Elms Court Care Limited - The Maples

Introduction

This report records the results of a Provisional 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:	Elms Court Care Limited
Premises audited:	The Maples
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 April 2021 End date: 9 April 2021

Proposed changes to current services (if any): The provisional audit was completed to assess the suitability and preparedness of the prospective new owners. The intended date of purchase is at the end of May 2021.

Total beds occupied across all premises included in the audit on the first day of the audit: 50

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.

General overview of the audit

The Maples is part of the Arvida Group. The service is certified to provide rest home and hospital (geriatric and medical) level care for up to 78 residents with 53 residents in the care facility and up to 25 rest home level of care in the serviced apartments. On the day of the audit, there were 38 residents in the care facility and 12 residents at rest home level in the serviced apartments.

This provisional audit was completed to assess the suitability and preparedness of the prospective new owners. The provisional audit was conducted against the health and disability services standards and the contract with the district health board. The audit process included the review of existing policies and procedures, the review of resident and staff files, observations and interviews with residents, GP, staff, managers and prospective owners.

The village manager has been in the role 15 months and has previous experience in aged care management. She is supported by an experienced clinical manager. They are supported by a management team at the Arvida support office and a national quality manager. The residents interviewed all spoke positively about the care and support provided at The Maples.

The prospective owners also own and manage another two aged care facilities in Christchurch. Both of the prospective owners are experienced in aged care management. A transition plan has been developed to ensure a smooth transition for staff under the new ownership. The prospective owners stated that their governance and quality management system, and policies and procedures will be implemented within the first month after settlement. It is intended that one of the prospective owners will take over the village manager role at The Maples. There will be no other proposed changes to the existing staff. The prospective provider is aware of the higher level of staff required for hospital level care and will make necessary staff changes as required.

This audit identifies improvements required in relation to adding hospital level care around staffing, medication treatment room and first aid trained staff (activities).

Consumer rights

Staff at The Maples 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

The Maples 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. An internal audit programme identifies corrective actions and areas for improvement which have been implemented. Resident/family meetings are held regularly, and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents are collated monthly and reported at facility meetings. Falls prevention strategies are in place that includes the analysis of falls incidents. There is an annual education and training programme in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

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

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The diversional therapist/Wellness Leader provides and implements an interesting and varied activity programme which includes resident-led activities. The programme includes community visitors and outings, entertainment and meaningful activities that meet the individual recreational preferences. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Safe and appropriate environment

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mix of bedrooms with full ensuites. All rooms have hand basin and toilet ensuites. There are communal shower rooms with privacy locks. Rooms are personalised. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

Restraint minimisation and safe practice

The Maples has restraint minimisation and safe practice policies and procedures in place. Staff receive training around restraint minimisation and the management of challenging behaviour. On the day of the audit there were no residents with restraints or using an enabler.

Infection prevention and control

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff 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. The service has robust Covid-19 screening in place for residents, visitors and staff. 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)
Standards	0	42	0	3	0	0	0
Criteria	0	90	0	3	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 five care staff, three wellness partners (caregivers), one registered nurse (RN) and one diversional therapist confirmed their familiarity with the Code. The Code is discussed at resident, staff, and quality risk/health & safety meetings.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Informed consent processes were discussed with residents and families on admission. Eight electronic rest home resident files were reviewed including one resident under younger person Ministry of Health funding (MOH), one resident under long-term ACC funding and one resident on respite care. Written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement (under permissions granted,) and signed as part of the admission process. Specific consent had been signed by resident/relatives for procedures such as the influenza vaccine. Discussions with staff confirmed that they are familiar with the

		requirements to obtain informed consent for entering rooms and personal care. Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as applicable. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the family. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interviews with staff and residents informed they are aware of advocacy and how to access an advocate.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	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. All residents interviewed confirmed that relative/family visiting could occur at any time.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	There are complaints' forms available in the reception foyer of The Maples. Information about complaints is provided on admission. Interview with residents demonstrated an understanding of the complaints process. There is a complaints' register in the electronic system. Verbal and written complaints are documented. Two complaints were made in 2020 from October and one complaint was

