

# Oceania Care Company Limited - St Johns Wood Rest Home & Village

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## Introduction

This report records the results of a Partial Provisional Audit; 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 Central Region's Technical Advisory Services 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:** St Johns Wood Rest Home and 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 2016 End date: 19 May 2016

**Proposed changes to current services (if any):** HealthCERT requested confirmation of the ability to reconfigure the certified services provided at St Johns Wood Rest Home & Village, by an increase of 31 Rest Home beds to become dual service beds. Increasing the total beds to 60 dual service beds.

The audit confirmed that the service is able to reconfigure 23 beds as dual purpose beds giving a total of 52 with eight beds remaining at rest home level. The total number of beds remains as 60.

**Total beds occupied across all premises included in the audit on the first day of the audit: 43**

# 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

St Johns Wood Rest Home and Village (Oceania) can provide care for up to 60 residents requiring care at either rest home or hospital level with 43 residents on the day of audit.

This surveillance audit has been undertaken to establish compliance with a sub-set of the relevant Health and Disability Services Standards and the district health board contract. A partial provisional audit was also undertaken to review the proposal to reconfigure the certified services provided at St Johns Wood Rest Home and Village. The audit confirms that the service can provide 52 dual purpose beds and eight rest home level beds.

The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family, management, staff and two medical officers.

The business and care manager is responsible for the overall management of the facility and is supported by the clinical manager and the regional and executive management team. Service delivery is monitored.

The previous improvements required to the quality and risk management programme, documentation of interventions in resident files, to the activity programme and to restraint have been addressed.

A rating of continuous improvement has been given around the activities programme.

## 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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Staff interviewed are able to demonstrate an understanding of residents' rights and obligations including the complaints process. Information regarding the complaints process is available to residents and their family and complaints reviewed are investigated with documentation completed and stored in the complaints folder. Staff communicate with residents and family members following any incident with this recorded in the resident file. Residents and family state that the environment is conducive to communication, including identification of any issues.

## 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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St Johns Wood Rest Home and Village has documentation of the Oceania quality and risk management system that supports the provision of clinical care and support. Policies are reviewed and business status reports allow for the monitoring of service delivery. Benchmarking reports include clinical indicators, incidents/accidents, infections and complaints, with an internal audit programme implemented. Corrective action plans are documented with evidence at times of resolution of issues, when these are identified.

Staffing levels are adequate across the service with human resource policies implemented. This includes evidence of recruitment, staffing, training and performance appraisals completed annually. Rosters indicate that staff are replaced when on leave. Staffing is able to be adjusted if there are increases in the number of residents requiring hospital level care.

## 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.

All standards applicable to this service fully attained with some standards exceeded.

Residents receive services from suitably qualified and experienced staff.

Care plan evaluations are documented, resident focused and indicate progress towards meeting residents' desired outcomes. Where progress of a resident is different from expected, the service responds by initiating changes to the long term care plan. Short term problems are recorded on short term care plans. Family have the opportunity to contribute to care planning and care plan reviews.

Recreational assessment and recreational plans are completed for residents. Activities are planned and there is evidence of input to the activities programme by a diversional therapist. The activities programme is available to residents throughout the service.

The medication management system evidences processes for reconciliation, prescribing, administration, dispensing, storage and disposal of medicines. Medicine management training is conducted. There is one resident in the rest home that self-administers medicines. Self-administration of medicines is congruent with legislative requirements. All staff responsible for medicines management have current medication competencies.

Food and nutritional needs of residents are provided in line with recognised nutritional guidelines and menus are reviewed by a dietitian. Food service complies with current legislation and guidelines.

The service is able to provide appropriate medication and food services to re-configured beds, as identified in this report.

## 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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There is a current building warrant of fitness. A planned and reactive maintenance programme is in place with issues addressed, as these arise. Residents and family interviewed describe the environment as appropriate with indoor and outdoor areas that meet their needs. All bed and communal rooms are large with en-suites and room for equipment, should this be required.

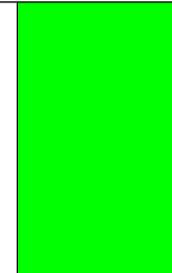
## Restraint minimisation and safe practice

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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Restraint minimisation policy and procedures and the definitions of restraint and enabler are congruent with the restraint minimisation and safe practice standard. There were two residents using restraint and one resident requiring enablers on audit days. Staff education in restraint, de-escalation and challenging behaviour has been provided.

