

# Oceania Care Company Limited - Franklin Village

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

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

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

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Franklin Village

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

**Dates of audit:** Start date: 18 May 2015 End date: 18 May 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:** 42

# 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
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

Franklin Village in Pukekohe provides rest home, hospital and specialist dementia care for up to 44 residents. The facility is operated by Oceania Care Company.

This unannounced surveillance audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit was conducted to obtain an overview of key aspects of service delivery and to verify ongoing maintenance of the quality and risk management systems. The audit process included the review of policies and procedures, the review of staff files, observations and interviews with residents, family/whanau, management, staff and a general practitioner.

The business and care manager is appropriately qualified and experienced for the role they undertake. The Oceania quality, risk, care and education systems are implemented to a high standard at Franklin Village.

An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care. Oceania has received national recognition for the implementation of their staff training and development programme. Feedback from residents and family/whanau members was very positive about the care and services provided.

The previous certification audit identified one area of improvement related to medicine management, this area shows appropriate actions have been implemented and is now closed. There are no new areas for improvement identified at this audit.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The management and staff communicate effectively with residents and their family/whanau and provide an environment conducive to good communication. Documentation of communication and information to the family following any incident was evidenced.

The service has a documented complaints management system implemented. There were no outstanding complaints at the time of audit.

## 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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The Oceania organisational values, goals and mission statement are displayed at the service. Planning covers business strategies for all aspects of service delivery in a coordinated manner to meet residents' needs. The day to day operation of the facility is undertaken by staff that are appropriately experienced, educated and qualified. This allowed residents' needs to be met in an effective, efficient and timely manner.

The quality and risk system and processes are undertaken effectively to provide safe service delivery and are a particular strength of the organisation. In addition to the Oceania risk and quality management system, the service conducts a four monthly evaluation of the quality and risk data. Franklin Village implements corrective action planning to manage any areas of concern or

deficits found. Quality management reviews include internal audit process, complaints management, resident and family/whānau satisfaction surveys and incident/accident and infection control data collection. Quality and risk management activities and results are shared among staff, residents and family/whanau, as appropriate.

The service implements the documented staffing levels and skill mix to ensure contractual requirements are met. Human resources management processes implemented identify good practice and meet legislative requirements. The team work is a reported strength of the service.

## 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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The service has systems and processes implemented to assess, plan and evaluate the care needs of the residents. Staff are trained and qualified to perform their roles and deliver all aspects of service provision. The clinical leader who is a registered nurse (RN) provides oversight of the care and management of all residents along with the RN's. Standard risk assessment tools were utilised on admission and assessment details were retained in the individual resident files. New residents were admitted within 24-48 hours.

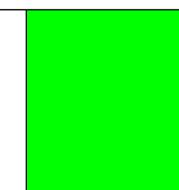
Two registered nurses have completed training on InterRAI assessments but this has not been implemented yet by the service. The residents' care plans were well-documented and clearly identified the needs, outcomes and or goals and these were reviewed six monthly or more often with resident and family being involved as required. Short term care plans were developed and evaluated when residents developed acute conditions.

The activities provided by the service are appropriate for residents in the rest home, hospital and dementia units. A 24-hour activity plan was in place to manage residents in the dementia unit. These included community groups coming to the facility and external visits.

Medication management systems complied with current legislation and all staff administering medications have current medication competencies which are completed annually. The controlled drugs register was current and correct. There was a process in returning expired/unwanted medications back to the pharmacy. Previous area for improvement regarding policy in respect of crushing medications was developed and implemented in practice.

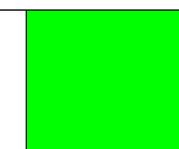
The food service is prepared on site and there are two cooks who managed the kitchen. The menu plans were reviewed annually and these are suitable for the needs of the older people. Modified diets were provided by the service. Residents and family/whanau interviewed reported satisfaction with the food provided by the service.

## 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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The building has a current building warrant of fitness. There have not been any changes to the layout of to the building since the last audit. There is an ongoing refurbishment plan.

