the organisation's menu plans.

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.

The Cascades Retirement Resort has two main care areas (stage 1 and 2) linked by a wide internal corridor that includes a nurse's station and resident seating areas. These areas are then further divided in to wings which have been named by the residents and staff themselves (sunflower, top team, forget me not, speed bumps and orchard wings). The building has a current building warrant of fitness certificate displayed at the main entrance. Resident rooms are single, personalised, and spacious with an ensuite. The environment is warm and comfortable. There is adequate room for residents to move freely about the home using mobility aids. Communal areas are well utilised for group and individual activity. The dining and lounge-seating placement encourages social interaction between residents and all areas are certified dual purpose rest home and hospital level care. There are outdoor areas that are safe and accessible. There is a reactive and planned maintenance schedule in place. The onsite laundry operates throughout the day. The cleaning service maintains a tidy, clean environment. Staff are trained in emergency management procedures. The service is well prepared in the event of an emergency.

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.

The Cascades Retirement resort has restraint minimisation and safe practice policies and procedures in place. At the time of the audit there were five residents with restraints and two residents using an enabler. Assessments and consents were fully completed in the resident files reviewed. The clinical manager is the designated restraint coordinator. Staff receive training around restraint minimisation and the management of challenging behaviour.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is reviewed annually and meets the needs of the service. The infection control coordinator is the registered nurse/team leader who has completed infection control education. All staff complete infection control education 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	1	49	0	0	0	0	0
Criteria	2	99	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 thirteen care staff (eight caregivers/wellness partners, two registered nurses (RN), one team leader/RN, one wellness leader/diversional therapist (DT) and one activities coordinator) confirmed their familiarity with the Code. Interviews with six residents (three rest home and three hospital) and seven families (two rest home and five hospital) confirmed the services being provided are in line with the Code. The Code is discussed at resident, staff, and quality meetings. Staff receive training on the Code.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed	FA	<p>There are policies and procedures around informed consent, resuscitation status, advance directives, and enduring power of attorney (EPOA). Informed consent is discussed with residents and families on admission as confirmed in resident and relative interviews. General informed consent is included in the admission agreement sighted in the nine resident files reviewed (four hospital including one resident under YPD funding, four rest home, including one resident on a post-acute convalescent care package (PACC), and one on carer support respite). Specific consent forms were signed for influenza and Covid-19 vaccines.</p> <p>Resuscitation forms have been appropriately signed in the rest home and hospital level files. There is evidence of discussion with family when the GP has completed a clinically indicated 'not for resuscitation'</p>

consent.		<p>order. Advanced directives include hospital admission, active treatments and resuscitation which were correctly completed by the resident for resident files sampled.</p> <p>Caregivers and registered nurses interviewed confirmed verbal consent is obtained when delivering care. Family members stated they are involved in decisions that affect their relative's lives. All nine resident files reviewed had a signed admission agreement including short term agreements for those residents on respite/PACC.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services is available in resident rooms. 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. Interviews with staff and residents informed they are aware of advocacy and how to access an advocate.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, staff stated that residents are encouraged to build and maintain relationships. Residents and relatives interviewed confirmed that relative/family visiting could occur at any time. The service is focusing on increasing community links under the Arvida living well model. There are community links in place with church groups, entertainers, Age Concern, and cultural links.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission which is included in the information pack. Complaint forms are available in the resident's folder held in each resident room. Staff are aware of the complaints process and to whom they should direct complaints. The village manager is the privacy officer for the facility and there is a group privacy officer based at support office. A complaints register is available. There have been five concerns/complaints in 2020 and two complaints to date for 2021. The complaints reviewed have been managed appropriately with acknowledgement, investigations, responses, and resolution recorded including offer of advocacy.</p> <p>Residents and family members interviewed stated that they were aware of the complaint procedure.</p>

Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	There are posters of the Code, in English and Māori on display at the front entrance. Information is given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. On entry to the service the clinical manager discusses the information pack including Code of Rights with the resident and the family/whānau.
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 knocking on resident room doors before entering. Staff interviewed could describe how they manage maintaining privacy and respect of personal property. There is a policy that describes spiritual care. Church services are conducted regularly. Residents interviewed indicated that their spiritual needs, dignity, privacy, and respect were being met when required.
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	The service has established cultural policies to help meet the cultural needs of its residents. There is a Māori health plan. There was one Māori resident at the time of the audit who did not identify with Māori culture. The service has established links with Waikato DHB Kaitiaki and Kaitakawaenga teams who support Māori patients and their whānau provides advice and guidance on cultural matters. Staff interviewed confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff complete cultural safety training.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service has established cultural policies aimed at helping meet the cultural needs of its residents. Residents interviewed reported that they were satisfied that their cultural and individual values were being met. Residents of other cultures including cultural beliefs and values is incorporated into the care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on. The service has a link to K'aute Pasifika Trust for support for its Pacific Island resident.

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. Job descriptions include responsibilities and scope of the position. The orientation and employee agreement provided to staff on induction includes standards of conduct house rules and disclosure information.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	CI	<p>The service has policies to guide practice that align with the health and disability services standards, for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Residents and families interviewed spoke positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team. Arvida Cascades resort have fully implemented the household model which focuses on supporting each resident to live well and be actively engaged in their life the way they want it to be. Residents are encouraged and supported to create a comfortable living space suited to their particular needs and personal tastes.</p> <p>Arvida Cascades resort has built up relationships with DHB key personnel and have several short-term stay contracts, many of whom are complex needs. The service has increased RN education specifically to meet complex needs. The clinical manager has completed a postgraduate diploma and is a prescribing RN practitioner. The service has exceeded the standard around good practice.</p>
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 alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Fifteen incident/accidents forms reviewed for May 2021 had documented evidence of family notification. Relatives interviewed confirmed that they are notified of any changes in their family member's health status. Residents have the opportunity to feedback on all areas of the service through resident meetings. Families are kept updated on facility matters and Covid restrictions through updates sent from support office. Interpreter services are available as required.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of	FA	The Cascades Retirement Resort is owned and operated by the Arvida Group. The service provides rest home and hospital level care (medical and geriatric services) for up to 106 residents, with 74 dual-purpose beds in the care centre and up to 32 serviced apartments certified to provide rest home level care. On the day of audit there were 71 residents. There were 47 residents at rest home level including one younger person, one respite care and four residents on post-acute convalescent care (PACC funded DHB). There were 24 hospital residents including two younger people. There were no residents under a long-term

consumers.		<p>chronic health condition contract and no rest home level residents in the serviced apartments.</p> <p>The village manager (non-clinical) has been in the role three years and has a background in business development. She is supported by an experienced clinical manager/RN prescriber who was appointed December 2018 and has completed a diploma in nursing. HealthCERT were notified of the new clinical manager December 2018. Both managers are supported by a national quality manager (present at audit) and other senior management at support office. The village manager provides a monthly report to the general manager of wellness and care.</p> <p>Arvida has an overall business/strategic plan. Arvida Cascades has an annual business plan which includes a mission statement, vision, and values. The Cascades has implemented the Living Well model and has silver status. There are goals set around key performance indicators including clinical areas, occupancy, satisfaction survey, resident wellbeing, leadership and health and safety and achieving gold status for the living well model. The business plan is evaluated six-monthly to monitor progress against goals.</p> <p>The village manager and clinical manager have completed at least eight hours of professional development in the past 12 months. The clinical manager completed orientation specific to the clinical manager role.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the village manager, the clinical manager takes responsibility for the role with support from the RN/team leader, general manager of wellness, national quality manager and the care staff.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>There is a quality and risk management plan for Arvida Cascades Retirement Resort. There are weekly heads of departments/quality improvement meetings, monthly RN meetings and all staff meetings. Other facility meetings are held for support staff. Staff interviewed confirmed quality data such as accidents/incidents, infection rates, internal audits, concerns/complaints, survey results and quality improvements were discussed at meetings. Restraint and enabler use is reviewed at the monthly quality meeting. Staff have access to meetings minutes and read and sign to declare they have read the minutes.</p> <p>The village manager and clinical manager are responsible for providing oversight of the quality programme on site, which is also monitored at an organisational level. The quality and risk management programme</p>