## 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.

Surveillance of infections is occurring according to the providers policies which suits their size and service type. Data on the nature and frequency of identified infections is collated and analysed. The results of surveillance are reported through all levels of the organisation, including governance and benchmarked against other Oceania facilities.

## 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>	1	24	0	0	0	0	0
<b>Criteria</b>	1	58	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>The organisation's complaints policy and procedures are in line with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and includes periods for responding to a complaint. Complaint forms are available in the facility.</p> <p>A complaints register is in place and the register includes: the date the complaint was received; the source of the complaint; a description of the complaint; and the date the complaint was resolved. Evidence relating to each lodged complaint is held in the complaint's folder. One complaint tracked indicates that all timeframes taken to inform the family and resolve the issues raised are met, as per the policy.</p> <p>Family members interviewed stated that there are many forums and opportunities to discuss issues and raise concerns and stated that this opportunity meant that complaints were resolved before they escalated into major issues. One family member who had made a complaint said this had been dealt with promptly and to their satisfaction. The complaint was documented on the complaints register.</p> <p>Residents and family members all state that they would feel comfortable complaining.</p> <p>There have been no complaints lodged from external agencies since the previous audit.</p>
Standard 1.1.9:	FA	Accidents/incidents, the complaints procedure and the open disclosure procedure alert staff to their responsibility to

<p>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>notify family/enduring power of attorney of any accidents/incidents that occur. These procedures guide staff on the process to ensure full and frank open disclosure is available.</p> <p>If the resident has an incident, accident, a change in health, or a change in needs, then family are informed, as confirmed in a review of accident/incident forms and documentation in the resident files.</p> <p>Files reviewed include documentation around family contact. Interviews with family members confirm they are kept informed. Family confirm that they are invited at least six monthly to the care planning meetings for their family member.</p> <p>Interpreting services are available, when required, from the district health board. The business and care manager states that families are involved in resident care and can interpret, when required. There are no residents requiring interpreting services at the time of the audit. All residents interviewed confirm that staff are approachable and communicate in a way that meets their needs. The business and care manager has an open door policy that allows residents, family and staff to communicate any issues at any time. The transparency of management was noted as a highlight of the service in all interviews with residents, family and staff.</p> <p>An information pack is available in large print and staff interviewed advised that this could be read to residents.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>St Johns Wood Rest Home and Village is part of the Oceania Care Company Limited with the executive management team including the chief executive officer and general manager, regional operational manager and clinical and quality manager who provide support to the service. Communication between the clinical and quality manager, the regional operations manager and the business and care manager takes place on a regular basis (at least once a month) with more support provided, as required.</p> <p>Oceania has a clear mission, values and goals and staff interviewed are able to describe these. These are displayed in the service.</p> <p>The facility can provide care for up to 60 residents requiring rest home or hospital level of care. There are currently 31 rest home beds and 29 dual purpose beds. The service has requested HealthCERT to approve a change to the 31 rest home beds for these to be dual purpose beds. The audit confirmed that a further 23 are ready to be considered by HealthCERT to be approved as dual purpose beds (refer 1.2.8) to give a total of 52 dual purpose beds and 8 rest home level beds.</p> <p>During the audit, the occupancy was 43 that is 27 residents requiring rest home level care and 16 residents requiring hospital level care. Three residents were using respite care services.</p> <p>The business and care manager is an enrolled nurse with a current practicing certificate and has over eight hours of relevant training per year. The clinical manager provides clinical oversight of the service. There are no changes required to the management structure or to the philosophy if approval was given to increase the number of dual</p>

