

# Oxford Court Rest Home Limited

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## 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 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:** Oxford Court Lifecare Limited

**Premises audited:** Oxford Court Rest Home

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 29 January 2015      End date: 30 January 2015

**Proposed changes to current services (if any):** This audit assessed the remaining 26 rest home rooms as being suitable for dual purpose.

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



# Executive summary of the audit

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## 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

Oxford Court Lifecare is part of Hurst Lifecare Limited. The service is managed by a general manager who is a registered nurse. Oxford Court provides care to up to 50 rest home and hospital level residents. On the day of the audit, there were 50 residents in total (18 residents at rest home level and 32 residents at hospital level). Residents and families interviewed were very complimentary of care and support provided. This certification audit was conducted against the Health and Disability Services Standards and the contract with the District Health Board. This audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

As part of this audit, 26 rest home beds were assessed as being suitable for dual purpose (rest home or hospital level care).

The service is commended for achieving a continued improvement rating relating to good practice.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		All standards applicable to this service fully attained with some standards exceeded.
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The staff at Oxford Court Lifecare ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services is easily accessible to residents and families. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Informed consent processes are followed and residents' clinical files reviewed evidence informed consent and advanced directives are documented. Complaints and concerns have been managed and a complaints register is maintained. A continuous improvement rating has been awarded against best practice.

## 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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Oxford Court Lifecare has a quality and risk management system in place that is implemented and monitored, which generates improvements in practice and service delivery. Key components of the quality management system link to relevant facility meetings. The service is active in analysing data with recent evidence of benchmarking outcomes with other similar aged care facilities. Corrective actions are identified and implemented. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and appropriately managed. There is a comprehensive orientation programme that provides new staff with relevant and specific information for safe work practice. The in-service education programme covers relevant aspects of care and support. The staffing levels provide sufficient and appropriate coverage for the effective delivery of care and support. Staffing is based on the occupancy and acuity of the residents.

## 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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There was comprehensive service information available. Initial assessments and risk assessment tools were completed by the registered nurse on admission. Care plans and evaluations were completed by the registered nurses within the required timeframe. Care plans demonstrated service integration, were individualised and evaluated three monthly. Care plans, written evaluations, assessment tools and monitoring forms were completed and updated on the on-line system. Copies of care plans were available for care staff. The residents and family interviewed confirmed they were involved in the care planning and review process. Short term care plans were in use for changes in health status. The activity coordinators provide an activities programme for residents that is varied, interesting and involves the families and community. Staff responsible for medication administration have completed annual competencies and education. There were three monthly GP medication reviews. Meals were prepared on site. The summer and winter menus was designed by a dietitian. Individual and special dietary needs were catered for. Residents interviewed responded favourably to the meals provided.

## 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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Oxford Court Lifecare 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. There are sufficient

communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry and cleaner's room. The service has implemented policies and procedures for civil defence and other emergencies and six monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided. Smoking is only permitted for residents, in designated external areas.

## 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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There is a restraint policy that included comprehensive restraint procedures and aligns with the standards. There were no residents requiring restraints or using enablers. The service has remained restraint free for over five years. Staff were trained in restraint minimisation.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. Infection control education is provided to all service providers as part of their orientation and

also as part of the on-going in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

<b>Attainment Rating</b>	<b>Continuous Improvement (CI)</b>	<b>Fully Attained (FA)</b>	<b>Partially Attained Negligible Risk (PA Negligible)</b>	<b>Partially Attained Low Risk (PA Low)</b>	<b>Partially Attained Moderate Risk (PA Moderate)</b>	<b>Partially Attained High Risk (PA High)</b>	<b>Partially Attained Critical Risk (PA Critical)</b>
<b>Standards</b>	1	44	0	0	0	0	0
<b>Criteria</b>	1	92	0	0	0	0	0