		<p>are designed to monitor contractual and standards compliance. The internal audit schedule is set at support office. The audits are allocated to the relevant staff member to complete. Corrective actions and re-audits are completed for audit results less than expected. Staff are notified of any corrective actions via the case message board, meetings and at handovers. A corrective actions log is maintained and documents when corrective actions are closed out.</p> <p>Residents/relatives are surveyed annually to gather feedback on the service provided and the outcomes are communicated to residents, staff, and families. The overall service result for the resident/relative satisfaction survey completed in January 2020 was at 80% with the highest rating of 90% for safety and security and 83% for care staff. Food survey results were lowest at 62%. A corrective action plan was developed which included greater resident input such as providing suggestions and recipes and cooking sessions for residents. Residents interviewed stated the food services and meals had improved and the 2021 survey result for food had increased to 83% with the overall satisfaction result at 96%.</p> <p>Arvida has a National health and safety manager at support office. The health and safety manager works with all the village managers to ensure compliance with all health and safety requirements across the group. Health and safety goals are established and regularly reviewed at the village manager's monthly zoom meeting. Health and safety committee members who are representative of all departments are invited to hear the zoom meeting. Two health and safety representatives interviewed (village manager and administrator) confirmed all staff completed health and safety induction with questionnaires repeated at one- and three-months employment to ensure understanding of health and safety requirements. Health and safety representatives have attended training including critical incident management. Staff have access to the Mango reporting system for hazards and accidents/incidents. Managers are alerted of incidents through the Mango system. Arvida is in the process of implementing WellNZ (ACC) and managers have attended training. A health and safety noticeboard is maintained in the staffroom. A contractor's board is maintained. There is a current hazard register in place.</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>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</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 for individuals and across the service. There is a discussion of incidents/accidents at management and staff meetings including actions to minimise recurrence. A registered nurse (RN) conducts clinical follow-up of residents and physio input where required. Fifteen incident/accident forms reviewed demonstrated appropriate clinical follow-up and investigation occurred following incidents. Neurological observations had been completed as per protocol for unwitnessed falls or where there was a potential head injury.</p> <p>Discussions with the management team confirmed that there is an awareness of the requirement to notify</p>

family/whānau of choice in an open manner.		<p>relevant authorities in relation to essential notifications. There have been five section 31 notifications completed since the last audit including three unstageable pressure injuries (two community and one facility acquired) in December 2019, February 2021, and May 2021. One facility acquired deep suspected tissue pressure injury (facility acquired) was reported in April 2019. A missing resident was reported in May 2019 (police search was cancelled).</p> <p>An outbreak of norovirus (unconfirmed) was notified to public health in January 2020.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources 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. A record of practising certificates for RNs, GPs and other allied health professionals is maintained. Eleven staff files were reviewed (one clinical manager, one RN/team leader, two RNs, three caregivers/wellness partners, one wellness leader, one kitchen manager, one laundry worker and one maintenance person) evidenced that employment agreements and job descriptions were signed, and reference checks were completed. Annual performance appraisals had been completed.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and is specific to the role. The orientation includes completion of Altura online learning modules and practical assessments. The administrator (health and safety representative) maintains a record of completed inductions. A level 4 caregiver/wellness partner has been appointed 20 hours a week to complete practical assessments and oversee orientating care staff. Arvida Cascades is closely located to the DHB and a preferred provider for student nurse placements. Student nurses' complete on-site orientation to Arvida Cascades.</p> <p>Staff complete Altura online sessions which cover the mandatory requirements. There are also "live" training days with senior staff and external speakers such as pharmacist, chemical provider, hospice, and gerontology nurse specialist. The physiotherapist provides repeat sessions for safe manual handling competencies. Staff complete competencies relevant to their role such as medications, hoist training, safe food handling and chemical safety. Staff have the opportunity to complete Careerforce units. Currently there are 58 caregivers/wellness partners and there are 23 with level 4, 15 with level 3 and 7 with level 2.</p> <p>There are 13 RNs. Six RNs and the clinical manager have completed interRAI training. Registered nurses have the opportunity to attend external training, including sessions provided by the local DHB. Registered nurses have access to Ko Awatea DHB online training. Registered nurses are allocated time to complete interRAI assessments, care plans and MDT meetings.</p>
Standard 1.2.8: Service	FA	Human resources policies include documented rationale for determining staffing levels and skill mixes for

