

Oceania Care Company Limited - Palm Grove Rest Home and Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Palm Grove Rest Home and Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 September 2021 End date: 15 September 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:	77

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

Palm Grove Rest Home and Village provides rest home and hospital level care for up to 85 residents.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included the review of policies and procedures, review of residents' and staff files, and observation and interviews with residents, family members, managers, staff, and a nurse practitioner.

The residents and family members spoke positively about the care provided.

The audit has resulted in one continuous improvement rating in relation to continually improving the quality of services. There was one area requiring improvement identified, related to laundry services.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) at admission and these are respected. Personal privacy, independence, individuality and dignity are supported. Staff were seen interacting with residents in a respectful manner during the audit.


Open communication between staff, residents and families is promoted, and confirmed to be effective by the relatives and residents interviewed. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. There was no evidence seen or reported by those interviewed, of abuse, neglect or discrimination.

The service has linkages with a range of specialist health care providers to support best practice and meet residents' needs.

A complaints register is maintained with complaints resolved promptly and effectively.

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.
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Oceania Healthcare Limited is the governing body and is responsible for the services provided at this facility. The mission, vision and values of the organisation are documented and communicated to all concerned. There are systems in place for monitoring the services provided, including regular reporting by the business and care manager to the Oceania national support office.

The facility is managed by an experienced and qualified business and care manager with aged care experience and have been in this position for four years. The clinical manager is responsible for the oversight of the clinical services in the facility.

There is an internal audit and quality programme. Risks are identified, and a hazard register is in place. Adverse events are documented on the electronic accident/incident form. Facility meetings are held where there is reporting on various clinical indicators, quality and risk issues, and discussion on identified trends. Graphs of clinical indicators are available for staff to view along with meeting minutes.

There are policies and procedures on human resources management. A mandatory education programme is provided for staff. There is a documented rationale for determining staffing levels and skill mixes to provide safe service delivery that is based on best practice.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

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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Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family. COVID-19 requirements are clearly displayed.

The multidisciplinary team, including a registered nurse and nurse practitioner, assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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.		Some standards applicable to this service partially attained and of low risk.
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The building has a current building warrant of fitness, and this is displayed.

There is a reactive and preventative maintenance programme, and this includes equipment and electrical checks. Fixtures, fittings and floor and wall surfaces are made of suitable materials for this environment.

Residents' bedrooms are of an appropriate size for the safe use and manoeuvring of mobility aids, and to allow for care to be provided. Lounges, dining areas, and sitting alcoves are available for residents and their visitors. External areas and gardens are safe for residents to mobilise around.

A call bell system is available to allow residents to access help when needed. Security systems are in place with regular fire drills completed.

Protective equipment and clothing are provided and used by staff. Chemicals are safely stored. The laundry service is conducted by a separate Oceania Healthcare company (Christchurch Centralised Laundry) located on the same site.

Cleaning of the facility is conducted by household staff and monitored for effectiveness.

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.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. On the day of the on-site audit there were no restraints in use. Restraint is only used as a last resort when all other options have been explored. Enablers are voluntary with two residents using bedrails as voluntary enablers.

Staff receive education relating to the use of and management of restraints and enablers.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme is overseen by a registered nurse who has recently taken up the role of infection control officer. This person is supported by an experienced infection control officer with over five years' experience. The programme aims to prevent and manage infections and is reviewed annually. COVID-19 information and requirements have been added recently providing detailed instructions.

Specialist infection prevention and control advice is accessed from the local district health board infection prevention and control nurse specialists when needed.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