<b>Attainment Rating</b>	<b>Unattained Negligible Risk (UA Negligible)</b>	<b>Unattained Low Risk (UA Low)</b>	<b>Unattained Moderate Risk (UA Moderate)</b>	<b>Unattained High Risk (UA High)</b>	<b>Unattained Critical Risk (UA Critical)</b>
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>Discussions with staff (four caregivers, four registered nurses, two care managers and one general manager) confirm their familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Interviews with eight residents (three rest home and five hospital) and five relatives (two rest home and three hospital) confirm the services being provided are in line with the Code.</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</p>	FA	<p>Informed consent processes were discussed with residents and families on admission. Written general and specific consents were evident in the eight resident files sampled (three rest home and five hospital). Caregivers (four) and registered nurses (four) interviewed confirm consent is obtained when delivering cares. Resuscitation orders for competent residents were appropriately signed. The general practitioner (GP) discusses resuscitation with families/EPOA where the resident was deemed incompetent to make a decision. Discussion with family members identifies that the service actively involves them in decisions that affect their relative's lives. Seven admission agreements (one respite resident respite) sighted were signed within the required timeframe.</p>

to make informed choices and give informed consent.		
<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	Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available at reception. Residents' meetings include discussing previous meeting minutes and actions taken (if any) before addressing new items. Discussions with relatives identify that the service provides opportunities for the family/EPOA to be involved in decisions.
<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	Residents and relatives confirm that visiting can occur at any time. Key people involved in the resident's life have been documented in the care plans. Residents and relatives verify that they have been supported and encouraged to remain involved in the community. Entertainers have been invited to perform at the facility.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	A complaints policy and procedures have been implemented and residents and their family/whānau have been provided with information on admission. Complaint forms are available at the entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints. A complaints folder has been maintained. Seven complaints were received in 2014. Systems and processes have been in place to ensure that any complaint received is managed and resolved appropriately. All complaints in 2014 were resolved and the process of investigation and follow-up was fully documented. Residents and family members advised that they are aware of the complaints procedure and how to access forms.
<p>Standard 1.1.2: Consumer Rights</p>	FA	The service provides information to residents that include the Code, complaints and advocacy. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Interviews with

<p>During Service Delivery</p> <p>Consumers are informed of their rights.</p>		<p>residents and relatives identify they were well-informed about the code. Resident meetings and a resident and family survey provided the opportunity to raise concerns. Advocacy and code of rights information is included in the information pack and was available at reception.</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>	<p>FA</p>	<p>The service has policies which align with the requirements of the Privacy Act and Health Information Privacy Code. Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. House rules and a code of conduct is signed by staff at commencement of employment. Church services are held weekly and resident files include cultural and spiritual values. Contact details of spiritual/religious advisors are available to staff. Residents and relatives interviewed report that residents are able to choose to engage in activities and access community resources. There is an elder abuse and neglect policy and staff education and training on abuse and neglect has been provided. The philosophy of the service is "helping our people make the most of everyday".</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>	<p>FA</p>	<p>The service has a Maori health plan and an individual's values and beliefs policy which includes cultural safety and awareness. Discussions with staff confirm their understanding of the different cultural needs of residents and their whānau. There were no residents at Oxford Court Lifecare who identified as Maori. The service has established links with local Maori and staff confirm they are aware of the need to respond appropriately to maintain cultural safety.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture,</p>	<p>FA</p>	<p>Care planning includes consideration of spiritual, psychological and social needs. Residents interviewed indicate that they were asked to identify any spiritual, religious and/or cultural beliefs. Relatives report that they feel they are consulted and kept informed and family involvement is encouraged.</p>

<p>Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</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>The staff employment process includes the signing of house rules and a service code of conduct. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity and privacy and boundaries. Registered nursing staff have completed training around professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	<p>The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, and the requirement to attend orientation and on-going in-service training. The general manager is responsible for coordinating the internal audit programme. A variety of staff meetings and residents meetings are conducted.</p> <p>Residents and relatives interviewed spoke very positively about the care and support provided. Staff have a sound understanding of principles of aged care and state that they feel supported by the general manager. Care staff complete competencies relevant to their practice.</p> <p>The service is commended for achieving a continued improvement rating through providing an environment that encourages good practice.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>Residents and family members interviewed stated they are informed of changes in health status and incidents/accidents. Residents and family members also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident/relative meetings occur monthly and the general manager has an open-door policy. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family/whānau). If residents or family/whānau have difficulty</p>