		purpose beds to 52.
<p><b>Standard 1.2.2: Service Management</b></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	<p>The clinical manager is responsible for clinical oversight of the service. They provide operational management in the absence of the business and care manager with support from the regional operations manager and the clinical quality manager. The clinical manager described responsibilities relevant to the role, if required to provide cover. A senior registered nurse is able to provide oversight of the service in the absence of the clinical manager again with support from the clinical quality manager. The clinical manager is able to articulate and fulfil the management role, and is aware of limitations to scope of practice. There are no changes required to the management of day to day operations if approval was given to increase the number of dual purpose beds to 52.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>St Johns Wood Rest Home and Village uses the Oceania quality and risk management framework that is documented to guide practice. The business plan is documented and reporting occurs through the business status reports and a monthly summary completed by the business and care manager and clinical manager. This includes financial monitoring, medical report, review of staff and operational costs, review of quality indicators and relationships. There is a monthly clinical indicator report that records progress with discussion around variances and this allows benchmarking of the service with other Oceania facilities.</p> <p>The service implements organisational policies and procedures to support service delivery. All policies are subject to reviews, as required, with all policies current. Policies are linked to the Health and Disability Sector Standard, current and applicable legislation, and evidenced based and best practice guidelines. Policies are readily available to staff and new and revised policies are signed by staff to say that they have read and understand them. The policy around pressure injuries has been reviewed in 2016 and has been read by all staff, as confirmed by the business and care manager interviewed.</p> <p>Service delivery is monitored through complaints, review of incidents and accidents, surveillance of infections and implementation of an internal audit programme. Quality improvement data is analysed through meetings and corrective action plans are documented. There is evidence of analysis and discussion of data and documentation of evidence of resolution of issues.</p> <p>There are monthly meetings with minutes documented that include the following: management; health and safety; staff; quality; registered and enrolled nurse (including infection control); alternate monthly resident and family meetings and others, as required. The meeting minutes include evidence of discussion around identification of the</p>

		<p>issues/trends, analysis of data and strategies and actions for staff to take in response to the discussion. The meeting minutes report on all aspects of the quality and risk management programme including infection control and incidents. Meetings have consistently been held, monthly, as per schedule since the last audit. The improvements required at the previous audit to including all aspects of the quality programme and consistency of meetings has been met.</p> <p>All staff, residents and family interviewed report that they are kept informed of quality improvements and are able to have input into the quality programme.</p> <p>The organisation has a risk management programme in place. Health and safety policies and procedures are in place for the service and there is an annual health and safety plan implemented and monitored. There is a documented hazard management programme and a hazard register for each part of the service. Any hazards identified are signed off as addressed or risks are minimised or isolated.</p> <p>There is a six monthly satisfaction survey for residents and family. The survey completed in 2016 indicates that residents and family are satisfied or very satisfied with the service overall.</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>The business and care manager and clinical manager are aware of situations in which the service would need to report and notify statutory authorities, including, police attending the facility, unexpected deaths, sentinel events around pressure injuries, critical incidents and infectious disease outbreaks. Times when authorities have had to be notified are documented and retained on the relevant file. The Ministry of Health and district health board have been informed of an outbreak, as per the policy.</p> <p>The service is committed to providing an environment in which all staff are able and encouraged to recognise and report errors or mistakes. Staff records reviewed demonstrate that staff receive education at orientation on the incident and accident reporting process. Staff interviewed understand the adverse event reporting process and their obligation to documenting all untoward events.</p> <p>Incident reports selected for review have a corresponding note in the progress notes to inform staff of the incident. There is evidence of open disclosure for each recorded event. Information gathered is regularly shared at monthly meetings with incidents graphed, trends analysed and benchmarking of data occurring with other Oceania facilities.</p> <p>A manager (either the business and care manager or clinical manager) or both managers sign the incident form to indicate review.</p>
<p>Standard 1.2.7: Human Resource Management</p>	FA	<p>A human resource policy and processes are in place. All registered nurses hold current annual practising certificates. Current visiting practitioners' practising certificates reviewed are current and include the general practitioners, pharmacists, dietitian, podiatrist and physiotherapist. Staff files include employment documentation</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>such as job descriptions, contracts and appointment documentation on file. Criminal vetting is completed and an annual appraisal process is in place with all staff files reviewed having a current performance appraisal on file. A spreadsheet is kept of the dates of performance appraisals completed.</p> <p>A comprehensive orientation programme is available for staff. Staff files show completion of orientation. Staff are able to articulate the buddy system in place and the competency sign off process completed.</p> <p>Mandatory training is identified on a training schedule. A training and competency file is held for all staff, with folders of attendance records and training with electronic documentation of all training held. Staff receive annual training that includes attendance at training sessions and annual individualised training around core topics such as medication, restraint, infection control, health and safety, manual handling and continence. Registered nurses (RN) have training from the district health board that includes relevant topics such as pain management; wound management; nutrition; medication administration and falls. There are five RNs trained to complete interRAI assessments including the clinical manager. The training register and training attendance sheets show staff completion of annual medication and other competencies such as hoist; oxygen use; hand washing; wound management; moving and handling; restraint; nebuliser; blood sugar and insulin. Staff have completed training around pressure injuries (PI) in May 2016 with a poster developed by the service to remind staff about key points in the management of PIs. Training around wound management has also been provided in the last year. Education and training hours exceed eight hours a year for all staff reviewed. The health care assistants state that they value the training.</p> <p>Staff have access to training relevant to managing residents requiring hospital and rest home level care and around clinical aspects of care. There are no changes required to the training plan or to staff training if approval was given to increase the number of dual purpose beds to 52.</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>	<p>FA</p>	<p>The staffing policy is the foundation for work force planning. Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. Rosters sighted reflected staffing levels that meet resident acuity and bed occupancy. Rosters indicate that residents requiring either hospital or rest home level of care are supported by an adequate number of staff on duty at any given time.</p> <p>HealthCERT has requested a partial provisional audit to reconfigure the certified services provided at St Johns Wood Rest Home and Village, by an increase of 31 rest home beds to become dual service beds. This would increase the total beds to 60 dual service beds. The auditors have completed a review of staffing and confirmed that a further 23 beds could be considered for dual purpose beds by HealthCERT as residents in the rooms (whether hospital or rest home) would be able to be managed according to their needs using the existing Oceania staffing rationale.</p> <p>Eight beds originally identified as being considered for dual purpose beds are currently assessed as being</p>

