

Oakwoods Lifecare (2012) Limited

Introduction

This report records the results of a Surveillance 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:	Oakwoods Lifecare (2012) Limited
Premises audited:	Oakwoods Retirement Village
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 1 April 2015 End date: 2 April 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:	49

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

Oakwoods Lifecare provides hospital and rest home level care for up to 83 residents. On the day of audit there were 49 residents. The service is managed by an experienced village manager who is supported by a nurse manager. The residents and relatives interviewed all spoke positively about the care and support provided.

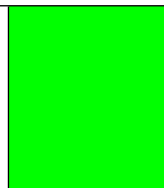
This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the District Health Board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

The service has addressed seven of the seven shortfalls from the previous audit in relation to medication management, infection control, nursing assessments, care plan documentation, an aspect of restraint documentation and the monitoring of fridge/freezer temperatures.

This audit identified improvements required around medication documentation and infection surveillance.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

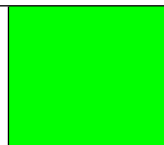


Standards applicable to this service fully attained.

Communication with residents and families is appropriately managed. Complaints are actioned and include documented response to complainants. A complaints register is maintained

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.

Oakwoods 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. 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.		Some standards applicable to this service partially attained and of low risk.
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. Registered nurses 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 were 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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Oakwoods Lifecare has a current building warrant of fitness.

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 includes comprehensive restraint procedures. There is a documented definition of restraint. Staff are trained in restraint minimisation and challenging and enablers that aligns with the definition in the standards. There are currently no residents requiring restraint. There are two residents using enablers.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Some standards applicable to this service partially attained and of low risk.
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The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

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	17	0	2	0	0	0
Criteria	0	40	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>A complaints policy and procedures is being implemented and residents and their family/whanau 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 one of which remains open and has been reviewed by an independent consultant. The incident was reported to the Ministry of Health (adverse event reporting). A corrective action has been completed and is in progress to address this complaint. Three complaints have been received to date in 2015. Systems and processes are in place to ensure that any complaint received is managed and resolved appropriately. All complaints on the register for 2014 and 2015 have been appropriately managed with resolution documentation recorded. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>Residents (five rest home and two hospital) and family members (two rest home and two hospital) 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 occurring three monthly and the village manager and nurse manager have 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</p>

<p>provide an environment conducive to effective communication.</p>		<p>services for residents (and their family/whānau). If residents or family/whānau have difficulty with written or spoken English the interpreter services are made available. One resident at the service did not speak English as a first language. The residents care plans sampled detailed clear communication interventions. Five caregivers interviewed were fully aware of how to communicate with the resident.</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>Oakwoods Lifecare was managed by a board of trustees until December 2014 when the service merged to become part of the Arvida group. The service provides care for up to 83 residents at hospital and rest home level care. This includes 35 serviced apartments that are certified for rest home level care. Forty eight beds are certified for dual purpose. On the day of the audit, there were 49 residents in total (24 residents at rest home level of which three reside in the service apartments and 25 residents at hospital level).</p> <p>The service is managed by an experienced village manager who has been in the role for over six years. The village manager is supported by a nurse manager (registered nurse) who has been in the position for six years. The manager now reports monthly to the chief executive officer of Arvida on a variety of management issues. The current strategic plan and quality and risk management plans have been implemented. The village manager and nurse manager have maintained professional development related to managing a hospital facility.</p>
<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>	<p>FA</p>	<p>The quality manual and the business, quality, risk and management planning procedure describe the Oakwoods 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. The service has goals for 2015 documented. Meeting minutes are maintained and staff are expected to read the minutes and sign off when read. There is a senior staff meeting held weekly, monthly registered nurse meetings and monthly full staff meetings. This ensures communication with all staff is maintained. Minutes for all meetings include actions to achieve compliance where relevant. Discussions with two registered nurses, five caregivers, one activities coordinator and one cook confirmed their involvement in the quality programme. Resident/relative meetings have been held.</p> <p>Data is collected on, accidents, incidents, infection control and restraint use. The internal audit schedule for 2014 has been completed and the 2015 schedule is being implemented. Areas of non-compliance identified at audits have been actioned for improvement. The service completed a resident/relatives satisfaction survey in June 2013. Overall results report satisfaction with the service. A corrective action plan was completed for areas that required improvement and results were reported back to staff, residents and relatives.</p> <p>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. There is an emergency plan in place that has been reviewed and updated in 2013. The service has comprehensive policies/</p>

		<p>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. There is a death/Tangihanga policy and procedure that outlines immediate action to be taken upon a consumer's death. Falls prevention strategies are implemented for individual residents.</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>Incident and accident data has been collected and analysed. Discussions with the service and review of documentation confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications and this was evidenced through a falls incident. A sample of resident related incident reports for March 2015 were reviewed. All reports and corresponding resident files reviewed evidence that appropriate clinical care has been provided following an incident. The incident reporting policy includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. The service trends and analyses data collated.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>The recruitment and staff selection process requires that relevant checks have been completed to validate the individual's qualifications, experience and veracity. Copies of practising certificates are kept. Seven staff files were reviewed and included all appropriate documentation. Staff turnover was reported as low, with some staff having been employed in excess of 16 years. 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. Caregivers are orientated by senior staff. Annual appraisals are conducted for all staff. A completed in-service calendar for 2014 exceeded eight hours annually and a schedule is in place and being implemented for 2015. Caregivers have completed either the national certificate in care of the elderly or have completed or commenced an aged care education programme. The nurse manager and registered nurses attend external training including conferences, seminars and education sessions with the local DHB.</p>
<p>Standard 1.2.8: Service Provider</p>	FA	<p>Oakwoods Lifecare has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. The roster has sufficient staff rostered on to cater for the resident's level of care. There is at</p>