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	44	0	1	0	0	0
Criteria	1	92	0	1	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Palm Grove Rest Home and Village has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and as part of the ongoing yearly requirements as was verified in training records.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record. Staff were observed to gain consent for day to day care.</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>	<p>FA</p>	<p>During the admission process, residents and families are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were also displayed and available in the facility. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons. However, all spoken with stated they were able to have issues addressed promptly, by going directly to the care and business manager.</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>	<p>FA</p>	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility has unrestricted visiting hours, outside of any COVID-19 restrictions, and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</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>	<p>FA</p>	<p>Policies and procedures relating to complaints management are compliant with right 10 of the Code. Systems are in place that ensure residents, and their family are advised on admission to the facility of the complaint process and the Code. The complaints forms are displayed and accessible within the facility. Staff interviews confirmed their awareness of the complaint process. Residents and families demonstrated an understanding and awareness of this process.</p> <p>The business and care manager (BCM) is responsible for complaints management. A complaints register is maintained. The register noted nine complaints, eight in 2020 and one for 2021. All are closed.</p> <p>There were no complaints currently with any other external agencies.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Residents and relatives interviewed, were able to express their familiarity with the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service). Family members interviewed confirmed these had been discussed with them prior to their relative entering the service and that they had received information about them.</p> <p>The Code in both English and te reo Māori was sighted on display. Information on advocacy services and how to make a complaint were available in the reception area at the front of the</p>

		building.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Throughout the audit, staff were observed to maintain residents' privacy, and where relevant, to give residents choices. The clinical manager stated that health care assistants are regularly reminded of the need to make sure curtains and doors are shut when doing personal cares. All residents have a private room and a private ensuite. Families confirmed that the residents receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Residents are assisted to maintain their independence. Documentation in the care plans described each person's level of independence according to their abilities and staff were observed assisting residents and reminding them of the next step in a process, as with hand washing, eating a meal and a person receiving their medication.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and then annually. Family members interviewed informed they had not seen any signs of any type of abuse, or examples of disrespect, in this facility.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>Staff support residents in the service who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whānau. There is a current Māori health plan developed with input from cultural advisers. Guidance on tikanga best practice is available and is supported by staff who identify as Māori in the facility. Māori residents interviewed reported that staff acknowledge and respected their individual cultural needs.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic,</p>	FA	<p>Assessment sections of the care plans and the activity plans included records about the culture, values and beliefs of the residents. Individualised responses are recorded, and applicable personal preferences and special needs are integrated into the interventions for care planning and activity plans that were reviewed. Family members verified that their relative was consulted on their individual culture, values and beliefs and that from what they hear and</p>

cultural, spiritual values, and beliefs.		see, the staff respected these. According to the clinical manager, excepting for those who identify as Māori, all other residents identify as New Zealand/European. Two residents leave the facility on a regular basis specifically for cultural or spiritual reasons. An interdenominational service is held within the facility each month.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Family members and two visiting health professionals who were interviewed, stated that residents were free from any type of discrimination, harassment or exploitation. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. Staff sign a Code of Conduct when they commence employment. Registered nurses have records of completion of the required training on professional boundaries. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>The service encourages and promotes good practice through input from external specialist services and allied health professionals, including the mental health services for older persons and the palliative care nurses with whom there is open communication whenever needed. The nurse practitioner confirmed the service seeks prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and workshops and there are ample opportunities for in-service education.</p> <p>Other examples of good practice observed during the audit included good communication between staff and residents, ensuring residents were happy and comfortable and providing immediate attention if there was anything they could assist with. The activity programme is diverse and involves residents at both individual and group level.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Family members stated they were kept well informed about any changes to their relative's status. They also informed they are advised in a timely manner about any incidents or accidents and the outcomes of regular and any urgent medical reviews. This was supported by notes in the family communication section of residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>The clinical manager knows how to access interpreter services, although reported this has not</p>

		been required recently. Staff can also provide interpretation when it is needed. Staff informed that there have been times when pen and paper has been used to assist with communication.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Palm Grove Rest Home and Village (Palm Grove) is part of the Oceania Healthcare Limited (Oceania). The Oceania executive management team provide support to the facility with the regional clinical and operations managers providing support during this on-site audit. The business and care manager (BCM) provides the executive management team with monthly progress against identified indicators. Oceania has an overarching business plan, and Palm Grove has a business plan specific to the facility.</p> <p>Posters observed at the entrance of the facility and information booklets are available for residents, staff and family and include the organisation's mission statement, values, and goals.</p> <p>The BCM is responsible for the overall management of the service and has been in this role since 2017. The BCM has experience in management of aged residential care facilities. The BCM is supported by a clinical manager (CM) who is responsible for the oversight of clinical services. The CM is a registered nurse (RN) with experience in aged residential care and has been at Palm Grove for over 12 years.</p> <p>The facility can provide care for up to 85 residents, with 77 dual purpose beds occupied on the day of audit.</p> <p>This included:</p> <ul style="list-style-type: none"> - 41 residents requiring rest home level care, with 30 under an occupied rights agreement (ORA). - 34 residents requiring hospital level care, with 14 under an occupied rights agreement (ORA), two under 65 years of age under a physical long term care contract, and two under an ACC contract. - two residents under an end-of-life hospital level care contract.
<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,</p>	FA	<p>When the BCM is absent, the CM carries out all the required duties under delegated authority, with support from the regional operations manager and the regional clinical manager. For an extended period of leave of the BCM, a relief BCM would be assigned the responsibility, as confirmed at management interviews. If the CM is on leave, a senior registered nurse (RN) would have oversight of clinical care.</p>

