

Ocean View Residential Care

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 Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity: Capital Residential Care Limited

Premises audited: Ocean View Residential Care

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 25 March 2015 End date: 25 March 2015

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: 17

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

General overview of the audit

Ocean View is privately owned and operated. The service is certified to provide rest home level care for up to 21 residents. On the day of the audit there were 17 residents.

This audit was undertaken to establish the level of preparedness of a prospective provider to provide a health and disability service and to assess conformity prior to a facility being purchased. The audit was conducted against the relevant Health and Disability standards and the contract with the District Health Board. The audit process included a review of policies and procedures; the review of resident's and staff files, observations and interviews with residents, relatives, staff and management and an offsite interview with the prospective owner. A temporary registered nurse manager is in place. A facility manager/registered nurse has been appointed to commence April 2015. A clinical nurse manager with aged care experience has been in the role seven weeks and provides clinical leadership to the team. The service also employs an enrolled nurse. The new owners plan for the existing management team and staff and all policies and processes including quality and risk management systems to continue as they currently are except to make improvements around currently non-compliant areas..

The service has been actively reviewing the quality system, policies and procedures and education plan to enable staff to deliver best care. There have been a number of environmental improvements. Residents and family interviewed commented positively on the standard of care and services provided at Ocean View.

This audit identified improvements required around complaints register, advance directives, audit and survey results, staff education and job descriptions, assessment and interventions and restraint documentation.

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.		Some standards applicable to this service partially attained and of low risk.
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Ocean View provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the Code and related services is readily available to residents and families. Policies are implemented to support residents' rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented. Residents and family interviewed verified on-going involvement with the community.

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.		Some standards applicable to this service partially attained and of low risk.
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The new owner of Ocean View is new to the aged care environment. They intend to continue business as usual with no changes to staff or management, policies or processes. Ocean View is implementing a quality and risk management system that supports the provision of clinical care. Quality performance for infections, incidents and concerns/complaints are reported to staff at two monthly meetings.

There are human resources policies including recruitment, selection, orientation and staff training and development. An improvement is required around job descriptions. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The clinical nurse manager and enrolled nurse are responsible for care plan development with input from residents and family. Residents and family interviewed confirmed that the care plans are consistent with meeting residents' needs. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are managed and administered in line with legislation and current regulations. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Ocean View has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids, as required. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry and secure cleaner's room. The service has implemented policies and procedures for civil defence emergency. Smoking is only permitted in designated external areas.

Staged renovation work is being completed at Ocean View, which includes some internal and external painting.

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.		Some standards applicable to this service partially attained and of low risk.
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There is a restraint policy that includes comprehensive restraint procedures and aligns with the standards. There was one resident requiring restraint. There is an area of improvement around the definition of restraints and enablers, assessment and monitoring. The service reviews restraint as part of the two monthly meetings.

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.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator (nurse manager) is responsible for coordinating education and training for staff. The infection control co-ordinator has attended external training. There are a suite of infection control policies and guidelines to support practice. Appropriate training of staff is included as part of the programme. The infection control co-ordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections.

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	38	0	5	2	0	0
Criteria	0	85	0	6	2	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>Ocean View has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Three caregivers and one enrolled nurse were able to describe how they incorporate resident choice into their activities of daily living. Staff receive training around advocacy services that includes the Code, at orientation and as part of in-service programme (link 1.2.7.5). The proposed new owner demonstrated an understanding of the Code during interview.</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>	PA Low	<p>D13.1: There were five of five admission agreements sighted.</p> <p>D3.1.d: Discussion with family identify the service actively involves them in decisions that affect their relative's lives.</p> <p>Informed consent and advanced directives were recorded as evidenced in five of six resident files reviewed. There is an area for improvement who determines if a resident is not for resuscitation. Advised by staff that family involvement occurs with the consent of the resident. Residents interviewed confirmed that information was provided to enable informed choices and that they were able to decline or withdraw their</p>