		<p>appropriate for rest home level care. These eight beds are independent living apartments and are in a pod furthest away from the nurse's station and from other care services (noting that they are on the same level and accessible through a hallway). The service would need further consideration to be given to staffing and placement of the nurse's station if these had been approved as dual purpose beds. The auditors therefore can assure HealthCERT that the service is able to provide appropriate staffing and care for 52 dual purpose beds and for eight rest home level care beds.</p> <p>The staffing rationale includes models of expected occupancy and hours of care per week/per day with numbers of staff (registered nurse hours and health care assistant hours), rostered accordingly. This would cover any increase in numbers or acuity of hospital residents should HealthCERT approve the increase in dual purpose beds.</p> <p>There is a registered nurse (RN) on duty at all times. Residents and families interviewed confirm that staffing is adequate to meet the residents' needs during the weekdays.</p> <p>There are 48 staff at the time of the audit, including the business and care manager and the clinical manager. Household staff are appointed and include cleaners who provide seven day a week cleaning and kitchen staff. There are seven RNs and two enrolled nurses employed in the service.</p> <p>There is an equal mix of rest home and hospital level of care in all areas in the service and staff are given an equal mix of rest home and hospital residents to care for. Staff also work in pairs and as a team to ensure that hospital residents are given appropriate care and support relative to their needs. There are always two staff, for example, when using a hoist as described by staff interviewed and as observed on the day of audit.</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>FA</p>	<p>Medication areas, including controlled drug storage, evidence an appropriate and secure medicine dispensing system, free from heat, moisture and light, with medicines stored in original dispensed packs. The controlled drug register is maintained and evidences weekly checks and six monthly physical stocktakes. The medication fridge temperatures are conducted and recorded.</p> <p>Current medication competencies for staff who administer medicines were sighted. The medication round was observed and evidenced the staff member was knowledgeable about the medicines administered and signed off, as the dose was administered. Administration records are maintained, as are specimen signatures.</p> <p>Medication audits have been conducted and corrective actions are implemented following the audits. There were two residents in the rest home self-administering medicines and this was conducted, according to policy. Three monthly medicines reviews were conducted for the residents within the required timeframes.</p> <p>Reconfiguration of certified services by increasing the dual purpose beds to 52 beds will not be affecting the medicines management service for residents in a negative manner, assuming that the staffing will be appropriate to the number of hospital level care residents (refer 1.2.8).</p>