appropriate, and safe services to consumers.		Staff reported the current arrangements works well.
<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>Palm Grove uses the Oceania quality and risk management system that reflects the principles of continuous quality improvement. A continuous improvement rating has been awarded related to the effectiveness of the corrective action process which has resulted in increased opportunities for improvement of services, outcomes, and service delivery.</p> <p>The Oceania management group reviews all policies with input from internal experts. Policies reviewed cover the necessary aspects of the service and contractual requirements, including reference to the interRAI long-term care facility (LTCF) assessment tool and process. Policies included references to current best practice and legislative requirements. New and revised policies are introduced to staff at meetings and policy updates are also presented as part of relevant in-service education. Staff interviewed confirmed that they are alerted to new and revised policies and receive opportunities to read and understand the policies.</p> <p>Service delivery is monitored through complaints, review of incidents and accidents, key performance indicators and implementation of an audit programme. Clinical indicators are collated monthly and benchmarked against other Oceania facilities. Oceania is currently reviewing this process to ensure clinical indicators are benchmarked for a 12 month rather than the current three-monthly periods.</p> <p>The internal audit programme is documented and implemented as scheduled. Internal audits cover all aspects of the service and are completed by the CM. Audit data is collected, collated, and analysed at the facility. Results are reported on the electronic system which can be viewed by the Oceania national support office. Interviewed staff reported that they are kept informed of audit activities and results at staff meetings.</p> <p>Satisfaction surveys for residents and families are completed as part of the internal audit programme on a six-monthly basis. Interviews with staff, residents, and family confirmed a satisfaction survey was completed. The August 2021 survey had been collated and analysed and communicated to staff, family, and residents as evidenced in meeting minutes and interviews.</p> <p>Facility meetings are conducted, for example, staff and quality initiative meetings, and RN meetings, and residents' meetings. Minutes of meetings evidenced communication with staff around aspects of quality improvement and risk management.</p> <p>Palm Grove has a risk management programme in place. Health and safety policies and procedures are documented along with a hazard management programme. There was evidence of hazard identification forms completed when a hazard was identified. The BCM is</p>

		responsible for maintaining the hazard register. A senior healthcare assistant is the health and safety officer and has received appropriate training.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff understood the adverse event reporting process and were able to describe the importance of recording near misses. Staff are documenting adverse, unplanned, or untoward events in the electronic accident/incident management system. Incident/accident forms are completed by staff who either witnessed an adverse event or were the first to respond. Accident and incident forms are reviewed by the clinical manager and signed off when completed. The RNs undertake assessments of residents following an accident. Neurological observations and falls risk assessments are completed following accidents/incidents as appropriate.</p> <p>Policy and procedures comply with essential notification reporting, for example, health and safety, human resources, and infection control. The BCM is aware of situations in which the service would need to report and notify statutory authorities, including police attending the facility, unexpected deaths, sentinel events, notification of a pressure injuries, infectious disease outbreaks, and changes in key clinical managers.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are consistently implemented and records are maintained.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current. Current certificates were evidenced in reviewed records for all staff and contractors that required them.</p> <p>Staff orientation documentation sighted included necessary components to the role. Health care assistants (HCA) interviewed identified they are paired with a senior HCA until they demonstrate competency on specific tasks, such as hand hygiene or moving and handling. Staff interviewed reported that the orientation process prepared them well for their role. Staff records reviewed showed consistent documentation of completed staff orientation.</p> <p>The organisation has a documented mandatory annual education and training module/schedule. The mandatory study days of continuing education include infection control, restraint/enabler use, moving, and handling. There are systems and processes in place to remind staff of the required mandatory modules and competencies training dates. Interviews confirmed that all staff undertake at least eight hours of relevant education per year. Staff</p>