<p>Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>least one registered nurse on duty at all times. The full time nurse manager is also a registered nurse. Caregivers and residents and family interviewed advised that sufficient staff are rostered on for each shift. All registered nurses have been trained in first aid and CPR.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The service uses individualised medication blister packs which are checked in on delivery by registered nurses. Two registered nurses were observed administering medications correctly. Medications and associated documentation were stored safely and securely and all medication checks are completed and meet 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 is completed for all staff administering medications and medication training had been conducted. All signing sheets for medications were signed by staff and there was no transcribing of medications. These were previous audit findings that have now been addressed.</p> <p>There is a self-medicating resident's policy and procedures in place. There were two rest home residents who self-administered medications. Competencies and reviews are completed. Individually prescribed resident medication charts are in use and this provides a record of medication administration information. Six of twelve medication charts reviewed did not record indication for use of as required medication by the GP. As required medication, is reviewed by a registered nurse prior to administration. Medication charts reviewed identified that the GP had reviewed the resident three monthly and the medication chart was signed. This was a previous audit finding that has now been addressed.</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</p>	<p>FA</p>	<p>All meals at Oakwoods Lifecare are prepared and cooked on site. There is an eight weekly winter and summer menu which has been reviewed by a dietitian. Meals are prepared in a well equipped kitchen. Meals are delivered to the rest home and hospital dining rooms on individual trays in hot boxes. Kitchen staff are trained in safe food handling and food safety procedures were adhered to. The service monitors all fridges and freezer temperatures. This was a previous audit finding that has now been addressed. Staff were observed assisting residents with their lunch time meals and drinks. 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 registered nurse or nurse manager. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by a dietitian. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members</p>

delivery.		interviewed indicated satisfaction with the food service.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>All residents are admitted with a care needs level assessment completed by the needs assessment and service coordination team prior to admission. Personal needs information is gathered during admission which formed the basis of resident goals and objectives. Assessments are reviewed at least six monthly for residents. Appropriate risk assessments had been completed for individual resident issues. The service has addressed a previous audit finding around completing assessments for identified needs including behaviour assessments.</p>
<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>	FA	<p>Resident care plans are well described, include all identified needs and are reflected in the progress notes. Overall residents' care plans reviewed on the day of the audit provide evidence of individualised support. Residents and family members interviewed confirmed that care delivery and support by staff is consistent with their expectations. Care plans are current and interventions reflect the assessments conducted and the identified requirements of the residents. This was a previous audit finding that has now been addressed. Interviews with staff and relatives confirmed involvement of families in the care planning process. Dressing supplies are available and a treatment room was stocked for use. Contenance products are available and resident files included a 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.</p> <p>Wound assessment and wound management plans were in place for 13 residents including two chronic pressure areas and one chronic sinus. There was documentation from a wound specialist with recommended treatment implemented and interventions updated.</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,</p>	FA	<p>The activities staff (one diversional therapist and one activities coordinator) provides an activities programme over five days each week. The programme is planned monthly and residents receive a personal copy of planned weekly activities. A diversional therapy plan is developed for each individual resident based on assessed needs. Residents are encouraged to join in activities that were appropriate and meaningful and are encouraged to participate in community activities. 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>

and the setting of the service.		
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	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>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>	FA	The service has current safety data sheets available and all chemicals are stored safely and securely. This was a previous audit finding that has now been addressed.
<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</p>	FA	All towels were observed to be stored in the linen cupboards and not in the shower rooms on open shelves. This was a previous audit finding that has now been addressed.

the needs of the organisation.		
<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>	PA Low	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in infection monitoring policy. A registered nurse is the designated infection control nurse. Monthly infection data is collected for infections that have prescribed treatment by the GP. Not all infections based on signs and symptoms of infection are collated. Individual resident infection forms are completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of infections is entered on to a monthly facility infection summary and staff were informed. The data has been monitored and evaluated monthly and annually. There have been no outbreaks at the service over the last two years.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<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 the restraint coordinator who is a registered nurse. The service has been active in restraint minimisation and has safely reduced restraint from four residents in August 2014 to no residents on the day of the audit. Two hospital residents were using bedrails as enablers. The use of enablers is voluntary, requested by the residents. There is evidence of the residents consenting to the enabler.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>There were no residents currently with restraint. One resident where restraint had been discontinued had this clearly documented in the residents progress notes. This was a previous audit finding that has now been addressed.</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 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.	PA Low	Six medication charts reviewed had documented reason for use of as required medications by the GP to safely guide staff. Registered nurses, enrolled nurses and senior caregivers administered medications. When a resident required as required medications the registered nurse either administers the medication or is consulted by the senior caregiver prior to the medication being administered. This ensured the medication is administered according to the residents need such as analgesia for pain.	Six of twelve charts reviewed did not record indication for use of as required medication by the GP so as to safely guide staff.	Ensure that reason for use of as required medication is documented on the residents medication chart by the GP. 90 days

<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	<p>PA Low</p>	<p>Monthly infection data is collected for infections that have prescribed treatment by the GP including antibiotic treatment.</p>	<p>Not all infections (based on signs and symptoms of infection according to the services definitions of infections) are collated.</p>	<p>Ensure that all infections are collated monthly and analysed</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.