<p>Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>safe service delivery. Sufficient staff are rostered on to manage the care requirements of the residents. Staff, residents, and family members interviewed stated there were sufficient staff on duty. The village manager and clinical manager work 40 hours per week from Monday to Friday. The clinical manager and RN team leader share the on-call. The RN on each shift is aware that extra staff can be called on for increased resident requirements. There is a casual pool of care staff and RNs.</p> <p>The care centre is split into two areas called stage one and stage two. Each stage has households with Top Team, Sunflower and Forget-me-not in stage 1 and Speedbumps and Orchards in stage 2.</p> <p>There is an RN/team leader on duty seven days from 8 am-4.30 pm and from 1.30 pm-10 pm. There are two RNs on morning, afternoon, and night shifts with one in stage 1 and the other in stage 2.</p> <p>Stage1:</p> <p>Top team (14 beds): eight rest home and two hospital and two PAC funded residents – three caregivers on full morning shift and two on afternoon shift (one finishing at 10 pm and the other at midnight).</p> <p>Sunflower (14 beds): eight rest home, four hospital and two PAC funded residents – two caregivers on full morning shift and two on afternoon shift (one finishing at 10 pm and the other at midnight).</p> <p>Forget-me-not (14 beds): eight rest home, five hospital and one respite care (rest home) - three caregivers on full morning shift and two on afternoon shift (one finishing at 10 pm and the other at midnight).</p> <p>Stage 2:</p> <p>Speedbumps (16 beds): eight rest home and seven hospital residents - three caregivers on full morning shift and two on afternoon shift (one finishing at 10 pm and the other at midnight).</p> <p>Orchards (16 beds): 10 rest home and six hospital residents - three caregivers on full morning shift and a floater from 7 am- 3.30 pm. There are two on afternoon shift (one finishing at 10 pm and the other at midnight).</p> <p>There are two caregivers on night shift in stage 1 and two caregivers on night shift in stage 2.</p> <p>There are designated staff for activities, food services, housekeeping/laundry, and maintenance.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current,</p>	<p>FA</p>	<p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are electronically stored in the resident management system, and are password protected. Other residents or members of the public cannot view sensitive resident information.</p>

confidential, and accessible when required.		
<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 is an implemented organisational admission policy. All residents have a needs assessment completed prior to entry that identifies the level of care required. The village manager and clinical manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident.</p> <p>An information pack including all relevant aspects of the service, advocacy and health and disability information is given to residents/families/whānau at entry. All relatives interviewed were familiar with the contents of the pack. The admission agreement provides information on services which are excluded, and examples of how services can be accessed that are not included in the agreement. Short-stay agreements are also available for short-stay residents and these were sighted for short-term resident files sampled.</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>The service has a policy that 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 DHB 'yellow envelope' initiative is used to ensure the appropriate information is received on transfer to hospital and on discharge from hospital back to the facility. Communication with family is made. Care staff interviewed could accurately describe the procedure and documentation required for a resident transfer out of, and admission into the facility.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for all aspects of medication management, including self-administration. There was one respite resident self-medicating on the day of audit. All policy and legislative requirements had been met. There are no standing orders and no vaccines stored on-site.</p> <p>The facility uses an electronic medication management and robotic pack system for long term residents. Short term respite residents have paper-based medication charts and individually blister packed medications.</p> <p>All medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. Registered nurses, and medication competent, level 4 caregivers (team leaders) administer medications, have up to date medication competencies and there has been medication education in the last year. Registered nurses have syringe driver training completed by the hospice. The medication fridges and room temperatures are checked and within the required ranges. Eye drops viewed in medication trolleys had been dated once opened.</p>