		consent. Resident admission agreements were signed.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlet on admission. Interviews with residents confirmed they were aware of their right to access advocacy. Advocacy pamphlets are displayed in the main entrance.</p> <p>D4.1d; Discussions with family confirm that the service provides opportunities for the family/EPOA to be involved in decisions.</p> <p>ARC D4.1e. The resident files include information on residents' family/whanau and chosen social networks.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>D3.1h: Interview with residents and family confirm relatives and friends can visit at any time and are encouraged to be involved with the service and care. Residents are encouraged wherever possible to maintain former activities and interests in the community. They are supported to attend community events and groups such as stroke club and senior citizens. The activity programme includes opportunities to attend events outside of the facility.</p> <p>D3.1.e: Interview with residents confirms the staff help them access the community such as going shopping and attending church.</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>	PA Low	<p>There is a complaints policy to guide practice which aligns with Right 10 of the Code. The temporary manager leads the investigation of non-clinical concerns/complaints and the clinical nurse manager investigates clinical concerns/complaints. Concerns/complaints are discussed at the two monthly quality/staff as sighted in the meeting minutes. Complaints forms were visible. There is one external investigation (May 2013) that remains open. A verbal complaint received February 2015 has been closed with the service informing the police of the complaint.</p> <p>D13.3h. a complaints procedure is provided to residents within the information pack at entry.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There is a welcome pack that includes information about the Code and this is discussed during the admission process with the resident and family. Large print posters of the Code and advocacy information is</p>

		<p>displayed at the main entrance to the facility.</p> <p>D6.2 and D16.1b.iii the information pack provided to residents on entry includes how to make a complaint, Code of Rights pamphlet, advocacy and Health & Disability Commission.</p> <p>D16.1bii. the families and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement.</p>
<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>There are policies in place to guide practice in respect of independence, privacy and respect. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms during the audit. Six residents interviewed confirmed staff respect their privacy, and support residents in making choice where able. Resident files are stored out of sight. Staff receive training around abuse and neglect.</p> <p>D3.1b, d, f, i: The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Resident preferences are identified during the admission and care planning process with family involvement. The service actively encourages residents to have choices and this includes voluntary participation in daily activities.</p> <p>D4.1a: Five resident files reviewed identified that cultural and /or spiritual values and individual preferences are identified on admission and integrated with the residents' care plan. Interviews with residents confirm their values and beliefs are considered.</p> <p>D14.4: There are clear instructions provided to residents on entry regarding responsibilities of personal belonging in their admission agreement. Personal belongings are documented and included in resident files.</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>Ocean View has a Maori health plan that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e).</p> <p>D20.1i: There is a cultural safety policy to guide practice including recognition of Māori values and beliefs and identify culturally safe practices for Māori. There are regular meetings with the local kaumatua</p>

		group which has strengthened the relationship between the community and the rest home. The cultural advisor who is a staff member is linked to the local Iwi and provides support for residents and advice for staff. Staff interviewed were able to describe how they would ensure Maori values and beliefs are met. Family/whanau involvement is encouraged in assessment and care planning and visiting is encouraged. At the time of audit there was one Maori resident that identified as Maori. The resident's values and beliefs were documented in the care plan.
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The resident and family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Six monthly reviews occur to assess if needs are being met. Discussion with relatives and residents confirm values and beliefs are considered. Residents are supported to attend church services of their choice. Spiritual visitors spend time with residents who wish to have prayers/bible readings.</p> <p>D3.1g: The service provides a culturally appropriate service by ensuring it understands each resident's preferences.</p> <p>D4.1c: Care plans reviewed included the residents' social, spiritual, cultural and recreational needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in staff files. Staff sign a confidentiality statement on employment. Staff meetings occur two monthly and include discussions on professional boundaries and concerns as they arise (minutes sighted). Interviews with the clinical nurse manager and care staff confirmed an awareness of professional boundaries. Staff receive a code of conduct on orientation to the service. This is also displayed in the staff office.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Ocean View has recently purchased policies and procedures that reflect best practice and meet the health and disability safety sector standards. Staff are made aware of new/reviewed policies at the two monthly quality/staff meeting. There is an education planner in place (1.2.7.5). A clinical nurse manager with aged care experience was appointed in February 2015. An environment of open discussion is promoted. There are handovers between shifts. Care staff have access to career force</p>