<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>In interview, the cook confirmed they were aware of the residents' individual dietary needs. The residents' files demonstrate monthly monitoring of individual resident's weight. In interviews, residents stated they are satisfied with the food service and reported their individual preferences are met and adequate food and fluids are provided. Interview with the cook confirmed kitchen staff have completed food safety training, and this was verified by their food safety certificates.</p> <p>On inspection, the kitchen environment was clean, well-lit and uncluttered. There was evidence of kitchen cleaning schedules, signed off as cleaning is completed. Fridge, chiller and freezer temperatures are monitored regularly and recorded, as are food temperatures. There is a seasonal menu, last reviewed by a dietitian on 4 April 2016. Review of residents' files, dietary profiles and kitchen documentation showed evidence of residents being provided with nutritional meals and meals such as special diets, pureed meals along with alternative nutrition available, as appropriate, to the residents. There was enough stock to last in an emergency situations, for three days, for all residents.</p> <p>Reconfiguration of certified services by increasing the dual purpose beds to 52 beds will not affect the food service for residents in a negative manner. Residents will receive the same quality food services as prior to the reconfiguration (refer 1.2.8).</p>
<p><b>Standard 1.3.6: Service Delivery/Interventions</b></p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The residents' person's centred care plans (PCCP) evidence the required interventions, desired outcomes or goals of the residents. The GP documentation and records are current. In interviews, residents and family confirm their and their relatives' current care and treatments meet their needs. Family communication is recorded in the residents' files. Nursing progress notes and observation charts are maintained. In interviews, staff confirmed they are familiar with the current interventions of the resident they were allocated. Handover attendance confirmed staff members being aware of the specific needs of the residents they care for on the specific shift.</p> <p>The previous requirements for improvement relating to ensuring all person centred care plans include goals and interventions, are fully implemented.</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity</p>	<p>CI</p>	<p>The service employs one activities coordinator (AC) who receives input and has oversight from a diversional therapist (DT) from another site. The DT oversees residents' activity programmes. Interview with the AC confirmed the activities programme is available to all residents in the hospital and rest home. The activities programme includes input from external agencies and supports ordinary unplanned/spontaneous activities, including festive occasions and celebrations.</p> <p>There are activities assessments and activities care plans in residents' files reviewed. Activities care plans in the</p>

<p>requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>residents' files reviewed had intervention relating to the activities goals. The residents' activities attendance records are maintained as are activities progress notes. The service achieved a recommendation for continuous improvement on the basis that activities are making a meaningful difference to the residents and their community.</p> <p>The previous requirement for improvement relating to activity assessments to be completed within the required timeframes is fully implemented.</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>In interviews, residents and family confirmed their participation in care plan evaluations and multidisciplinary reviews. The residents' progress records are entered on each shift. When resident's progress is different than expected, the RN contacts the GP, as required. Short term care plans were sighted in some of the residents' files, and these are used, when required. The family are notified of any changes in resident's condition, confirmed at family interviews. There is recorded evidence of additional input from professionals, specialists or multidisciplinary sources, if this is required.</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>There are documented processes for the management of waste and hazardous substances. A tour of the facility confirmed that processes for the collection, storage and disposal of biomedical waste, household rubbish and recyclables is in accord with infection control principles and comply with local body requirements. Cleaning and laundry staff have received training in the handling of chemicals and hazardous waste. Material safety data sheets are available for staff to access.</p> <p>Personal protective equipment is provided and observed to be used by staff. Minutes of monthly health and safety meetings confirm that any issues related to chemicals or waste are reviewed and promptly resolved.</p> <p>There are no changes required to the waste management system if approval was given to increase the number of dual purpose beds to 52.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate,</p>	<p>FA</p>	<p>A current building warrant of fitness is posted in a visible location at the entrance to the facility (expiry date October 2016). There have been no building modifications since the last audit.</p> <p>A planned maintenance schedule is implemented and the maintenance staff and documentation confirmed implementation of this. There is also reactive maintenance with the maintenance staff prioritising any issues daily.</p>