		<p>education records evidenced the ongoing training and education completed.</p> <p>Ten RNs including the CM were identified as interRAI competent.</p> <p>Staff files reviewed also showed consistent documentation of annual performance reviews.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Staffing levels meet contractual requirements. The CM are RNs who are available during weekends and on call after hours and weekends. Adequate on-site RN cover is provided 24 hours a day, seven days a week. Registered nurses are supported by enough HCAs.</p> <p>There is a documented rationale in place for determining service provider levels and skill mix to provide safe service delivery. Rosters are completed on an electronic system and overseen by the BCM. Rosters sighted reflected that staffing levels meet residents' acuity and bed occupancy.</p> <p>Residents and families reported staff provide them with adequate care. Health care assistants (HCA) reported there are adequate staff available and that they can manage their work.</p> <p>The ORA units are located within the facility in close proximity to the nurses' stations. The residents who are receiving rest home and hospital level care in ORA units have their needs met within the environment in which they live with 24-hour care, and sufficient staffing and availability of RNs to meet their needs in accordance with the aged related residential care agreement.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with nurse practitioner and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely off site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>Standard 1.3.1: Entry To Services</p>	FA	<p>Residents enter the service when their required level of care has been assessed and</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>		<p>confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. The organisation seeks updated information from the NASC, medical staff and families before residents access respite care.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</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>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the DHBs 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family/whānau. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes.</p> <p>An example reviewed of a patient recently transferred to the local DHB acute hospital showed a copy of recent progress notes, a clear transfer form indicating current functioning and care needs, along with a copy of the prescribed medication sheet. Family of the resident reported being kept well informed during the transfer of their relative.</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>	<p>FA</p>	<p>The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management, using an electronic system, was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The registered nurse checks medications against the prescription prior to use and this is recorded in the electronic medicine management system. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of</p>

		<p>weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Prescribing practices included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines. The required three-monthly nurse practitioner review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>There is one resident who was self-administering all their medications at the time of audit. Appropriate processes including locked drawer and three-monthly checks, were in place at the time of the audit, to ensure this was managed in a safe manner. The clinical manager indicated a number of residents, thought to be nine, were self-administering their own inhaler, however this was checked at each medication round. A locked drawer is provided by the facility in each resident's room for this.</p> <p>There is an implemented process for comprehensive analysis of any medication errors. There were no medication errors in recent months according to the clinical manager.</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>	<p>FA</p>	<p>The food service is provided on site by an executive chef and kitchen team and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years - latest being on 31 March 2021. Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Quality Auditing Specialists Ltd, expiring on 28 March 2022. Food temperatures, including for high-risk items, are monitored appropriately and recorded as part of the plan. The executive chef and kitchen team have completed relevant food safety handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Residents have access to food and fluids to meet their nutritional needs at all times including during the night. Special equipment, to meet resident's nutritional needs, is available and was seen being used at mealtimes on the days of the audit.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews,</p>

		satisfaction surveys and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.
<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>If a referral is received but the prospective resident does not meet the entry criteria or there is no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative.</p> <p>If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the clinical manager.</p> <p>There is a clause in the access agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Information is documented using validated nursing assessment tools, such as a pain scale, falls risk, skin integrity, mini-nutritional screening and continence assessments, as a means to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. All residents have current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and families confirmed their involvement in the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff. Families reported participation in the development and ongoing evaluation of care plans but also stated that staff regularly provide updates when they call into the facility.</p>
<p>Standard 1.3.6: Service</p>	FA	<p>Documentation, observations and interviews verified that care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse</p>