## 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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The Restraint Policy reviewed has defined all types of restraint and enablers that were congruent with this standard. It clearly describes procedures associated with restraint use. There is no resident using an enabler and the staff demonstrated good

knowledge on restraints. Restraint minimisation was promoted at all times. There were residents using restraints and risk management plans were in place that aligned with the policies and procedures.

## 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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Surveillance of infections is occurring according to the descriptions of the process in the programme. Data on the nature and frequency of identified infections is collated, analysed and trended. Actions are implemented to reduce infections when trends are identified.

## 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)
<b>Standards</b>	0	16	0	0	0	0	0
<b>Criteria</b>	0	38	0	0	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)
<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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Complaints management is implemented to meet legislative requirements. As confirmed during management, resident and family/whanau interviews, complaints management is explained during the admission process. There are complaints forms displayed and accessible. Residents and family confirm that the management's open door policy makes it easy to discuss concerns at any time. There have been no complaints recorded to date in 2015. The complaints register for 2014 records two complaints, one of these had input from the Nationwide Health and Disability Advocacy Service. Staff confirmed that they understood and implemented the complaints process for written and verbal complaints that occur.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The residents and their family receive information that is reflective of the organisational open disclosure policy. Residents and family report that they are kept fully informed when an incident or accident occurs. Documenting of opening disclosure following incidents/accidents is evident.</p> <p>Policies and procedures are in place if interpreter services are needed. The service promotes an environment that optimises communication through the use of interpreter services as required. Staff education has been provided related to appropriate communication methods. The service has not required access to interpreting services for the residents. .</p>

<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Franklin Village is a 44 bed service that provides rest home, hospital and specialist secure dementia care. There is an 18 bed dementia unit with the remaining 26 beds that can be used as either rest home or hospital level of care. At the time of audit there were 17 residents living in the dementia unit, 24 hospital level of care and one rest home level of care resident. The services are planned to meet the needs of the residents at these various levels of care.</p> <p>The Oceania values, mission and directions are displayed throughout the service. Strategic planning covers all aspects of service delivery. The purpose, values, scope, direction and goals of the organisation are developed by the head office and reviewed annually as part of the business planning process. Progress towards meeting the organisational goals is monitored through monthly reporting against clinical indicators and a business status report. The business and care manager of Franklin Village provides monthly reporting to the head office on progress towards meeting goals. A formalised two monthly cluster management meeting is also held to review strategic planning processes to ensure they are meeting resident needs.</p> <p>The service is managed by the business and care manager, who is a registered nurse (RN) with a current practicing certificate. The business and care manager is supported by the Oceania clinical management team. The business and care manager attends education appropriate to clinical skills and the management of an aged care facility. Their job descriptions identify the manager's experience, education, authority, accountability and responsibility for the provision of services.</p> <p>The satisfaction survey records that residents and family are satisfied with the environment, staff and meals.</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 service has a documented health and safety programme implemented which includes managing hazards, reporting and investigating accidents, planning for emergencies, health and safety education to ensure staff, visitors and contractors meet the standards. The service undertakes systematic audits and results are used to improve services where indicated. Incident and accident reporting data is analysed and benchmarked with other Oceania care facilities.</p> <p>All policies and procedures sighted were up to date, reflected current good practice and met legislative requirements. All policies are implemented and used throughout all Oceania care facilities. The document control system ensures that obsolete documents are removed from use.</p> <p>The service demonstrates the Oceania organisational quality review processes are implemented. This includes analysis, reporting and benchmarking of findings. There is evidence of action taken based on those findings and improvements to service provision which enhances resident safety and/or satisfaction. The organisation had a documented continuous quality plan which identified risks and shows the strategies in place to manage risks. All quality and risk issues are discussed at staff and cluster group management meetings.</p> <p>The key components of service delivery (complaints, incidents and accidents, health and safety, hazards,</p>