		received in 2021 year-to-date. The complaints reviewed had noted investigation, timeframes, and corrective actions when and where required, resolutions were in place. Results are fed back to complainants. A complaint made through the Health & Disability Commission (HDC) has been investigated and relevant documentation was emailed to HDC on 17 November 2020. The service is awaiting a response from HDC. All documentation and correspondence are kept electronically. Staff interviewed were able to describe the process around reporting complaints.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	There are posters of the Code on display throughout the facility and leaflets are available in the foyer of the facility. The service can provide information in different languages and/or in large print if requested. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. Interviews with eight rest home residents confirmed the services being provided are in line with the Code. On entry to the service, the village manager or clinical manager discusses the information pack with the resident and the family/whānau. The information pack includes a copy of the Code. The interview with the prospective owners (husband and wife) confirmed they were able to describe the application of consumer rights and have completed courses on code of rights, privacy, confidentiality, communication and customer service.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting resident's privacy and could describe how they manage maintaining privacy and respect of personal property. There is a policy that describes spiritual care. Church services are conducted regularly. All residents interviewed indicated that resident's spiritual needs are being met when required. Staff receive training on abuse and neglect.
Standard 1.1.4: Recognition Of Māori Values And Beliefs	FA	The service has established cultural policies to help meet the cultural

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.		needs of its residents. There were two residents who identified as Māori at the time of the audit. The files of the residents included a Māori health plan. The service has established links with local Māori community members (Ōnuku Marae) who provide advice and guidance on cultural matters. Discussions with staff confirmed that they are aware of the need to respond to cultural differences.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service has established cultural policies aimed at helping meet the cultural needs of its residents. Residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment including resident's cultural beliefs and values, is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on. Cultural and spiritual practice is supported, and identified needs are incorporated into the care planning process and review as demonstrated in the resident files reviewed. Staff receive training on cultural safety/awareness. The interview with the prospective owners confirmed that they could describe communication with residents who have different cultures.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	The facility has a staff code of conduct, which states there will be zero tolerance against any discrimination occurring. The abuse and neglect processes cover harassment and exploitation. All residents interviewed reported that the staff respected them. Job descriptions include responsibilities of the position, ethics, advocacy, and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	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 induction, orientation and ongoing in-service training. Residents 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. The Maples is still embedding the Arvida Attitude of Living Well through the household model. The household model focuses on the relationship between the care team and the resident using the five pillars (eating well, moving well, resting well, thinking well, and engaging well). Small groups of residents are supported within the household communities by decentralised self-led teams of employees, that together create a home, nurture relationships, determine their own lives and build community. Residents are encouraged and supported to create a comfortable living space suited to their particular needs and personal tastes.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	There are policies and procedures in place which describe the process around open disclosure. These alert staff to their responsibility to notify relatives/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Twelve incident/accidents forms reviewed for February and March 2021 had documented evidence of family notification or noted if family did not wish to be informed. Residents interviewed confirmed that the staff and management are approachable and available. 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 consumers.	FA	The Maples provides rest home and hospital (geriatric and medical) level care for up to 78 residents with 53 beds in the care home including 38 rest home beds and 15 dual-purpose beds and 25 certified serviced apartments (all dual-purpose). The service added hospital (geriatric and medical) level care in March 2021 to their current certification by reconfiguring 40 of their current rest home beds to dual-purpose beds. This included 15 rest home beds in one wing of the care centre and 25 apartments (ORA's) across two wings. While all 25 apartments are dual-purpose the service will only have up to 10 hospital residents within the apartments. Hospital level care has not yet been implemented (link 1.2.8.1). On the day of audit, there were 50 rest home residents in total, 38

		residents in the care home and 12 residents in the serviced apartments. Of the 50 residents, there are two residents on an ACC contracts (one short term and one long term), two residents on a younger person with disabilities (YPD) contract and two residents on respite. All other residents are under the ARRC agreement. The village manager is non-clinical and has experience managing an aged care facility. She has been in the village manager role for 20 months. The village manager is supported by a clinical manager who has been in the position since 2018 and has experience in aged care. They are supported by experienced RNs and care staff. The management team are also supported by the head of wellness operations, general manager wellness and care and the national quality manager (present at the time of the audit). The village manager provides a monthly report on a variety of operational issues. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement. The Maples has a business plan for 2020/2021. The business plan is regularly reviewed. The village manager and clinical manager each have completed in excess of eight hours of professional development in the past 12 months. The prospective provider owns two aged care facilities in Christchurch, one provides rest home and hospital (geriatric and medical) levels of care and the other provides rest home level of care. One of the prospective owners (who has seven years' experience as a facility manager) will be taking over the village manager role. He will be supported in this role by the current clinical manager. The prospective owners are experienced owners/managers and have managed the aged care facilities for seven years. There is a transition plan to ensure a smooth transition during the change of ownership. The intended settlement date is to be at the end of May 2021.
Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service	FA	In the absence of the village manager, the clinical manager is in charge. Support is provided by the head of wellness operations and the general