		<p>units and a roving assessor. Registered nurse care guidelines are available. Allied health professionals are available to provide input into resident care for example dietitian and pharmacist.</p> <p>ARC A2.2: Services are provided at Ocean View that adhere to the health & disability services standards.</p> <p>ARC D17.7c: There are implemented competencies for caregivers and registered nurses. The clinical nurse manager has access to external training. Discussions with residents and family were positive about the care they receive. Interview with caregivers inform they are well supported by the clinical nurse manager who is also available after hours.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is a policy to guide staff on the process around open disclosure. Accident/incident forms have a section to indicate if family have been informed of an accident/incident. Seven of seven incident forms reviewed for February 2015 identify family were notified following a resident incident. The clinical nurse manager and temporary manager/RN confirm family are kept informed. There is access to an interpreter service.</p> <p>D12.1: Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health “Long-term Residential Care in a Rest Home or Hospital – what you need to know” is provided to residents on entry.</p> <p>D16.1b.ii: The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement</p> <p>D16.4b: There is documented evidence of family notification when their relatives health status changes.</p> <p>D11.3: The information pack is available in large print and this can be read to residents.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>This provisional audit was conducted to assess the preparedness of new owners for the facility. The new owner is new to aged care. She is a chartered accountant with experience in human resource management and has also been on the board of a charity language school for six years and the chair of the board and principle of the school for the past</p>

		<p>three years. It is the intention to make no changes to management, staffing, policies or procedures including quality and risk management policies and procedures. It is the new owner's intention to facilitate a smooth transition between owners and to minimise disruption to staff and residents. A business plan will be developed following the completion of the sale and the new owner intends to continue with organisational and quality goals set for Ocean View for 2015.</p> <p>Ocean View provides care for up to 21 rest home residents. On the day of audit there were 17 residents which included one younger person, one respite care and one resident under accident compensation corporation (ACC).</p> <p>The facility has been privately owned by a husband and wife team with business experience for the last 11 years. The owners have been available on-site since January 2015. An experienced temporary registered nurse (RN) manager has been in place for two weeks and will provide a handover period to the new RN manager who will commence 7 April 2015. The new manager is a registered nurse with 15 years nursing experience including dementia and management experience. She has completed a business management course. A clinical nurse manager with seven years aged care experience in New Zealand was appointed seven weeks ago.</p> <p>Ocean View has a 2014-2015 strategic business plan that includes the home mission statement and philosophy of care. Annual goals relate to residents, staff, quality assurance, risk management and financial goals. The business plan is reviewed each year in August. There is on-going review of policies, clinical practice and facility/building improvements.</p> <p>ARC, D17.3di, The temporary manager has a current practising certificate and contracted through a recruitment agency. The clinical nurse manager has attended external infection control education since her appointment.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>Currently there is a temporary manager/RN in place. The clinical nurse manager and the temporary manager provide the on-call for the service. The owner (non-clinical) is on-site. The new RN facility manager and clinical nurse manager will provide cover for each other's leave.</p> <p>D19.1a; a review of the documentation, policies and procedures and</p>

		from discussion with staff, identified that the service operational management strategies, QI programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality.
<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>	PA Low	<p>There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are reviewed on a regular basis. The content of policy and procedures are detailed to allow effective implementation by staff. Staff interviewed confirm they are made aware of new/reviewed policies and sign to declare they have read and understood the content.</p> <p>Two monthly staff meetings are held and meeting action plans for corrective actions are completed as required. Monthly quality data is collated for infections, accidents and incidents. There is an internal audit programme. An improvement is required around internal audits and reporting outcomes. Annual staff and resident/relative satisfaction surveys are completed. There is an improvement required around feedback to participants. The service has linked the complaints/compliments process with its quality management system and communicates relevant information to staff.</p> <p>D19.3: There is an implemented Health and safety and risk management system in place including policies to guide practice. There is a current hazard register (reviewed September 2014) that identifies hazards for each area of work.</p> <p>D19.2g The sample number of resident files were increased from six to seven to confirm falls prevention strategies were in place that including the analysis of falls incidents and the identification of interventions on a case by case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Seven accident/incident forms for the month of February 2015 were sampled. There has been RN notification and clinical assessment completed within a timely manner (link 1.3.6.1). Accidents/incidents were recorded in the resident progress notes. There is documented evidence the family/whanau had been notified.</p>