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>range of resident's individualised needs was evident in all areas of service provision. The nurse practitioner interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by one trained diversional therapist holding the national Certificate in Diversional Therapy, an assistant and volunteers.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated on admission and as part of the formal six monthly care plan review.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered.</p> <p>Residents and families/whānau are involved in evaluating and improving the programme through residents' meetings and satisfaction surveys. Residents interviewed confirmed they find the programme has a lot of variety and is interesting. Activities have been altered to fit within the COVID-19 alert levels. Village and care facility have been walking group has been integrated to create a varied and interesting regular walking group between the two areas. This has allowed the creation of natural friendships onsite also (Refer CI rating 1.2.3.8).</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short-term care plans being consistently reviewed and progress evaluated as clinically indicated were noted for infections and wounds. When necessary, and for unresolved problems, long term care plans are added to and updated. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>

<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>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a nurse practitioner, residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the nurse practitioner or registered nurse sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including one to a wound clinic and one to palliative care. The resident and the family/whānau are kept informed of the referral process, as verified by documentation and interviews.</p> <p>Any urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are policies and procedures in place for the management of waste and hazardous substances. The supplier of chemicals has conducted staff training and education on the use of chemicals. Safety data sheets were available and accessible for staff. Staff reported they have received training and education to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>Protective clothing and equipment appropriate to the risks associated with waste or hazardous substances being handled are provided and being used by staff.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building of fitness is displayed.</p> <p>There is a preventive and reactive maintenance programme in place. Staff are aware of the processes of reactive maintenance requests to ensure timely repairs are conducted. This was confirmed at care staff and maintenance staff interviews. The maintenance staff member is supported in their role by a regional maintenance manager and a relieving maintenance person who was present at the audit.</p> <p>Visual observation evidenced the facility and equipment are maintained to an adequate standard. This was confirmed in documentation reviewed and staff interviews. The testing and tagging of equipment and calibration of biomedical equipment was current.</p> <p>The external areas are safely, maintained and are appropriate to the resident group and setting. Residents are protected from risks associated with being outside. The gardens maintenance is contracted out and these were well maintained.</p> <p>The facility has a van that is used for residents' outings, and this meets current legislative</p>

		requirements.
<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>Bedrooms throughout the facility have full ensuites. There is one bedroom, with only a handbasin that is used for respite care residents, this was vacant at audit.</p> <p>There are adequate numbers of toilets and bathrooms of an appropriate design for residents. Separate toilets are available for staff and visitors. The fixtures, fittings, floors, and wall surfaces are constructed from materials that can be easily cleaned. Toilets and showers have a system that indicates if they are vacant or occupied. Appropriately secured and approved handrails are provided along with other equipment/accessories that are required to promote residents' independence.</p> <p>Hot water temperatures are monitored monthly. When there have been hot water temperatures above the recommended safe temperature, action is taken, and rechecking of the temperature occurs to ensure it is maintained at a safe temperature.</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	<p>Residents' bedrooms are personalised to varying degrees. One married couple share one dual purpose ORA facilities. This consists of a separate lounge and bedroom unit. Residents interviewed reported the current figuration works well. The DHB is aware that the two residents occupy one dual purpose room, and the facility will require an increase in the numbers to occupy if occupancy numbers are over the agreed 85.</p> <p>Bedrooms are considered dual occupancy and large enough to allow staff and equipment to move around safely and provide personal space for residents.</p>
<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>There is adequate access to lounges, dining areas and sitting areas/alcoves. Residents were observed moving freely within these areas. Residents confirmed there are alternative areas available to them if communal activities are being run in one of these areas and they do not wish to participate in them.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p>	PA Low	<p>Cleaning and laundry policies and procedures are available. Laundry is completed by the Christchurch Centralised Laundry (CCL) which is located on the same site as Palm Grove. Improvement is required to ensure an appropriate barrier between clean and contaminated</p>