<p>accessible physical environment and facilities that are fit for their purpose.</p>		<p>There is evidence documented of resolution of any maintenance issues.</p> <p>The lounge areas are designed so that space and seating arrangements provide for individual and group activities and all areas are suitable for residents with mobility aids. Equipment relevant to care needs is available and staff confirm this is sufficient. A test and tag programme is in place. Equipment is calibrated annually.</p> <p>There are safe external areas for residents and family to meet/use and these include paths, seating and shade.</p> <p>HealthCERT has requested a partial provisional audit to reconfigure the certified services provided at St Johns Wood Rest Home and Village, by an increase of 31 Rest Home beds to become dual service beds. The auditors have completed an observation of all rooms and confirmed that all, apart from eight rooms, are suitable to be dual purpose beds (refer 1.2.8). There are no changes required to the facility if approval was given to increase the number of dual purpose beds to 52.</p>
<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>	<p>FA</p>	<p>All residents have a full en-suite in each room. Toilet, shower and bathing facilities are sufficient and appropriately equipped and furnished, for the current number and dependence of the residents. All are equipped with walk-in showers, hand rails, privacy curtains, air conditioning vents, call bells and non-slip flooring.</p> <p>There are separate toilet and shower facilities for staff and toilet facilities for visitors.</p> <p>Records confirm that hot water is provided at a consistent and safe temperature.</p> <p>There are no changes required to the toilets or bathroom facilities if approval was given to increase the number of dual purpose beds to 52.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas</p>	<p>FA</p>	<p>All bedrooms accommodate one resident and are of sufficient size to accommodate residents requiring hospital level care, allowing for mobility aids and equipment including, hoists, ambulance equipment and staff caring for the resident. There is adequate room in all bedrooms for personal possessions.</p> <p>There are no changes required to personal space/bed areas if approval was given to increase the number of dual purpose beds to 52.</p>

appropriate to the consumer group and setting.		
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The lounge, dining and activities areas are accessible to all residents and there are additional small sitting areas available.</p> <p>There is a variety of seating to suit all needs. The communal areas are large enough to accommodate mobility aids. The current communal areas already accommodate all residents, if needed, and if there were an increase in hospital residents, the rooms would still accommodate extra or different equipment. The business and care manager has considered the need for some extra support for residents eating meals that may require separation from other residents in the communal dining area. To accommodate this, the business and care manager has developed a proposal to put in a screen that partially separates the room but does not isolate residents. Currently this screen is not required but there is a readiness and ability to manage this, if required.</p> <p>There are no changes required to the communal areas if approval was given to increase the number of dual purpose beds to 52.</p>
<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>Cleaning and laundry services meet infection control requirements and are of an acceptable standard. The laundry has good separation of clean and dirty areas and the laundry equipment is well maintained and sufficient to cope with current volumes. A well equipped cleaning trolley and a cleaning room is provided. Cleaning and laundry staff are trained by an external provider in the use of equipment and chemicals. Chemicals are locked away when not in use and cleaning staff were observed to keep the trolley with them when out in the care area.</p> <p>Documented guidelines are available in the respective work areas. The clinical manager and business and care manager monitor cleanliness and laundry standards daily. There are audits of cleaning throughout the year as per the internal audit schedule. Results of resident surveys indicate general satisfaction with cleanliness of the facility and with the care of residents' clothing.</p> <p>Currently there are cleaners and laundry staff on site seven days a week and they already complete tasks for potentially 60 residents. There are no changes required to the cleaning and laundry services if approval was given to increase the number of dual purpose beds to 52.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p>	FA	<p>Appropriate processes are in place to maintain the safety and security of residents over the 24 hours and during an emergency. The New Zealand Fire Service has approved the evacuation scheme and records of monthly fire safety inspections were sighted. There is no change to the design of the building with the proposal to reconfigure the rest home level beds.</p>