is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.		manager wellness and care.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	There is a 2020/2021 business plan that includes quality goals and risk management plans for The Maples. Interviews with staff confirmed that there is discussion about quality data at various staff meetings, including the quality risk/health and safety, staff and RN clinical meetings. The village manager and clinical manager are responsible for providing oversight of the quality programme on site, which is also monitored at organisational level. The quality and risk management programme is designed to monitor contractual and standards compliance. Staff interviewed could describe the quality programme corrective action process. The site-specific service's policies are reviewed at least every two years across the group. Head office updates new/amended policies via the intranet. Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement. Restraint and enabler use are reviewed at the monthly quality risk/health and safety meeting. The service has a health and safety management system (Mango) that is regularly reviewed. Health and safety goals are established and regularly reviewed at the monthly quality risk/health and safety meeting and village manager's monthly teleconference meeting. Health and safety education is provided through the Altura system. The hazard register has been reviewed (last completed on 8 March 2021). Resident/family meetings occur every two months. Residents/relatives are also surveyed to gather feedback on the service provided and outcomes are communicated to residents, staff, and families. The resident/relative satisfaction survey was last completed in January 2021. Corrective action plans were implemented for improvement areas required from the survey around increasing the food quality, taste and dining room experience for residents. 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. The prospective owners stated that their governance and quality management system, and policies and procedures will be implemented

		within the first month after settlement. Arvida The Maples have an electronic client record system (eCase) and will be printing hard copies of all their client records for the prospective owners as they are reverting to a paper based clinical record system..
Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.	FA	`There is an accidents and incidents reporting policy. The clinical manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at management and staff meetings including actions to minimise recurrence. Twelve incidents reviewed for February and March 2021 demonstrated clinical follow-up. 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 no section 31 notifications made since the last audit.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	There are human resource management policies in place. This includes that the recruitment and staff selection process requires that relevant checks be completed to validate the individual's qualifications, experience, and veracity. A copy of practising certificates is kept. Seven staff files were reviewed (one RN, four caregivers, one wellness leader and one kitchen manager) and there was evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. Completed orientations were on files and staff interviewed could describe the orientation programme. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Competencies completed by staff included medication, insulin, wound care, manual handling, hand hygiene, syringe driver, hoist, IC and restraint. The in-service education programme for 2020 has been completed and the plan for 2021 is being implemented. Staff complete Altura online training, and this is monitored by the management team and monthly training reports are provided. Eight hours of staff development or in-service education has been provided annually. The village manager, clinical manager and RNs are able to attend external training, including

		sessions provided by the district health board (DHB). The service supports caregivers to complete Careerforce with support by an Arvida roving assessor. There are 29 caregivers in total. Completed Careerforce training is as follows; six have completed level four, 12 have completed level three and two have completed level two. Discussions with the caregivers and RNs confirmed that online training is readily available. The service currently has four RNs and the clinical manager. Three of four RNs and the clinical manager have completed interRAI training.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	PA Low	There is a documented rationale for rostering staff. Staffing rosters were sighted and there are staff on duty to match needs of different shifts. Sufficient staff are rostered on to manage the care requirements of the rest home residents. The service has a total of 48 staff in various roles. The village manager and clinical manager both work 40 hours per week, Monday to Friday. The clinical manager is available on call afterhours for any clinical issues, and during her absence the RN is on call. The village manager is on call for any non-clinical related issues. There is always a minimum of one care staff trained in first aid on duty. Interviews with residents confirmed there are sufficient staff to meet their needs. The caregivers interviewed stated that they have sufficient staffing levels. The service currently has 38 rest home residents in the care home. The clinical manager is supported by two RNs from 7 am to 3.30 pm (one works from Monday to Thursday). The RNs are supported by five caregivers on the morning shift, 3 x 7 am to 3.30 pm (1 x medication competent), 1 x 7 am to 1.30 pm and 1 x 7 am to 12.30 pm. On the afternoon shift there are three caregivers, 2 x 3.15 pm to 11.15 pm (1 x medication competent) and 1 x 3.15 pm to 10.15 pm. Two caregivers are on duty overnight from 11.30 pm to 7.30 am for the whole facility. In the serviced apartments, there are 12 rest home residents. There are three caregivers on the morning shift; 1 x 7 am to 3.30 pm (medication competent), 1 x 7 am to 2 pm and 1 x 7 am to 1 pm. On the afternoon shift there are two caregivers: 1 x 3.15 pm to 11.15 pm (medication competent) and 1 x 4.15 pm to 8 pm.