		<p>D19.3c: The service collects incident and accident data and reports aggregated figures two monthly to the quality/staff meeting. Staff interviewed confirm incident and accident data are discussed at the quality/staff meeting.</p> <p>D19.3b; The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Trending data is considered.</p> <p>Discussions with the owner and temporary RN manager, confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications. Notification to HealthCERT regarding new clinical nurse manager appointment was sighted in the personnel file. There have been no outbreaks to report.</p> <p>There has been one coroner's enquiry. This has been closed off by the coroner. Corrective actions have been signed off. The DHB and pharmacist have carried out an independent investigation. The service had forwarded their investigation notes. The investigation remains open. The service is awaiting the outcome.</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>	<p>PA Low</p>	<p>There are human resources policies to support recruitment practices. The service require police vetting and complete reference checks. The provider has followed good recruitment practice with the appointment of a clinical nurse manager in 2015 with reference checks and police vetting. HealthCERT notification was sighted for clinical nurse manager appointment.</p> <p>An RN facility manager will commence 7 April 2015. Interviews have been undertaken with the owner and RN temporary manager. Current practising certificates were sighted for the clinical nurse manager and enrolled nurse. Six staff files were reviewed. There is an improvement required around job descriptions. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment.</p> <p>The 2014 and 2013 annual education plan was viewed. The 2015 education plan has commenced. Care staff have access to career force and a roving assessor. The majority of care staff have completed the national certificate in the support of the older person. On-line training is</p>

		<p>available to staff and they have access to a laptop within the workplace. Staff complete competencies including hand hygiene, use of hoist, safe manual handling and medication administration.</p> <p>All staff are due for first aid refresher or the initial course and this has been scheduled for April 2015.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. There is a RN/clinical nurse manager Monday to Friday and on-call. An enrolled nurse is employed four days a week which includes morning shift in the weekends. The new owners do not intend to make any changes to existing management or staffing.</p> <p>The caregivers, residents and relative interviewed inform there is sufficient staff on duty at all times.</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>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within required timeframes into the resident's individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Individual resident files demonstrate service integration including records from allied health professionals and specialists involved in the care of the resident.</p> <p>D7.1 Entries were legible, dated and signed by the relevant caregiver or registered nurse including designation. Policies contain service name.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents are assessed prior to entry to the service by the needs assessment team, and an initial assessment was completed on admission. The service has specific information available for residents and families at entry and it included associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. The admission agreement reviewed aligned with the ARC contract and exclusions from the service were included in the admission agreement.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The transfer /discharge/exit procedures included a transfer/discharge form and the completed form is placed on file. The service stated that a staff member escorts the resident if no family were available to assist with transfer, and copies of documentation were forwarded with the resident.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The service uses individualised medication packs which are checked in on delivery. An enrolled nurse and medication competent caregiver were observed administering medications correctly. Medications and associated documentation were stored safely and securely and all medication checks were completed and met requirements. Medications are reviewed three monthly with medical reviews by the attending GP. Resident photos and documented allergies, or nil known, were on all 12 medication charts reviewed. An annual medication administration competency was completed for all staff administering medications and medication training had been conducted.</p> <p>There is a self-medicating resident's policy and procedures in place. There was one respite resident who self-administered medications. Individually prescribed resident medication charts are in use and this provides a record of medication administration information. As required medication was reviewed by the clinical nurse manager each time prior to administration. Medication charts reviewed identified that the GP had reviewed the resident three monthly and the medication chart was signed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals at Ocean View are prepared and cooked on site. There is a four weekly menu. Meals are prepared in a well-appointed kitchen adjacent to the rest home dining room and served directly to rest home residents. The kitchen staff are trained in safe food handling and food safety procedures were adhered to. Staff were observed assisting residents with their lunch time meals and drinks, as required. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen via the enrolled nurse or clinical nurse manager. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required, as directed by the GP.</p>

		Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service.
<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	The reason for declining service entry to residents to the service would be recorded on the declined entry form, and when this does occur, the service stated it will communicate to the resident/family, as appropriate and the appropriate referrer.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	PA Moderate	All residents are admitted with a care needs level assessment completed by the needs assessment and service co-ordination team prior to admission. Personal needs information is gathered during admission, which formed the basis of resident goals and objectives. Shortfalls are identified around assessments completed and reviewed.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	Resident files include all required documentation. The long-term care plan records the resident's problem/need, objectives, interventions and evaluation for identified issues. There are short-term care plans to focus on acute and short-term issues. From the sample group of residents' notes the short-term care plans are overall well used and comprehensive. Examples of short-term plan use included; infections and wounds. Resident files reviewed identified that family were involved in the care plan development and on-going care needs of the resident.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	PA Moderate	Care plans are current and interventions reflect the assessments conducted and the identified requirements of the residents (also link 1.3.4.2). Interviews with staff (clinical nurse manager and enrolled nurse and caregivers) and relatives confirmed involvement of families in the care planning process. Dressing supplies are available and a treatment room is stocked for use. Continence products are available and resident files included an up to date urinary continence assessment completed in five of seven resident files, (Link to 1.3.4.2) bowel monitoring, and continence products identified for day use, night use, and other management. Wound assessment and wound management plans were in place for four residents, including one non healing ulcer. Follow up protocol post-fall has not been completed.

<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>There is one recreation officer who works from 0900-1500 providing four days a week cover. The recreation officer has worked at Ocean View for five years and has completed CareerForce level three qualification. There is also an assistant who works some Mondays and most Wednesdays.</p> <p>There is a full and varied activities programme in place which is appropriate to the level of participation from residents'. On the day of audit residents were observed being actively involved with a variety of activities. There is a van used for resident outings and appointments. The programme is developed monthly and displayed in large print in communal areas and resident bedrooms. Residents and families interviewed voiced their satisfaction for the activities programme and felt that recreational needs were being met. There is a bi-monthly residents' meeting held which is used to obtain feedback. Residents have an activities assessment completed over the first few weeks.</p> <p>D16.5d Resident files reviewed identified that the individual activity plan is reviewed six monthly at the same time as the care plans.</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>Care plans reviewed had been evaluated by an RN at least six monthly, or as changes to care occur as sighted in all care plans sampled. ARC: D16.3c: All initial care plans are evaluated by the RN within three weeks of admission. There is documentation evidence of family and/or resident involvement at these evaluations.</p> <p>Documentation on clinical notes evidence review by the GP at least three monthly. Short term care plans were evaluated within a timely manner.</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>The service facilitates access to other services (medical and non-medical) and where access occurred, referral documentation is maintained. Residents' and or their family/whanau are involved as appropriate when referral to another service occurs.</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</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Policies and procedures specify labelling requirements in line with legislation including the requirement for labels to be clear,</p>