provide an environment conducive to effective communication.		with written or spoken English that the interpreter services are made available. All resident at the service currently are English speaking.
<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>Oxford Court Lifecare is a part of the Hurst Lifecare Limited. The service provides care for up to 50 residents at hospital (geriatric and medical) and rest home level care. On the day of the audit, there were 50 residents in total (18 residents at rest home level and 32 residents at hospital level).</p> <p>The service is managed by an experienced general manager who is a registered nurse and has been in the role for five years. The general manager reports monthly to the board on a variety of management issues. The current strategic plan and quality and risk management plans have been implemented. The general manager has received support from two care managers and a new national quality coordinator, registered nurses and caregivers. This audit has assessed a further 26 rest home beds as being suitable for dual purpose. The general manager has attended at least eight hours of further education in relation to managing an aged care facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	The two care managers provided cover during a temporary absence of the general manager.
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and</p>	FA	The quality manual and the business, quality, risk and management planning procedure describe the Oxford Court Lifecare's quality improvement processes. The risk management plan describes objectives, management controls and assigned responsibility. Progress with the quality and risk management programme has been monitored through the quality improvement meeting, and the various facility meetings. Monthly and annual reviews have been completed for all areas of service. Meeting minutes have been maintained and staff are expected to read the minutes. Minutes for all meetings have included actions to achieve compliance where relevant. Discussions with registered nurses and caregivers confirm their involvement in the quality programme. Resident/relative meetings

<p>maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>have been held. Data has been collected on complaints, accidents, incidents, infection control and restraint use. The internal audit schedule for 2014 has been completed. Areas of non-compliance identified at audits have been actioned for improvement. Specific quality improvements have been identified and benchmarking with other group facilities and against national benchmarking occurs on data collected. The service has implemented a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has comprehensive policies/procedures to support service delivery. Policies and procedures align with the client care plans. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents. Residents' are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.</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>	<p>FA</p>	<p>Incident and accident data has been collected and analysed. Discussions with the service confirm that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. A sample of resident related incident reports for December 2014 were reviewed. All reports and corresponding resident files reviewed evidence that appropriate clinical care has been provided following an incident and where appropriate families notified. The incident reporting policy includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment</p>	<p>FA</p>	<p>The recruitment and staff selection process requires that relevant checks have been completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Eight staff files were reviewed and included all appropriate documentation. Staff turnover was reported as low. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals are conducted for all staff. A completed in-service calendar for 2014 exceeded eight hours annually. There is a structured two year education programme for all staff. Caregivers have completed either the national certificate in care of the elderly or have completed or commenced an aged care education programme. The general manager and registered nurses attend external training including conferences,</p>

practice and meet the requirements of legislation.		seminars and education sessions with the local DHB.
<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	Oxford Court Lifecare has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. There is at least one registered nurse and two caregivers on duty at all times. The full time general manager is also a registered nurse. Caregivers advise that sufficient staff are rostered on for each shift. All registered nurses have been trained in first aid and CPR.
<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	The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Information containing sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Record entries are legible, dated and signed by the relevant staff member. Individual resident files demonstrate service integration. Medication charts have been stored in a separate folder.
<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</p>	FA	The service had comprehensive admission policies and processes in place. Residents received an information booklet around admission processes and entry to the service. The general manager screened all potential residents prior to entry to services to confirm they meet the level of care provided at the facility. Residents and relatives interviewed confirmed they received information prior to admission and discussed the admission process and admission agreement with the general manager

identified.		
<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>Transfer information was completed by the registered nurse or care manager and communicated to support new providers or receiving health provider. The information meets the individual needs of the transferred resident. RNs interviewed could describe the required transfer documentation including the yellow envelope system used by the district health board. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there was a change in the resident's condition.</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>All medication is managed appropriately in line with required guidelines and legislation. A computerised medication management system was implemented in December 2014 and the GP reports the transition has been managed well. RNs responsible for the administering of medication complete annual medication competencies and attend annual medication education. Senior caregivers who are second checkers have annual medication competency. The service uses individualised medication blister packs for regular and PRN medications. Medications are checked on delivery against the medication chart. Medication trolley contents were all within expiry dates and all eye drops were dated on opening. There was one self-medicating resident, competency is documented and reviewed by the GP three monthly, and there is a procedure for monitoring of self-medication. Medication administration practice was observed to be compliant. As required medications have the date and time of administration on the signing sheet. Sixteen medication charts sampled meet legislative prescribing requirements.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The service employs a qualified cook Monday to Friday and a weekend cook. They were supported by a cook assistant and kitchen hand each day. There was a four weekly seasonal menu that had been designed and reviewed June 2014 by a dietitian at organisational level. The cook receives a resident dietary profile for all new admissions and was notified of dietary changes following the six monthly review and at other times such as resident with weight loss/weight gain or swallowing difficulties. Specific cultural preferences were met. Resident likes, dislikes and dietary preferences were known. There were two meal options identified on the menu for the evening meal. Food is delivered in hot boxes to each area. Staff were observed sitting with the residents when assisting them with meals. The service is well equipped. The freezer temperature is checked weekly. The chiller is checked daily. Food temperatures are monitored twice daily and recorded. All foods were date labelled. A cleaning schedule is maintained. Feedback on the service was received from resident and staff meetings, surveys and audits. Staff have been trained in safe food handling and chemical safety.</p>