		The Maples have developed a draft roster which includes staffing to match increase in hospital resident numbers across the care centre and apartments. They propose a roster based on one hospital admission, (ie, 24/7 RN cover). They will increase RN and caregivers' hours dependent on levels of admission and acuity, adding additional staff as required (as per Arvida Staffing Rationale Policy). The interview with the prospective provider confirmed that there will be no proposed changes to the existing staff apart from one of the prospective owners taking over the village manager role. The prospective provider is aware of the higher level of staff required for hospital level care and will make necessary staff changes as required when they make the move to admit hospital residents.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' electronic files are protected from unauthorised access by individual passwords. Other residents or members of the public cannot view sensitive resident information. Entries in records are dated and identify the relevant caregiver or RN.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs on the rest home services for long-term and short-term care are provided for families and residents prior to admission or on entry to the service. The clinical manager screens all admissions to ensure the residents needs can be met. All permanent residents require a written approval for rest home level of care prior to admission. All eight admission agreements reviewed (seven long-term and one short-term) were signed and aligned with contractual requirements.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition,	FA	Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were

exit, discharge, or transfer from services.		documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. Each resident file has an electronic record of admission and transfers.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Low	There are policies and procedures in place for safe medicine management. Medications are stored safely in the secure nurse's station. However, there is no specific treatment room for the provision of hospital level residents. Registered nurses and senior team leaders (caregivers) complete annual competencies and Altura education. Regular and 'as required' medications are delivered in blister packs. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call). There were two rest home residents self-medicating. Self-medication assessments had been completed and reviewed three-monthly by the GP. Mediations were stored safely in the resident's room. The medication fridge temperatures and room air temperature are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. There is a small stock of antibiotics for use on prescription. Expiry dates are checked. Sixteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	The food services are overseen by a kitchen manager. All meals and baking are prepared and cooked on site by qualified chefs/cooks who are supported by weekend cooks, cook assistants, morning and afternoon kitchenhands. All food services staff have completed online food safety training. The Arvida seasonal menu is reviewed twice

		yearly by a registered dietitian. The cook receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service has introduced Pure Food into texture modified diets and other foods. Moulds of frozen pureed food is purchased. The kitchen is adjacent to the main dining room and meals are plated in the kitchen and served to residents in the rest home dining rooms. Food in bain marie dishes are delivered in hot boxes to the satellite kitchen in the studio apartments dining room. Residents may choose to have meals in their rooms. The food control plan has been issued in February 2020 for 18 months. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. There is no decanting of dry goods. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored by the chemical provider monthly. Residents provide verbal feedback on the meals through the monthly resident culinary meetings which is attended by the kitchen manager. Resident preferences are considered with menu reviews. Resident surveys are completed annually. There has been reduced resident satisfaction in the 2020 results around food quality and taste. The service has developed a quality improvement to improve the dining experience. There is an established system in place, the prospective owners do not have any environmental changes planned.
Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.	FA	There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicates directly with the referring agencies and family/whānau as appropriate if entry was declined.

Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The RN completes an admission assessment including relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes. The outcomes of assessments are reflected in the needs and supports documented in the care plans on the electronic eCase system. Other available information such as discharge summaries, medical and allied health notes and consultation with resident/relative or significant others form the basis of the long-term care plans.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Resident care plans on the electronic system for all resident files reviewed were resident-focused and individualised. Support needs as assessed were included in the long-term care plans. The eCase programme identifies interventions that cover a comprehensive set of goals including managing medical needs/risks, daily activities of living, cultural and pastoral plans, and leisure plans. Care plans were current and are updated with any changes to care or health status. Care plans include the involvement of allied health and community workers to assist the residents in meeting their specific goals around wellbeing. Residents interviewed confirmed they were involved in the development of the long-term care plan. There was documented evidence of family involvement in the development of care plans. There was evidence of allied health care professionals involved in the care of the resident including physiotherapist, podiatrist, dietitian, older person health service, community mental health services, Nurse Maude services and field officers such as Parkinson's nurse.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review and if required a GP visit or nurse specialist consultant. Family were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Electronic progress notes record family notifications and discussions. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed on eCase for eight