		<p>restraint and infection control) are explicitly linked to the quality management system and outcomes documented identify how each outcome is measured on a monthly basis against required outcomes. In addition to the organisational quality and risk management system, Franklin Village conducts an additional four monthly analysis and trending of their results. Where specific trends are identified, action plans are implemented to address any issues.</p> <p>Regular audits are undertaken and corrective action planning is put in place to manage any deficits found. Staff confirmed that all follow up actions were discussed during handover and at regular staff meetings. Staff education related to occupational safety and health practices are maintained to assist staff to provide safe service delivery.</p> <p>Actual and potential risks are identified and documented in the hazard register. Newly identified hazards are communicated to staff and residents as appropriate. Staff confirmed that they understood and implemented documented hazard identification processes.</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>Adverse, unplanned or untoward events sighted for 2014-2015 identify that actions taken are documented and the collective data is graphed monthly and measured against previously collated data so that any areas of deficit can be followed up using the corrective action process. The staff and management interviewed confirmed that information is used as an opportunity to improve services where indicated. Staff interviewed stated they report and record all incidents and accidents and that this information was shared at all levels of the organisation, including any follow up actions required.</p> <p>The need to make essential notification to statutory and/or regulatory bodies is fully understood and complied with as identified in the reporting process undertaken related to infection outbreak management.</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</p>	FA	<p>Staff that require professional qualifications have them validated as part of the employment process and annually. A register is maintained of when practicing certificates are due, with this reviewed as part of the internal auditing process three monthly.</p> <p>Policies and procedures identify human resources management that reflects good employment practice and meet the requirements of legislation. Position descriptions, sighted for all roles, described staff responsibilities and best practice standards. Staff have completed an orientation programme with specific competencies for their roles which are repeated annually. A schedule for annual performance reviews is adhered to.</p> <p>Policy is implemented to ensure staff undertake training and education related to their appointed roles. For example clinical staff undertake education related to a recognised age care education programme and kitchen</p>

legislation.		<p>staff attend food safety training. All care staff who work in the dementia unit have completed or commenced the required dementia care education programme. Oceania has reviewed national recognition for their staff training and performance development programme. Oceania provide pathways for the care staff to gain national level three qualifications in disability and aged care support. There are comprehensive records for the in-service education programme, access to self-paced learning packages and online training. Attendance records for in-service education, mandatory training and progress towards gaining national qualifications are maintained. Three RNs have commenced interRAI training.</p> <p>Resident and family/whanau members interviewed, along with the 2014 satisfaction survey results, identified that residents' needs are met by the service. All residents and family provided positive feedback about the care and services provided at Franklin Village.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Policy identifies clinical and care staffing hours and skill mix are rostered to meet residents' needs and to comply with contractual requirements. A review of six weeks of rosters shows that staff are replaced when on annual leave or sick leave. Staff interviewed confirmed there are adequate staff on each shift and that they have time to complete all tasks to meet residents' needs. Residents interviewed stated all their needs have been met in a timely manner. There is appropriate levels of kitchen, cleaning, laundry, maintenance and activities staff to meet the needs of the service and residents. The residents, family and staff reported that the team at Franklin Village is one of the strengths of the facility.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The Medicine Management policy was reviewed which clearly defined the purpose and policy documented. The policy states that standing orders are used at this facility. Three monthly reviews were conducted regularly by the GP. Controlled drugs were locked inside a locked cupboard and the controlled drugs register was current and correct. The staff have demonstrated good knowledge about controlled drugs. Pain assessments were sighted for residents on controlled drugs.</p> <p>There were no expired medications sighted. There were sharps bins sighted in the two medication rooms. The RNs have conducted medication reconciliation when residents were readmitted to the service.</p> <p>There was a process in returning expired/unwanted medications back to the pharmacy. Medicine fridge was monitored daily.</p> <p>All staff administering medications have current medication competencies and this was undertaken annually by the clinical leader.</p> <p>There is no resident who self-administers their own medication.</p> <p>The medication charts meet the medicine management legislative requirements. Staff followed medication</p>