<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	The service records the reason for declining service entry to residents should this occur and communicates this to residents/family/whānau. Anyone declined entry is referred back to the Needs Assessors or referring agency for appropriate placement and advice.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	All appropriate personal needs information is gathered during admission. Risk assessment tools were sighted as completed and reviewed at least three monthly or when there was a change to a resident's health condition. Care plans reflected the outcome of the risk assessments for the eight resident files sampled.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	The long term care plan includes nursing diagnosis, actual or potential/deficits, outlined objectives of nursing care, setting goals, and details of implementation. Resident/family/whānau involvement in the care planning process was evidenced by signatures on the written acknowledgment of care plan form in the resident files sampled. Residents and relatives interviewed confirmed they were involved in their care plans. Short term care plans were in use for changes in health status.
<p>Standard 1.3.6: Service</p>	FA	Residents interviewed reported their needs were being met. Relatives interviewed stated their relative's needs were being appropriately met. When a resident's condition alters, the registered nurse initiates a review and if required a

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>GP visit. Faxes to the GPs for residents change in health status were sighted in the resident's files.</p> <p>Dressing supplies are available and treatment rooms are adequately stocked for use. Wound assessment, wound treatment and evaluations including frequency for two chronic wounds, were linked to the long term care plans. Pressure area cares and interventions are documented in the long term care plans. The RNs interviewed have access to an external wound care specialist as required. The GP reviews the wounds three monthly or earlier if required. Wound audits are completed monthly.</p> <p>Continence products are available and resident files include a three day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the three RN's interviewed.</p> <p>Monitoring forms in place include (but not limited to); monthly weight, blood pressure and pulse, food and fluid charts, restraint, blood glucose levels and behaviour charts.</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 staff provide an activities programme over seven days each week. The programme is planned monthly and residents received a personal copy of planned weekly activities. Activities planned for the day were displayed on notice boards around the facility. A diversional therapy plan was developed for each individual resident based on assessed needs. Residents were encouraged to join in activities that were appropriate and meaningful and were encouraged to participate in community activities. The service has a van that was used for resident outings. Residents were observed participating in activities on the days of audit. Resident meetings provided a forum for feedback relating to activities. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents.</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 were updated as changes were noted in care requirements. Care plan evaluations are comprehensive, related to each aspect of the care plan and recorded the degree of achievement of goals and interventions. Short term care plans are utilised for residents and any changes to the long term care plan were dated and signed. Care plans are evaluated within the required time frames.</p>
<p>Standard 1.3.9: Referral To Other</p>	<p>FA</p>	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The care managers (RN) and RN's interviewed state they initiate referrals to nurse specialist</p>

<p>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>services. Specialist referrals were made by the GP. Referrals and options for care were discussed with the family as evidenced in interviews and medical notes. Discussions with registered nurses identified that the service has access to appropriate allied health providers. The service provided examples of where a resident's condition had changed and the resident was reassessed.</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>All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Laundry and sluice room chemical cupboards are locked when not in use. Product use charts were available and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. Safe chemical handling training has been provided.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and</p>	<p>FA</p>	<p>The service displays a current building warrant of fitness which expires on 25 September 2015. Hot water temperatures are checked monthly. Medical equipment and electrical appliances have been tested and tagged and calibrated. Regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. Caregivers interviewed confirmed there is adequate equipment to carry out the cares according to the resident needs as identified in the care plans.</p>

facilities that are fit for their purpose.		
<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	All bedrooms in the units have their own toilet and hand basin. All but six bedrooms have ensuite showers; the six bedrooms without showers are located three on each floor and each group of three share a shower. There are communal toilets located closely to the communal areas. Toilets have privacy locks. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.
<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	All resident rooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient room to allow cares to take place. The bedrooms are personalised.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe,</p>	FA	There is a large lounge and dining room on the ground floor, and smaller lounge and dining area upstairs. The main dining room is spacious, and located directly off the kitchen/servery area. 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 any of the lounges.

adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		
<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	<p>Oxford Court has monitored the effectiveness and compliance of cleaning and laundry policies and procedures. There is a separate laundry area where all linen and personal clothing is laundered by designated laundry staff. Staff have attended infection control education and 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>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR was included in the mandatory in-service programme. There was a first aid trained staff member on every shift. The facility has an approved fire evacuation plan and fire drills occur six monthly. Smoke alarms, sprinkler system and exit signs in place. The service has a generator and also alternative cooking facilities (BBQ, gas oven and cooktop) available in the event of a power failure. Emergency lighting is in place for four hours. There are defence kits in the facility and stored water in all resident rooms as well as bulk storage. Call bells are evident in resident's rooms, lounge areas, and toilets/bathrooms. The facility is secured at night.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural</p>	FA	<p>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>

light, safe ventilation, and an environment that is maintained at a safe 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>Oxford Court Lifecare has an established infection control programme. The infection control (IC) programme is appropriate for the size, complexity and degree of risk associated with the service and has been linked into the incident reporting system. The general manager is the designated infection control nurse with support from the two care managers registered nurses and staff. IC is discussed monthly as part of the quality meeting and staff meeting. Minutes are available for staff. Regular audits have been conducted and education has been provided for staff. The infection control programme has been reviewed annually.</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>There are adequate resources to implement the infection control programme at Oxford Court Lifecare. The infection control (IC) nurse has maintained her practice by attending infection control updates. The infection control/quality team is representative of the facility. External resources and support is available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies have been reviewed and updated at least two yearly.</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>		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The facility is committed to the on-going education of staff and residents. Education has been facilitated by the general manager and care managers. All infection control training has been documented and a record of attendance has been maintained. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak had been resolved. Information is provided to residents and visitors that is appropriate to their needs and this was documented in medical records. Education around infection prevention and control has been provided in 2014.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that</p>	FA	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in infection monitoring policy. Monthly infection data is collected for all infections based on signs and symptoms of infection. Individual resident infection forms are completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections was entered on to a monthly facility infection summary and staff were informed. The data has been monitored and evaluated monthly and annually at facility level, including benchmarking within the group and against national aged care indicators. An outbreak in 2014 was appropriately managed, with notification to relevant authorities. The outbreak started 5 July 2014 and ended 12 July 2014. Eight staff and 24 residents were affected. The service had appropriate communication with relevant authorities and completed a final report to the district health board 31 July 2014. A debriefing meeting was</p>

<p>have been specified in the infection control programme.</p>		<p>held with staff in August 2014 and recommendations were discussed.</p>
<p>Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service is committed to restraint minimisation and safe practice and this was evidenced in the restraint policy and interviews with clinical staff. Restraint minimisation is overseen by a restraint coordinator who is the general manager. Restraint minimisation is discussed at quality and staff meetings. Annual review of restraint was completed in December 2014. Minutes are available for staff. The restraint minimisation policy includes restraint/enabler procedures. There is a documented definition of restraint and enablers which is congruent with the definition in the standard. The policy includes the use of emergency restraint. Any assessment of use of enablers would be based on information in the care plan, discussions with residents and on staff observations of residents. The service has remained restraint-free for over five years and no residents require enablers. The general manager states that any restraint would be used only when absolutely necessary and after a last resort. Staff are trained in restraint minimisation and de-escalation.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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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, these 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 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>The service has a robust quality and risk programme that is managed by the general manager and supported by the new national quality coordinator. Policies and procedures are reviewed regularly to support current accepted best and/or evidenced based practice. The facility has a master copy of all policies and procedures and a master copy of clinical forms. The content of policy and procedures are detailed to allow effective implementation by staff.</p> <p>There is a structured two year education programme for all staff and professional staff are encouraged to continue formal</p>	<p>The service has robust quality and risk management systems and these are supported by a number of meetings held on a regular basis including (but not limited to); quality, staff, restraint, residents/relatives, RNs, kitchen, infection control and health and safety. Meeting minutes from registered nurse meetings are emailed to all registered nurses. Standardised policy and procedures, annual education programme, core competency assessments and orientation programmes have been implemented. Competencies are completed for key nursing skills including (but not limited to); a) hoist/ manual handling, b) medications including nebulisers, BGLs/insulin, oxygen admin, syringe drivers, controlled medications, antibiotics warfarin, topical application and pain management, c) hand hygiene and g) first aid. Registered nurses regularly access training including external education sessions. Education is supported for all staff and a number of caregivers have enrolled or completed a national qualification. Caregivers are supported to complete an aged care education programme on employment and complete the aged care foundation programme within the first three months of employment. At the time of audit 42% have</p>

