

Oakwoods Lifecare (2012) Limited

CURRENT STATUS: 31-Oct-12

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Provisional audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

This provisional audit has been undertaken on behalf of Oakwood Life Care (2012) Ltd prior to the pending sale of Metlifecare Oakwoods in Richmond, Nelson to a consortium of new owners. The new organisation has two company directors; one of whom is the current village manager. The facility offers hospital, rest home and licence to occupy apartments and is also associated with a village on the same site. There are presently 53 beds, of which thirty are hospital level and the remainder rest home beds. On the day of this provisional audit, there are forty five residents in the facility.

The audit relates to the provision of services in the hospital and rest home. A review of the suitability of 30 serviced apartments for rest home level care residents to enable a total of 35 serviced apartments for rest home level care, and 18 existing rest home beds to "swing beds" to enable a total of 48 beds to be used for either hospital or rest home level residents was also undertaken.

The facility has a manager and a registered nurse manager who will both continue in their roles in the new organisation. The nurse manager is supported by a clinical nurse leader with responsibility for the hospital and rest home. The nurse manager also oversees an enrolled nurse accountable for the serviced apartments. The manager has responsibility for the nonclinical areas and village. Staffing level and mix are set in line with current organisational guidelines.

This audit included follow-up progress monitoring for the Nelson Marlborough District Health Board of the nine corrective actions previously raised in the May 2012 certification audit. Clear progress has been made in a number of areas. Twelve areas are identified for improvement, of which eight are new areas identified as a result of this audit. These relate to updating of the hazard register, assessment of residents, medication reconciliation, completion of restraint education and associated records and five relating to the infection control standards requirements. Two corrective actions from the previous audit relating to call bells and elimination of odour have yet to be addressed. There is some urgency to address identified deficiencies in the call bell system.

The new provider is adequately prepared to operate the service, has previous experience in the sector and a suite of new documentation ready to be implemented. A consultant has been contracted for two years to facilitate the change process.