		residents with wounds (skin tears, skin conditions, venous ulcer and surgical wound). There were no pressure injuries on the day of audit. When wounds require a change of dressing this is scheduled on the RN daily schedule. There is access to the wound nurse specialist at Nurse Maude and the plastic surgeon. The RN wound nurse is currently on leave with a senior RN overseeing wound management. Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete electronic monitoring charts including personal cares, bowel chart, blood pressure, weight, food and fluid chart, behaviour chart, blood sugar levels and toileting regime. Neurological observations had been completed and recorded in general progress notes for unwitnessed falls. Monitoring charts and progress notes are reviewed by the RNs.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	The diversional therapist (DT)/Wellness Leader has been in the role 12 years and works 8.30 am to 4.30 pm Monday to Friday. She oversees the activity programme and is supported by three household group leaders/caregivers, one for each rest home household and one for the studio household. The overall programme has integrated activities that identify the location of the activity. The activities are displayed and include exercises (two sessions each day), word games, board games, household activities of resident's choice, te reo Māori language sessions, knitter knatter and current affairs. The programme allows for flexibility and resident choice of activity. Many activities are resident led. Staff and residents coordinate weekend activities including van trips. There are plentiful resources. Community visitors include entertainers, church services and bible study, monthly library service and a daily visitor with a dog. Residents are encouraged to maintain links to the community. There are weekly shopping trips. Some residents recently took the Trans Alpine rail trip and are currently planning a trip to Timaru Shearers quarters. There are several lounges and seating areas where

		group or quieter activities can occur. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities. The residents enjoy attending the activities and enjoy contributing to the programme. One younger person enjoys doing baking. A resident activity assessment and leisure profile is completed soon after admission. Individual leisure plans were seen in resident electronic files reviewed. Leisure plans are evaluated six-monthly and align with the care plan reviews. The service receives feedback and suggestions for the programme through household meetings and resident integrated meetings. The residents and relatives interviewed were happy with the variety of activities provided.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	All interim care plans for long term residents were evaluated by the RN within three weeks of admission. Long-term care plans have been evaluated by the RN six-monthly for residents who had been at the service six months. Long-term care plans are updated with any changes to health status. Family is invited to attend the multidisciplinary case conference meeting. If they are unable to attend the RN provides the opportunity for family to provide input by phone and they receive a copy of the care plan. Written case conference notes are kept on the electronic system and evidenced resident/relative input. Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the electronic progress notes.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	The service facilitates access to other medical and non-medical services. Referral to other health and disability services is evident in the resident files reviewed including Nurse Maude, older persons health service, Parkinson's neurologist, artificial limb centre, Burwood clinic and clinical psychologist. Referral documentation is maintained on resident files. Discussion with the clinical manager and RN identified that the service has access to a wide range of support either through the GP, specialists and allied health services as required.

Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the day of audit. There is a sluice tub located within the laundry with personal protective equipment available including a face visor available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building holds a current warrant of fitness which expires 1 July 2021. The maintenance supervisor (also a health and safety representative) works 20 hours a week (Monday to Friday) and covers the facility and village. There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is a monthly, six-monthly, and annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Gardeners are contracted to maintain gardens and grounds. Resident rooms are refurbished as they become vacant. A new air conditioning unit has been installed in the studio apartments dining room/lounge. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. The service won a gardening award from the Christchurch City Council, Christchurch street garden award in December 2020. There is safe access to all communal areas. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home level of care residents.

		The prospective owners do not have immediate plans for any structural changes to the facility.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.	FA	All studio apartments have full ensuites. Some resident rooms have full ensuites and other rooms have toilet and hand basin ensuites. There are communal bathrooms/showers within the facility with privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs if appropriate.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	There is one double room in the rest home wing which is currently single occupancy. There is sufficient space in all areas (including the studio apartments) to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There are two dining areas. The main dining room is adjacent to the kitchen and open plan with doors that open out to a garden with outdoor seating and shade. There is an open plan dining and lounge area for the studio apartment residents and a satellite kitchen. There are alternative small lounge areas where more dependent residents have meals if they require more assistance. There is a main activity lounge and smaller lounges and seating areas available including an internal atrium lounge with skylights for natural light. There are activity stations in each household. There are seating alcoves throughout the facility. There is safe access to the three courtyards and gardens. All communal areas are easily accessible for residents with mobility aids with ramp access.

Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	All personal clothing is laundered on site by a dedicated laundry person 9.30 am – 2 pm seven days. Dirty linen is collected in linen bags and put into a wheelable cage for collection by the contracted laundromat via the external ramp access. The laundry has a defined clean/dirty area with two door entry/exit. There are two cleaning staff on each day for the households and the studio apartments. The cleaners' trolleys were attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The two linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. Staff have completed chemical safety training.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	PA Low	There is an emergency and evacuation procedures and responsibilities plan in place. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 23 April 2007. Six-monthly fire evacuation practice documentation was sighted, with the last fire evacuation drill occurring on 10 September 2020. The service has a fire evacuation drill booked in for 16 April 2021. 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. There are adequate supplies in the event of a civil defence emergency including, food, water (bottled and header tanks), blankets and gas cooking (BBQ and gas hobs in the kitchen). There are civil defence supplies available that are checked monthly. There are first aid kits available in the nurses' stations, van and at reception. There are also supplies of outbreak/pandemic and personal protection equipment (PPE) available. Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times, however, two out of four activity group leaders who take residents out on trips in the van do not have a current first aid certificate. All RNs

		hold a current first aid certificate. There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	All bedrooms and communal areas have ample natural light and ventilation. There is underfloor heating which is centrally adjusted. Many rooms have opening doors out onto the courtyards.
Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.	FA	A senior RN oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually (last reviewed December 2020) in consultation with Arvida infection control coordinators, RNs and clinical manager. Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	The designated infection control (IC) coordinator has been in the role one year and is supported by the clinical manager. During Covid-19 lockdown there were weekly zoom meetings with Arvida infection control coordinators providing a forum for discussion and support for facilities. The service has a Covid-19 response team who were involved in the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. The report was forwarded to SIAPO and Ministry of Health for approval. The infection control coordinator has completed an on-line MOH course and registered to complete an on-line course through a tertiary college. There is good external support from the Arvida Group support office, GPs, laboratory, and the IC nurse specialist at the DHB. There are outbreak kits readily available and a personal

		protective equipment cupboard.
Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.	FA	Arvida group infection control policies and procedures meet best practice. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed at support office in consultation with infection control coordinators. Policies are available on the intranet. The head of special projects at support office (RN) has completed a Covid-19 plan for the specific levels of lockdown.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection control Altura education. The DHB provided Covid-19 education with above 95% staff attendance. Staff completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents were kept informed and updated on Covid-19 policies and procedures through resident meetings.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Infection surveillance is an integral part of the infection control programme and is described in the Arvida group infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic data base. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The GP reviews antibiotic use weekly. Infection control surveillance is discussed at quality/risk meetings and RN meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.

		The service receives benchmarking feedback from support office. The service receives email notifications and alerts from the DHB for any community concerns. There have been no outbreaks.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	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. There are no residents with restraints or using an enabler at the time of the audit. Staff education on restraint minimisation and management of challenging behaviour has been provided.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.	PA Low	The Maples have developed a draft roster which includes staffing to match increase in hospital resident numbers across the care centre and apartments. They propose a roster based on one hospital admission, (ie; 24/7 RN cover). They will increase RN and caregivers’ hours dependent on levels of admission and acuity, adding additional staff as required (as per Arvida Staffing Rationale Policy). The prospective provider is aware of the higher level of staff required for hospital level care and will make necessary staff changes as required when they make the move to admit hospital residents.	The service is yet to implement hospital level care. Therefore they currently do not have sufficient employed RNs to cover 24/7	Ensure RNs are employed and rostered prior to admitting hospital level residents. Prior to occupancy days

Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Low	The service implements an electronic medication management system and utilises monthly blister packs. There are policies and procedures in place for safe medicine management. Medications are stored safely in the secure nurse's station which also acts as a combined nurses office and medication room. However, there is no specific treatment room which needs to be considered for the addition of hospital/medical level care.	There is a new treatment/medication room being installed. There has been consultation with the supplying pharmacy. Cabinetry has been installed, along with work benches and hand basin. The service has taken advice on lighting and security with a camera to be installed.	Ensure there is a specific medication/treatment room with hand basin separate from the nurse's station prior to occupancy of hospital residents Prior to occupancy days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. However, two out of four activity group leaders who take residents out on trips in the van do not have a current first aid certificate as per policy.	Two out of four activity group leaders who take residents out on trips in the van do not have a current first aid certificate.	Ensure that all activity group leaders who take residents out on trips in the van do not have a current first aid certificate. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.