		<p>administration procedure during the observed lunch time medication rounds in the dementia and hospital units. Crushing of medications was documented in the medication charts which provide clear guidance for the staff administering medications. Medicines were packed by the pharmacy and these were locked inside the medication trolley.</p> <p>The previous area for improvement regarding policy on crushing of medications was developed and implemented in practice.</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 provided meals that meet the individual food, fluids and nutritional needs of the residents. The foods served during lunch meet the recognised guidelines for the older people. The food was well-presented and with adequate portion size. The cook and kitchen staff wore kitchen hats and gloves when preparing meals. The interviewed residents verbalised that they enjoyed the meals provided by the service. The weights in all reviewed resident's files were stable. Additional/modified diets were also provided by the service.</p> <p>The fridge was clean on inspection. All prepared foods in the fridge were covered and dated.</p> <p>The cook utilised the first in-first out system. Winter and summer menus were reviewed annually.</p> <p>The food and fridge temperatures were monitored and recorded daily by the cook and kitchen hand.</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>The long term care plans in the reviewed residents' files were sufficiently detailed to address the assessed needs and desired outcomes. The goals were resident focused and interventions were well-documented. The restraint risk management plan was evidence in the care plans of residents on restraints. There were numerous policies in place for managing service delivery in order to provide optimum care delivery.</p> <p>There were documented evidences that the interventions relating to the residents' assessed needs and desired outcomes were assessed at required timeframes to ensure that the resident's needs were met.</p> <p>The staff reported that they were informed of any care plan changes during the hand over and during monthly staff meetings. The residents and their families verbalised they were notified of changes in the care plans and interventions were also discussed.</p> <p>The long term care plans in the reviewed residents' files were sufficiently detailed to address the assessed needs and desired outcomes. The goals were resident focused and interventions were well-documented. The restraint risk management plan was evidence in the care plans of residents on restraints.</p>
Standard 1.3.7: Planned	FA	The service provides activities that are appropriate to the needs, age and culture of the resident. The activity

<p>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>plans were developed by the activities coordinator and were reviewed by a diversional therapist. The planned activities reflected ordinary patterns of life and they took into consideration the assessed needs and preferences of the residents.</p> <p>External visits for residents include the shopping and community events. The relatives and residents reported on interview the activities were positive and adequate to ensure that the residents were stimulated and happy. The dementia unit has more sensory stimulating activities and a 24-hour activity plan was in place to guide the staff in managing the residents. The residents verbalised that they enjoyed the activities provided by the service.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Long term care plans were reviewed six monthly and the resident's responses to the interventions were well-documented. Wounds were evaluated regularly and the resident's responses to prescribed antibiotics were evaluated. The changes in interventions were sighted after RN had conducted care plan reviews. The resolutions of the infections were documented in the sighted short term care plans. Short term care plans were transferred to the long term care plans when issues were not resolved within a month. The staff demonstrated excellent knowledge of the care plan documentation requirements.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>There is a current building warrant of fitness. There have been no changes that have affected the layout of the building or the need to gain a new evacuation scheme. There is an ongoing refurbishment plan.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>In line with Oceania policy, procedures and the infection control programme, monthly surveillance data is collected for each infection reported. Information is graphed, reviewed, evaluated and benchmarked through the head office. The monthly infection control committee also reviews the surveillance data to identify trends or possible causative factors and corrective actions are put in place if required.</p> <p>The surveillance data show that any identified trends are acted on. A gastroenteritis outbreak in January 2015 was handled promptly and in line with best practice. Appropriate authorities and family/whanau members were notified. A full review of the process resulted in several improvements being made by the service. The improvements are clearly documented and reviewed monthly.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The reviewed Restraint Policy defined all types of restraint and enablers that were congruent with this standard. It clearly describes procedures associated with restraint use. The policy and its associated forms meet the intent of this standard. Restraint minimisation is promoted at all times. There is no resident who is using an enabler. Interviews with staff confirmed their knowledge and understanding related to restraint and enablers and how they were managed. Staff education covers de-escalation techniques and restraint minimisation.</p> <p>The clinical leader is the restraint co-ordinator and stated that the service actively works at keeping the environment restraint free. There are appropriate policies and procedures in place to guide staff actions related to restraint and enabler use. The restraint register was updated regularly by the restraint coordinator.</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

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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.

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End of the report.