<p>substances, generated during service delivery.</p>		<p>accessible to read and are free from damage. Material Safety Data sheets available throughout the facility and accessible for staff. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Designated cleaners cupboard is locked. Chemicals are stored safely throughout the facility. A visual inspection of the facility evidences the provision of protective clothing and equipment that is appropriate to the recognized risks associated with the waste or hazardous substance being handled, for example: goggles/visors, gloves, aprons, footwear, and masks. These products were seen in sluice rooms and the laundry, gloves are in every shower area and there are plentiful supplies of aprons. Clothing is provided and used by staff. Visual inspection of the facilities provides evidence that hazardous substances are correctly labelled, and the container is appropriate for the contents including container type, strength and type of lid/opening.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>Reactive and preventative maintenance occurs. The building holds a current warrant of fitness that expires 6 June 2015. Since the previous audit the facility has undergone refurbishment and decorating, which includes upgrade of the kitchen joinery and flooring, refurbishment of the dining room (awaiting new dining room chairs), painting of the external building, new boundary fence, ramp to the external evacuation point and continuing upgrade of bedrooms as they become vacant. Water temperatures are checked weekly throughout the facility. The external grounds are well maintained. Quality improvements identified by the service include a security mirror and signage. The lounge area is designed so that space and seating arrangements provide for individual and group activities. ARC D15.3: Suitable equipment is available for rest home. There are quiet, low stimulus areas that provide privacy when required. There is external provision for residents' who smoke to the rear of the building.</p>
<p>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.</p>	<p>FA</p>	<p>All resident rooms in Ocean View are single rooms. Residents share communal toilets and showers. There are sufficient numbers of resident communal toilets in close proximity to resident rooms and communal areas. Visitor toilet facilities are available. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene. The communal toilets and showers are well signed</p>

		and identifiable.
<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	The resident rooms are spacious enough to meet the assessed resident needs. Residents were able to manoeuvre mobility aids around the bed and personal space. All beds were of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient room to allow cares to take place. The bedrooms sighted were personalised.
<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	There is a large lounge and separate dining room, and small seating areas. The dining room was spacious, and located directly off the kitchen. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed report they were able to move around the facility and staff assisted them when required. Activities take place in the lounge.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	Ocean View has policies and procedures around laundry and cleaning services. There is a separate laundry area downstairs, where all linen and personal clothing is laundered by the designated laundry staff. The laundry and cleaning services are able to cater for the current residents. Staff have attended infection control education and chemical safety. There was appropriate protective clothing available. Manufacturer's data safety charts are available. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Appropriate training, information, and equipment for responding to emergencies was available. There is an approved evacuation plan (letter dated 13 February 2004). Fire evacuations are held six monthly with the last drill held 9 February 2015. There is a staff member with a current first aid certificate on every shift.</p> <p>There is a risk reduction plan for emergency events including civil defence. The facility is prepared for civil emergencies civil defence bin, emergency lighting, a store of emergency water and a gas BBQ for alternative heating and cooking. Emergency food supplies sufficient for three days are kept in the kitchen pantry. The call bell system is</p>

		available in all areas. During the tour of the facility residents were observed to have easy access to the call bells and residents interviewed stated their bells were answered in a timely manner. There is doorbell access to the facility after hours.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment was warm and comfortable.
<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 infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The infection control coordinator is the newly appointed clinical nurse manager (link 1.2.7.3). Infection control matters and monthly data are discussed at the quality/staff meeting. The infection control programme was reviewed at the time of policy review June 2014.</p> <p>Visitor are asked not to visit if they have been unwell. Influenza vaccines are provided. There are hand sanitizers throughout the facility.</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>Infection control is managed by the infection control team who comprise of the infection control coordinator (clinical nurse manager), cook and care staff. There is access to an external infection control specialist, district health board (DHB) peer support group, and GP and laboratory personnel. The service has an outbreak management kit that is readily available.</p> <p>The infection control coordinator was in the role for a year at the previous facility and has attended external infection control education.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	D 19.2a: The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. Infection control policies have been reviewed June 2014 and reflect current best practice. External expertise can be accessed as required, to assist in the development and review of policies and procedures.