		<p>Staff sign for the administration of medications electronically (paper based for short term residents). Eighteen medication charts were reviewed. Medications are reviewed at least three-monthly by the GP. There was photo identification and allergy status recorded. 'As required' medications had indications for use charted and the effectiveness documented.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The kitchen manager/chef oversees the procurement of the food and management of the kitchen. All meals are cooked on site, with meals being delivered to the stage 1 and 2 serveries in heated scan boxes. The kitchen was observed to be clean and well organised, and a current approved food control plan was in evidence, expiring 14 December 2021. All kitchen staff are qualified in food hygiene. Special equipment such as lipped plates is available. On the day of audit, meals were observed to be well presented.</p> <p>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. There is a procedure and policy for kitchen fridge and freezer temperatures to be monitored and recorded daily. Food temperatures are checked at all meals. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen using a printed dietary profile from the electronic resident management system. Special diets and likes and dislikes are detailed on this dietary profile, a copy of which is kept by the kitchen for each resident. The service provides a choice of self service, full service or dine in room for breakfast. There is also a weekly hot breakfast option.</p> <p>The four-weekly seasonal menu is approved by an external dietitian.</p> <p>Residents and families interviewed expressed satisfaction with the meals. Additional snacks are available 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 reason for declining service entry to potential residents, should this occur, is communicated to the potential resident or family/whānau and they are referred to the original referral agent for further information. The reasons for declining entry would be if the service had no beds available or could not provide the level of care.</p>

Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	<p>Files 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' files reviewed. Six monthly interRAI assessments and reviews were evident for six of nine resident files sampled as one hospital resident had not been in the service for six months, (PACC and respite residents in the rest home did not require interRAI).</p> <p>Resident files reviewed identified that risk assessments are completed on admission and reviewed six-monthly as part of the evaluation unless changes occur prior, in which case a review is carried out at that time. Additional assessments for management of behaviour, pain, wound care, nutrition, falls and other safety assessments including restraint, were appropriately completed according to need.</p>
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	<p>Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans are resident-centred. Interventions documented support needs and provide detail to guide. 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 Parkinson's specialist nurse, dietitian, wound care specialist, occupational therapist, and geriatrician. The care staff interviewed advised that the care plans were easy to follow. Integration of records and monitoring documents occurs.</p>
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	<p>When a resident's condition changes, the RN will initiate a GP/NP consultation. Staff stated that they notify family members about any changes in their relative's health status. Care plans have been updated as residents' needs changed.</p> <p>Care staff stated there are adequate clinical supplies and equipment provided, including continence and wound care supplies and these were sighted. Nutrition has been considered, with fluid and fluid monitoring, regular weight monitoring and weight management implemented where weight loss was noted. The kitchen staff were aware of resident's dietary requirements and these could be seen documented and were easily accessible for staff in the kitchen. Interventions are documented in order to guide the care staff. Care staff interviewed, stated that they found these very helpful.</p> <p>Wound assessment, wound management and evaluation forms are in place for all wounds. Wound monitoring occurred as planned and there are also photos to show wound progress. Wounds included; ten chronic wounds (including cancers), twelve skin tears (five for one resident), one abrasion, and four classed as 'other' which includes ingrown toenails, blisters etc. There were no pressure injuries. There was evidence of wound nurse specialist and hospital consultant involvement in chronic wound management.</p>

		Monitoring forms are in use as applicable, such as weight, blood sugar levels, pain, vital signs and wounds and neurological observations.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service employs a Wellness Leader and one activity assistant to develop and coordinate the activity programme. Both are qualified diversional therapists (DT). Caregivers/wellness partners are encouraged to involve themselves in activities with the residents. The recreational programme incorporates the Arvida living well model – engaging well, thinking well, moving well, resting well, thinking well, and eating well. The programme meets the physical, intellectual, cognitive, and emotional needs of the group of residents. Activities include (but are not limited to); arts, crafts, news and views, exercises, walking groups, baking, music, music appreciation, story time, reminiscence, walks, board games, indoor games, pampering sessions, gardening, movies, and happy hour. One on one time is spent with residents who choose not to or unable to participate in group activities.</p> <p>There are weekly van outings/scenic drives, with at least one staff member on the outings holding a first aid certificate. Festive occasions and theme days are celebrated including Valentines, Mother's Day, and Anzac. The multicultural staff assist with the programme, engaging and involving residents in celebrations such as Diwali and Filipino cultural dance sessions.</p> <p>Community visitors include pet therapy, churches, entertainers and a local beauty school for resident manicure, pedicure, and pampering sessions. Residents have regular meetings where they have the opportunity to provide feedback on activities and provide suggestions to enhance the programme.</p> <p>An "About Me" and a Life history is completed soon after admission in consultation with resident and/or family to identify past hobbies, interests, occupation, family, spiritual and cultural supports. Individual recreational preferences are identified for all residents including those residents under a younger person's contract. A Leisure care plan is developed and evaluated six-monthly at the same time as the long-term care plan.</p> <p>The service receives feedback and suggestions for the programme through resident meetings and surveys. Residents and relatives interviewed expressed a satisfaction in the activities offered and felt there was always some activity to attend of their choice.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely</p>	FA	<p>Long term care plans are evaluated by the RNs six-monthly or earlier if there was a change in resident health status. Evaluations are documented and identify progress to meeting goals. A six-monthly care plan review is also completed by the registered nurse with input from caregivers, the GP, NP, the wellness leader, resident (if appropriate) and family/whānau members and any other relevant person involved in the care of the resident. Care plan interventions are updated as necessary as a result of the evaluation.</p>