<p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>All staff have current first aid and CPR skills and receive training in handling medical and civil emergencies. All current bed spaces, bathroom and toilets have a nurse call bell and these were seen to be within easy reach of the resident. There are monthly checks of the call bell system and the response to call bells completed on the day of audit confirmed that staff answer these in a timely manner.</p> <p>A van is provided to take residents on outings. The van has a current warrant of fitness and the designated drivers have current driving licenses.</p> <p>There are adequate supplies of emergency equipment. This includes oxygen, extra blankets and linen, an emergency supply of continence products, first aid kits, civil defence kits and back up supplies.</p> <p>There are no changes required to the emergency systems if approval was given to increase the number of dual purpose beds to 52.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All rooms have at least one window and there is natural light for all residents in all communal rooms. There is plenty of natural ventilation and heating relevant to the seasons. The temperature of the facility was kept at a constant temperature during the audit, despite changes in weather.</p> <p>There are no changes required to the lighting, ventilation or heating systems if approval was given to increase the number of dual purpose beds to 52.</p>
<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</p>	<p>FA</p>	<p>The responsibility for infection control (IC) is clearly defined and there are clear lines of accountability for IC matters in the facility. The IC committee has representatives from each area of the service management team. This group meets monthly. There is an IC programme that was last reviewed in August 2015.</p> <p>When a resident presents with an infection, staff send specimens to the laboratory for sensitivity testing. The GP prescribes antibiotics as per sensitivity, confirmed during interview. The RNs create short term care plans and review the effectiveness of the prescribed antibiotics when the treatment is completed. Infections are discussed during staff meetings, sighted in meeting minutes. The service's ability to manage infections will not be influenced by having additional hospital beds to the service (refe 1.2.8).</p>

visitors. This shall be appropriate to the size and scope of the service.		
<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>Documentation review provided evidence that the surveillance reporting processes are applicable to the size and complexity of the organisation. Surveillance is aligned with the organisation's policies. Infections are recorded as quality indicators on the intranet.</p> <p>Residents with infections have short-term care plans completed to ensure effective management and monitoring of infections. Quality indicators are reported on monthly at staff, quality, and IC and health and safety meetings. Interviews confirmed information relating to infections is made available for clinical staff during hand over and at staff meetings.</p> <p>The infection control coordinator (RN) is responsible for the surveillance programme. Monthly surveillance analysis is completed and reported at staff meetings. Standardised definitions are used for the identification and classification of infection events, indicators or outcomes. Infection logs are maintained for infection events. In interview, the ICC confirmed no outbreak occurred at the facility since last audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The definition of restraint and enabler is congruent with the definition in the standard. There is a job description for the position of the restraint coordinator.</p> <p>Staff interviews, observations, and review of documentation, demonstrated safe use of restraint and enablers. The service has a policy of actively minimising restraint. The service has a documented system in place for restraint and enabler use, including a current restraint register. There were two restraints and one enabler being used in the facility on audit days. The restraint coordinator is the clinical manager.</p> <p>The previous requirement relating to restraint assessments to include restraint risk is fully implemented.</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 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The service completed a satisfaction survey in 2015 with a result of 90% satisfaction relating to activities in the service. The activities coordinator implemented a new approach to activities with the focus of ‘making a difference in the community’. The service implemented several new initiatives; i) Adopt a grandparent’ where members of the community make a commitment to visit a specific member of the facility (there are vetting and approval processes in place); ii) Men’s Club – where the men have a workshop and fix toys and bicycles for a local child care group and care centre; iii) The Natter Club – where ladies make decorations for Starship Hospital wards, iv) and they implemented the Taupo’s Senior Idol Competition. This competition was extended to other similar facilities in the region and four competed in a variety of activities. Another local facility won the first prize. This was publicised in the local newspaper and feedback on how it contributed to general morale and visibility of senior services was acknowledged.</p> <p>The 2016 survey showed 96% satisfaction with activities at St John’s Wood. Percentages were obtained by collation of a fixed number of the feedback ratings from a specific group of residents for activities in 2015 with the same number of feedback ratings from the same residents, for 2016.</p>	<p>This activities programme shows evidence beyond the expected full attainment, in that not only do they provide activities to the residents but the activities provide opportunity for residents to contribute, in a meaningful way, to the wellbeing of the community.</p> <p>The resident satisfaction survey of 2015 provides the baseline for resident satisfaction relating to activities in the facility.</p> <p>The activity programme evidenced the actions taken to</p>

			<p>make the programme meaningful to the residents, for example, residents fixing toys for a local child care group and care centre, female residents making decorations for Starship Hospital in Auckland, and numerous other activities that are focussed on giving meaning to the residents lives and not just meeting their needs for physical activities.</p> <p>Resident satisfaction of the service was measured after the new programme has been implemented and showed an increase to the levels of satisfaction of the residents. This survey was completed in 2016.</p>
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End of the report.