<p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>linen.</p> <p>The cleaner described the cleaning process and the use of chemicals for cleaning purposes. There are safe and secure storage areas for cleaning equipment and chemicals and staff have access to these areas as required. Sluice rooms are available for the disposal of soiled water/waste.</p> <p>Handwashing facilities are available throughout the facility with alcohol gels in various locations.</p> <p>The effectiveness of the cleaning and laundry services is audited via the internal audit programme.</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>	<p>FA</p>	<p>Documented systems are in place for essential, emergency and security services. The fire evacuation scheme for the facility has been approved by the New Zealand Fire Services. The trial fire evacuations are conducted six monthly. The last fire drill was conducted in June 2021. The staff training register evidences all staff have completed first aid training and fire evacuation education.</p> <p>There is emergency lightening, gas for cooking, emergency water supply, and blankets in case of emergency. Emergency equipment accessibility, storage and stock availability is to a level appropriate to the service setting requirements.</p> <p>The call bell system in place is used by the residents, and/or staff and family to summon assistance if required and is appropriate to the resident groups and settings. Call bells are accessible, within reach and are available in resident areas.</p> <p>Staff interviews confirmed security systems including internal security cameras are in place staff and families confirmed an awareness of security processes.</p> <p>The safety of the rest home and hospital residents residing in ORA units are the same as for the residents under other contracts/arrangements.</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</p>	<p>FA</p>	<p>Residents are provided with adequate natural light and safe ventilation. Residents and families confirmed the facility is maintained at a safe and comfortable temperature.</p> <p>An area outside the building is available for both residents and staff who smoke.</p>

and comfortable temperature.		
<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 service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from the local DHB infection control nurse specialists. The infection control programme and manual are reviewed annually.</p> <p>A registered nurse is the designated IPC officer, whose role and responsibilities are defined in a job description that was sighted. This person accepted the role approximately six months prior to the audit and is being supported by the clinical manager, who was previously the infection control officer for five years. Additional support is available from head office in Auckland, which includes nurses with many years of extensive IPC experience. Infection control matters, including infection surveillance results, are reported to the infection committee in staff meetings.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. Guidance is also included on all matters related to COVID-19 and actions at the different alert levels is present. Actions required of all visitors upon entry to the care facility is clearly stated. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</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 IPC officer has appropriate skills and knowledge for the role and has been in this role for six months. She is supported by the clinical manager who carried out the role for the past five years. They have undertaken relevant study run by the local DHB IPC nurse specialist, as verified in training records sighted. Additional support and information are accessed from the infection control team at the DHB, the community laboratory, the nurse practitioner and public health unit, as required. The IPC officer has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC officer confirmed the availability of resources to support the programme and any outbreak of an infection. Sufficient stores of IPC equipment for use in an emergency or outbreak, were sighted during the audit.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for</p>	FA	<p>The infection prevention and control policies reflected the requirements of the infection prevention and control standard and current accepted good practice. Policies were last</p>

<p>the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>reviewed in March 2021 and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</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>	<p>FA</p>	<p>Interviews, observation and documentation verified staff have received education on infection prevention and control at orientation and ongoing education sessions. Education is provided by suitably qualified RNs and the IPC officer. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of attendance is maintained. Training reoccurs annually and includes hand hygiene, pandemic procedures, outbreak actions, 'donning and doffing' of PPE.</p> <p>When an infection outbreak or an increase in infection incidence has occurred, there was evidence that additional staff education has been provided in response. An example of this occurred when there was an outbreak of astrovirus in May 2021. Appropriate action had been taken at the time as indicated by the IPC officer and clinical manager. All external reporting is carried out by head office based in Auckland.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, and increasing fluids during hot weather.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract infections and multi drug resistant infections including methicillin-resistant staphylococcus aureus and extended spectrum beta-lactamases in particular. The IPC officer reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs. Short term care plans are created for these residents' infections, which are available to other staff to be aware of the required interventions.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the</p>