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The IC coordinator has completed appropriate IC training.</p> <p>Staff received infection control orientation on employment and attend annual infection control education. Annual hand hygiene audits have been completed and staff complete an infection control questionnaire.</p> <p>Resident education is expected to occur as part of providing daily cares and discussed at resident meetings as appropriate.</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>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality/staff meetings. Caregivers interviewed confirm infection control and surveillance data is discussed at staff meetings. There have been no outbreaks.</p> <p>Systems in place are appropriate to the size and complexity of the facility.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>PA Low</p>	<p>The service is committed to restraint minimisation and safe practice was evidenced in the restraint policy and interviews with clinical staff. Restraint minimisation is overseen by a restraint co-ordinator who is the clinical nurse manager. There was one residents identified as requiring a lap belt as an enabler. The same resident had bedrails as enabler and the consent was signed by a family member. There is room for improvement around establishing definition regarding enablers and restraints, assessments and monitoring. An assessment was completed for the use of an enabler.</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)
Criterion 1.1.10.4 The service is able to demonstrate that written consent is obtained where required.	PA Low	There are policies around advanced directives regarding resuscitation status and who can determine who is not for resuscitation.	One family member had signed an advance directive that the resident was 'Not for Resuscitation'. This resuscitation had not been signed by the GP, even though the resident had lived at Ocean View since August 2014.	Ensure that, if resident is competent, they make the decision regarding their Not for Resuscitation status. 90 days
Criterion 1.1.13.3 An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.	PA Low	There have been two complaints. One external complaint in 2013 and an internal complaint 2015.	Both complaints have not been entered into a complaints register.	Maintain an up-to-date complaints register. (This was corrected on the day of audit). 90 days
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and,	PA Low	Quality data collated monthly for infections and accidents/incidents are discussed at the two monthly quality/staff meetings (minutes sighted). Staff interviewed are aware of infection control and health and	1) Not all internal audits have had corrective actions signed off as completed. Audit outcomes are not reflected in the meeting minutes. 2) The results of staff survey suggestions for improvement and	1) Ensure staff are aware of the outcomes of internal audits and staff surveys. 2) Ensure outcomes of the annual survey are fed back to residents/relatives.

where appropriate, consumers.		safety matters. Annual surveys have been collated. Internal audits are completed as per schedule.	outcomes of resident relative surveys have not been feedback to the participants.	90 days
Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.	PA Low	Six staff files were viewed. All contained employment agreements including signed confidentiality statements. Staff appraisals are up-to-date.	There is no job description for the restraint coordinator and infection control coordinator.	Ensure there are signed job descriptions for all staff positions. 60 days
Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Low	The annual education plan for 2013 and 2014 covered compulsory education requirements including infection control, restraint, challenging behaviour and medication management.	Staff attendance at code of rights was 10 out of 26 staff over the last two years. Attendance was three out of 26 for complaints management over the last two years. Open disclosure training has not been provided in the last two years.	Ensure all staff attend compulsory education requirements at least every two years. 180 days
Criterion 1.3.4.2 The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.	PA Moderate	Risk assessment tools are used to identify the needs and goals of the resident with risk levels reflected in the care plans.	One resident identified as having weight loss did not have a nutritional assessment in their resident file. One residents continence assessment completed on admission (2013) had not been reviewed six monthly. One resident file had no continence assessment in place. One resident identified as having chronic pain did not have a pain assessment completed. One resident with a pain assessment had not been reviewed since April 2014.	Ensure risk assessments are completed for residents as applicable. 60 days
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the	PA Moderate	There were four unwitnessed falls for the month of February 2015. The falls protocol requires neurological observations to be completed for witnessed and unwitnessed falls.	Neurological observations have not been completed for four unwitnessed falls as per falls protocol.	Ensure neurological observations are completed for unwitnessed falls. 90 days

consumers' assessed needs, and desired outcomes.				
<p>Criterion 2.1.1.4</p> <p>The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.</p>	PA Low	There are policies around the assessment, defining, monitoring and use of restraints and enablers.	One resident identified as using an enabler had the consent and assessment signed by the legal guardian. The assessment was signed by the GP, for the lap belt but no assessment completed for the bedrails. There was no documented monitoring for either the lap belt or bed rails, as per policy and resident care plan. There was no job description for the restraint co-ordinator. (Link 1.2.7.3)	<p>Ensure correct assessments are completed for restraints, which should be assessed and signed by the GP. Ensure there is documented monitoring of restraint usage as per policy. Any enablers should be a voluntary decision made by the resident using them.</p> <p>90 days</p>

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.

No data to display

End of the report.