manner.		Activities plans are in place for each of the residents and these are also evaluated six-monthly. There are three-monthly reviews by the GP/NP for all residents, which family are able to attend if they wish to do so.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The registered nurse interviewed could describe the procedure for when a resident's condition changes and the resident needs specialist input i.e., hospice. Discussion with the clinical manager and registered nurses identifies that the service has access to a wide range of support either through the GP, specialists, mental health services and allied health services as required.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are policies and procedures in place for the safe storage and use of chemicals. Chemicals are stored safely within locked cleaners' cupboards and the sluice rooms. Chemicals are labelled correctly. Safety data sheets are available. Chemical spills kits are available. Personal protective equipment is available at the point of use. Staff were observed to be wearing appropriate protective clothing. All relevant staff have completed chemical safety training.</p> <p>There are policies and procedures in place for the management of waste. All waste was disposed of appropriately. Approved sharps containers were in place for the safe disposal of sharps.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current building warrant of fitness that expires 24 May 2022. The service employs a full-time maintenance person who has responsibility for the facility and village maintenance. There are maintenance request books in each side of the building that are checked daily and signed off as requests are completed. There is an annual maintenance plan which includes testing and tagging of electrical equipment and servicing and calibrations for medical equipment. Essential contractors are available 24 hours. Hot water temperatures in resident areas are monitored monthly. Corrective actions were evidenced for temperature recordings above 45 degrees Celsius.</p> <p>The facility has wide corridors with sufficient space for residents to safely mobilise using mobility aids. There is safe access to the landscaped outdoor areas and internal courtyards. Seating and shade are provided.</p>

		The caregivers and registered nurses stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans. There is adequate space in the facilities for storage of mobility/transferring equipment.
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All resident rooms have ensuites. The toilet and shower facilities are of an appropriate design to meet the needs of the residents. There are communal toilets near lounges. There is a large communal shower room (and shower trolley) available for use. Handrails are appropriately placed in ensuite bathrooms and communal showers and toilets. Privacy is assured with the use privacy curtains and privacy locks on communal toilet/shower rooms.</p> <p>Residents interviewed confirmed care staff respect the resident's privacy when attending to their personal cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	Bedrooms in all the households are single, spacious, and of an adequate size appropriate to the level of care provided. There is adequate room to safely manoeuvre using mobility aids or a hoist for transfers if required. Residents and their families are encouraged to personalise the bedrooms and a tour of the facility evidenced this personalisation of rooms including the residents own furnishing and decorative items.
<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>The stage one and stage two areas of the building each have a large communal dining room and large lounge with gas fire. There are also smaller lounge/library areas for resident and family use. The doors from the dining area open out onto a courtyard with seating and shade. There are seating alcoves appropriately placed within the facility.</p> <p>All the corridors in both parts of the building are wide with appropriately placed handrails. All communal areas are accessible to residents. Care staff assist to transfer residents to communal areas for dining and activities as required.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with</p>	FA	The service has a comprehensive cleaning and laundry manual to guide staff in the safe and efficient use of laundry and cleaning services. Cleaning and laundry services are monitored through the internal auditing system. Safety data sheets are available in both the laundry and cleaners' rooms. All chemicals are stored in a locked cupboard. There is appropriate personal protective wear readily available. There

safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.		<p>are dedicated laundry staff and cleaners on duty seven days a week. All laundry is undertaken on site.</p> <p>The laundry is spacious and well organised and divided into a 'dirty and clean' area. The laundry supervisor (interviewed) could describe the clean/dirty flow of the laundry. The laundry is located in the basement and clean laundry is transported in covered trolleys by lift to the care centre. All dirty laundry is sorted into bags and sent via the chute to the dirty area in the laundry for washing.</p> <p>Cleaning trolleys sighted were well equipped and are kept in designated locked areas when not in use.</p> <p>Sluice rooms were kept locked when not in use. Residents and family interviewed reported satisfaction with the cleaning and laundry service.</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 an emergency and disaster management plan in place to ensure health, civil defence and other emergencies are included. The fire evacuation plan was reviewed and approved 7 December 2020 following installation of three lifts and remedial work. Six monthly fire evacuation drill was last held March 2021. Fire training and security situations are part of orientation of new staff and include competency assessments. An evacuation chair was purchased, and staff training completed.</p> <p>There is sufficient civil defence equipment available. Barbeques are available for alternative cooking method and there are sufficient non-perishable food items on-site. There are two 400 litre and one 450 litre water tanks on-site to provide 3 litres of water per resident per day for 7 days. The service has priority for the hire of a portable diesel generator. There is emergency lighting.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</p> <p>The facility is secure after hours. There is internal and external camera surveillance.</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>All bedrooms and communal areas are appropriately heated, have ample natural light and ventilation. The facility utilises a combination of under floor heating and heat pumps, all of which are thermostatically controlled. Staff and residents interviewed stated that these are effective. All bedrooms and communal areas have at least one external window. The whole site is smoke free.</p>

<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The RN/team leader is the infection control (IC) coordinator with a job description that outlines the responsibility of the role. The IC coordinator oversees infection control management for the facility. The infection control coordinator reports infection rates, trends, and analysis to the monthly quality meeting. The infection control programme is reviewed annually in January by support office personnel in consultation with the infection control coordinator and key facility staff.</p> <p>Visitors are asked not to visit if they are unwell. Hand sanitisers were appropriately placed throughout the facility. Residents and staff are offered the annual influenza vaccine. Covid screening is in place. Residents and relatives are kept informed of alert levels and visiting restrictions.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator has attended (via zoom) an infection control study day at the DHB, completed a MOH infection control coordinator training and completed Altura food safety module. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The infection control coordinator has good support from the clinical manager expertise within the Arvida Group at support office, the infection control nurse specialist at the DHB, laboratory, GPs, infection control NZ, public health, and GPs.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are infection control policies and procedures appropriate to for the size and complexity of the service. There are a comprehensive range of policies, standards and guidelines and includes responsibilities of the infection control team and training and education of staff. The policies have been reviewed by the Arvida Group at support office.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control competency (questionnaire and hand hygiene audit) is part of the staff orientation process. There has been additional infection control education occur around Covid, alert levels, outbreak management and the correct use of personal protective wear.</p> <p>Information is provided to residents and visitors that is appropriate to their needs. Residents and relatives interviewed state they were kept well informed during Covid restrictions and lockdown.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>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 database. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and analysed for trends monthly and annually. The service receives a monthly email report from Path lab. Information from surveillance data or education is used to identify if any resources, quality improvements or education is required. Infection control goals include reduction of skin/wound and urinary tract infections. A multi-resistant organism (MRO) register is maintained. There are three residents with community acquired MRO. There has been one unconfirmed norovirus outbreak in January 2020. Documentation sighted included notification to the public health and case logs.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. The service has documented systems in place to ensure the use of restraint is actively minimised. At the time of the audit there were five hospital residents with restraints (bed rails – one side only) and two residents with an enabler (bedrail – one side only). Two resident files of those who use an enabler identified voluntary consent was given. All necessary assessments and evaluations had been completed in relation to the enabler and restraints. Restraint is discussed as part of quality, RN, and care staff meetings. Staff receive training around restraint minimisation and the management of challenging behaviour is included in orientation and annually thereafter. Staff complete a restraint competency.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used,</p>	FA	<p>The clinical manager is the designated restraint coordinator with a job description that outlines the responsibility of the role. The restraint and quality team approve the use of restraint. Assessment and approval process for restraint use included the restraint coordinator, registered nurses, resident/or representative and medical practitioner. Restraint use is discussed at the RN and care staff meetings.</p>

restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.		
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	The restraint coordinator or senior RN completes assessments for residents who require restraint partnership with the family/whānau. The restraint coordinator, the resident and/or their representative and a medical practitioner were involved in the assessment and consent process. In the two resident files (with restraints) reviewed, assessments and consents were fully completed.
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	The restraint minimisation policy identifies that restraint is only put in place where it is clinically indicated and justified and approved by the clinical team and GP. An assessment form/process is completed for all restraints. The two resident files reviewed had a completed assessment form and a care plan that reflected risks involved with the use of restraint. Monitoring forms were in place and completed at the documented frequency. The service has a restraint register, which was up to date.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations are completed by the restraint coordinator at least monthly or earlier if required. A three-month review is undertaken with the GP at the three-monthly GP visit.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	Individual approved restraint is reviewed at least three-monthly as part of the medical review with the resident/family/whānau as appropriate. Restraint usage is monitored regularly by the restraint coordinator and includes criteria (a) to (h). Restraint is discussed at the quality meetings. Internal audits are completed, and corrective actions are developed and monitored as required. Individual resident restraint use is monitored and recorded by staff. There have been no incidents/accidents related to restraint use.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.8.1 The service provides an environment that encourages good practice, which should include evidence-based practice.	CI	Arvida Cascades resort has built up relationships with DHB key personnel and have several short-term stay contracts many of whom are complex needs. The service has	Over the last three years the village manager and clinical manager have built up relationships with DHB departments such as the portfolio manager and mental health services. The management team developed a social network with the DHB teams and attended forums and training sessions offered. The service implemented significant resources to provide best care for patients requiring short stay on discharge from the hospital located nearby. The clinical manager has completed a postgraduate diploma and is a prescribing RN practitioner who can prescribe with primary and speciality teams (gerontology). She completed her supervised prescribing year in 2020. The clinical manager works closely with the visiting nurse practitioner and GPs. The RNs have attended specific training and competencies completed around complex procedures including peritoneal dialysis, male catheterisation, syringe driver and other training related to individual residents. Registered nurses attend gerontology and skills workshops at the DHB such as clinical assessment and decision making for nurses working with older people. The facility has an AED defibrillator on site and all RNs have been trained and completed competency. All RNs have completed annual medication competencies and have a current first aid certificate. The number of RNs rostered on each duty ensures constant and consistent clinical oversight required for the short-stay residents under respite care, post-acute convalescence, or palliative care. The clinical manager is on duty Monday to Friday mornings. There is an RN/team leader on morning and afternoon shifts seven days with two RNs on the morning, afternoon, and night shifts. For the past year from mid July 2020 to the present, there were 93 short-

		increased RN education specifically to meet complex needs. The service has exceeded the standard around the provision of clinical care for complex short-stay residents.	stay admissions (including 20 mental health admissions). Of the 73 'other' admissions 44% of total discharges home were respite care, 33% deceased during that 12-month period (end of life/palliative/complex) and 14% of residents admitted were assessed as 'very complex' care and included the following, for example Nephrostomy tube, four very end stage cancers (oral-pharyngeal, high risk of bleed) and Rocket drain. A letter (sighted) was received from the DHB on the wonderful care at Cascades and acknowledging the significant resources put in place to accommodate high needs residents.
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	CI	<p>All new staff complete induction and orientation specific to their role. Student nurses complete a specific orientation to the facility prior to commencing their placement.</p>	<p>The service is a preferred provider for nursing placements due to its close location to the DHB. The provider has a good liaison with the DHB and holds the contract for post-acute convalescence care. The complexity of residents both long-term and short stay provide the students an opportunity to learn and consolidate clinical assessment skills during their placement. All students complete an induction with a welcome video, Code of Rights session, infection control responsibilities and Covid-19 alert levels and requirements. Student nurses often stay on the casual pool as care staff or RNs after graduation. A letter of recognition from the operations coordinator for Wintec was sighted. Arvida Cascades were the 2020 recipient for 'Best Nursing Placement Provider'.</p>

End of the report.