		<p>current month and year, with comparisons against previous months and years and this is reported to the IPC committee, quality meeting and to the main office.</p> <p>A summary report for a recent gastrointestinal infection outbreak was reviewed and demonstrated a thorough process for investigation and follow up. Learnings from the event have now been incorporated into practice, with additional staff education implemented.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. A senior registered nurse is the restraint coordinator. They provide support and oversight for enabler and restraint management in the facility. The coordinator was familiar with restraint policies and procedures.</p> <p>The facility has been restraint free since May 2021.</p> <p>Two residents were using bed rails as enablers voluntarily. Documentation sighted confirmed that the residents choose to use both bed rails to enable movement in bed.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of minimisation. Regular training occurs and review of restraint and enabler use is completed and discussed at all quality and staff meetings.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.6.2</p> <p>The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.</p>	PA Low	<p>1) Palm Grove utilises the CCL laundry services, which is located on the same site.</p> <p>Palm Grove contaminated laundry is placed in a laundry pod located in the clean corridor on the CCL site. Staff interviewed including the onsite laundry supervisor explained the process for transporting Palm Grove laundry. This included placement of contaminated laundry into the laundry pod located in the clean laundry corridor. Laundry staff then transport the pod past the clean laundry to the laundry for washing and drying processes. Once processed the laundry is placed into specific Palm Grove laundry pods located in the clean corridor. When required for distribution back to Palm Grove the clean laundry is transported past the contaminated laundry.</p> <p>2) The CCL provides a centralised laundry service for Oceania facilities in Christchurch.</p> <p>The service is managed by a regional manager (RM) located in Nelson and</p>	<p>1) Palm Grove soiled linen is stored in an area that is not separated by an appropriate space or physical barrier from that where the cleaned linen is stored or dispatched.</p> <p>2) The CCL laundry service processes do not ensure clean linen from being contaminated by soiled linen or other matter present in the laundry. For example, there is no appropriate barrier for transport of clean linen away (at least 2m)</p>	<p>Ensure the current laundry services prevent contamination from dirty to clean linen areas.</p> <p>90 days</p>

		<p>an onsite laundry supervisor (LS). At interview the RM and LS confirmed although there have been infection control outbreaks, such as norovirus, at facilities in Christchurch, there has been no documented reported incidents of any cross contamination.</p> <p>Validation of the machines are completed six monthly and environmental audits are completed as per the schedule by Palm Grove.</p> <p>The laundry has one external door for collection and dispatching of all laundry. This is located in the designated dirty area along with the washing machines and dryers. Another separate area is designated clean and is utilised as a storage area for clean linen, sorting and ironing of residents' personal clothing. (Refer comments above regarding location of Palm Grove laundry pods).</p> <p>Discussion with staff included the management of transportation of contaminated and clean laundry to all facilities. Laundry pods are utilised for the collection and dispatching of laundry on all sites.</p> <p>A van is utilised to collect contaminated and dispatch laundry pods. The LS explained that there is only one door leading to the dispatching area and the same doorway is used for both collection and dispatching of laundry; however, this does not ensure a separate clean and dirty flow. This was observed at audit. The LS reported that care is taken by staff to ensure the dispatching of clean laundry to minimise the risk of contamination.</p>	<p>from the soiled linen.</p>	
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	CI	<p>A quality improvement register and a file is maintained. The file reviewed at audit noted several quality improvements projects, for example, medication health care assistant (HAC) handbook, the appointment of a guest services manager and a project to improve lost property. One significant project ‘trail blazers’ has resulted in increased resident satisfaction and improvement in the residents’ physical and mental wellbeing.</p> <p>The March 2020 resident satisfaction survey noted 9% strongly disagreed that the current activities programme meets their needs. One of the challenges of the activity programme is to cater to residents of different cognitive and physical abilities. Palm Grove has a small number of residents who are more able and felt limited by the limits of the rest of the group.</p> <p>Palm Grove village is located alongside the care centre. This led to an opportunity to develop an activity that would benefit both groups. Trailblazers was established as a social walking group. This group connects rest home residents and village residents in social conversation while enjoying longer walks, up to one hour in duration, and excursions out of the care centre. The guest services coordinator facilitates the outings. The residents help choose the walking track. A village resident walks at the back of the group to monitor safety of the residents. The kitchen team provides a picnic lunch to have after the walk.</p>	<p>Implementation of the ‘trail blazers’ project has resulted in increased resident satisfaction and improved resident physical and mental wellbeing.</p>

		<p>Evaluation of the project included feedback from residents and family members. Feedback is positive, a resident reporting, 'I'm only 77 and very active. I often keep to myself in my room, getting out with trail blazers has been a blessing.'</p> <p>The August 2021 resident survey noted that overall residents were now satisfied with the current activities programme.</p>	
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End of the report.