		<p>education. Core competency assessments and orientation programmes have been implemented at the service. There are implemented competencies for caregivers and registered nurses. There are clear ethical and professional standards and boundaries within job descriptions. Competencies are completed for key nursing skills at the service. All qualified staff at the service have current first aid certificates. The service has managed the transition from rest home only to include hospital level services. The service has a strong resident focus with a person centred approach and supporting resident outcomes. The service has introduced medi-map, an electronic medication administration system. The service has remained restraint and enabler free for over five years through staff education, a robust falls prevention programme which focuses on the individual resident for the best possible outcome. Discussions with three rest home, five hospital residents and three hospital, two rest home relatives were positive about the care they receive.</p>	<p>completed an advanced aged care programme and national certificate, 27% have completed aged care dementia programme and there are 42% of caregivers currently undergoing further aged care studies. The service also encourages staff to attend external education including attendance at other facilities and two caregivers attended the aged care conference 2014. The service encourages scholarship application for registered nurses wishing to pursue their nursing knowledge. In 2015, 27% of registered nurses are undertaking post graduate studies with supporting scholarships through the district health board. Two registered nurses have completed post graduate qualification and three are currently studying (one towards a Master's degree and two towards post graduate qualifications in gerontology). All staff receive a certificate each year for education completed.</p> <p>The service is proactive in following through and identifying quality improvements from internal audits, incidents/accidents, complaints and surveys. Quality Improvement corrective action plans are established when above the benchmark. Benchmarking includes (but not limited to): medication error, pressure areas, falls, skin tears, infections, polypharmacy and weight loss. Each action plan includes action, progress, evaluation and further recommendations. E.g.: introduction of medi-map computer management system to improve medication management.</p> <p>The service continues to manage the increase in service level from rest home only to all fifty beds being suitable for hospital level care. The service has been proactive with education of all staff and continued to form strong relationships with other health professionals to support service delivery. The service has increased the staffing levels accordingly including an increase in registered nurses and has considered resident acuity. The service provides an activity programme seven days a week. The service does not use agency staff. There are two nursing preceptors at the service to accommodate registered nursing competency assessment programme (CAP). The service accommodated new nursing graduates and third year medical students. The service also has nursing students. The service has a nurse practitioner visit two weekly and more often as required. The general manager is a member of the aged care advisory panel.</p> <p>The service has a culture of supporting resident outcome to ensure that staff are able to fully implement the vision of the company and the service "helping our people make the most of every day". This includes supporting residents reach their personal goals including one resident who successfully returned</p>
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			<p>home with full community support after being admitted to the service for hospital level care. The service focuses on the residents wishes and residents are very involved in having a say in their care with a person centred approach philosophy. Resident's care plans and InterRAI assessments are reviewed three monthly, and there are monthly audits on all wounds. There are monthly residents meetings and annual surveys including an additional food survey to provide opportunity for resident feedback. A newsletter for families has been implemented.</p> <p>The service is active in implementing technology to improve its services to residents including the introduction of medi-map, an electronic medication management system designed to support staff using technology, provide improved residents outcome with the reduction of medication errors, more efficient pharmacy and GP communication and provide data for continues improvement. This programme has been implemented in December 2014 and following review of the system there are plans to introduce the system to other facilities within the group. Staff on interview and observation of the system had positive feedback. The GP is fully supportive of the new system and reports positive comments.</p> <p>The service is restraint and enabler free and has remained so for the last five years and through the transition of increased level of care from rest home to included hospital level care services. The service last held a restraint minimisation education session 28 January 2015 and 38 staff attended. The service has a robust falls prevention programme including but not limited to, red socks (special socks that grip the floor), hip protectors, low-low beds, personal alarms, exercise programme, toileting programme, physiotherapy and one on one care. This has also resulted in fewer residents wounds.</p>
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End of the report.