

Oakwoods Lifecare (2012) Limited - Oakwoods Retirement Village

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	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: 28 September 2016 End date: 29 September 2016
Proposed changes to current services (if any):	Eight two-bedroomed serviced studio apartments on the first floor and one respite room on the ground floor were assessed as suitable to provide rest home level of care.
Total beds occupied across all premises included in the audit on the first day of the audit:	50

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 retirement village is part of the Arvida aged care residential group. The service provides rest home and hospital level of care for up to 48 residents in the care facility, and rest home level care for up to 35 serviced studio apartments. On the day of the audit, there were 50 residents, including two rest home residents in serviced studio apartments.

This certification audit was conducted against 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 resident and staff files, observations, and interviews with family, management, staff and the general practitioner.

This audit also included verifying a further eight serviced studio apartments located on the first floor as suitable for rest home level of care residents. A respite care room on the ground floor within the serviced studio apartment area was also verified as suitable for rest home level of care. The audit also included verifying the service as suitable to provide medical level care under their hospital certification.

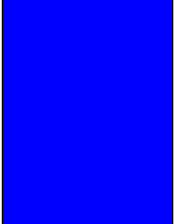
An experienced village manager is responsible for the daily operations of the service. He is supported by an experienced nurse manager and stable workforce.

The residents and relatives spoke positively about the care and services provided at Oakwoods retirement village.

This certification audit identified an area for improvement relating to general practitioner prescribing of medications.


The service is commended for achieving continued improvement ratings around good practice 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.		All standards applicable to this service fully attained with some standards exceeded.
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Staff at Oakwoods retirement village strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights (the Code). Residents' cultural needs are met. Information about the Code and services is easily accessible to residents and families. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Policies are implemented to support residents' rights, communication and complaints management. Complaints and concerns have been managed and 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.
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The quality and risk management programme includes service philosophy, goals and a quality/business planner. Meetings are held to discuss quality and risk management processes. Residents/family meetings are held regularly and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and appropriately managed. Falls prevention strategies are in place that includes the analysis of falls incidents. An

orientation programme 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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There is a comprehensive admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. A registered nurse assesses, plans, and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were evaluated at least six monthly. InterRAI assessments are utilised. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers responsible for administration of medicines complete education and medication competencies. The medication charts were reviewed at least three monthly by the general practitioner.

An integrated activity programme is implemented for residents at rest home and hospital level of care. The programme includes community visitors and outings, entertainment and activities that meet the individual physical, cultural and cognitive abilities and preferences for each resident group. Residents and families report satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The kitchen is well equipped for the size of the service. 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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There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised with a mix of ensembles and communal facilities. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services. All registered nurses hold a current first aid certificate.

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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Oakwoods retirement village has restraint minimisation and safe practice policies and procedures in place. During the time of the audit there were no residents using restraints or requiring enablers. A registered nurse is the designated restraint coordinator. Staff receive training around restraint minimisation and the management of challenging behaviour.

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.

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

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is reviewed annually and meets the needs of the service. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. 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. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. There have been no outbreaks.

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	2	42	0	1	0	0	0
Criteria	2	90	0	1	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with 11 staff (six caregivers, two registered nurses (RN), one enrolled nurse (EN) and two diversional therapists) confirm their familiarity with the Code. Interviews with nine residents (eight rest home and one hospital) and two families (hospital) confirm the services being provided are in line with the Code. The Code is discussed at resident, staff and quality meetings.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed</p>	FA	<p>Informed consent processes were discussed with residents (as appropriate) and families on admission. Written general and specific consents were evident in the four resident files reviewed (four hospital including one younger person and four rest home level of care including one resident in the serviced studio apartments). Caregivers and registered nurses interviewed confirm consent is obtained when delivering cares. Advance directives identified the resident resuscitation status. Advance directives had been appropriately signed by the resident and general practitioner (GP). The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident. The general practitioner (GP) had discussed resuscitation with families/enduring power of attorney (EPOA) where the resident was deemed incompetent to make a decision. Copies of EPOA are contained within the resident file.</p> <p>Discussion with family members identifies that the service actively involves them in decisions that affect their</p>

consent.		relative's lives. Eight admission agreements were sighted for the long-term resident files reviewed.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	A policy describes access to advocacy services. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interviews with staff and residents informed they are aware of advocacy and how to access an advocate. Staff receive training on advocacy.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Residents are encouraged to be involved in community activities and maintain family and friends networks. On interview, all staff stated that residents are encouraged to build and maintain relationships. Residents interviewed confirmed that relative/family visiting could occur at any time.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The service has a complaints policy that describes the management of complaints process. There is a complaints form available. Information about complaints is provided on admission. All staff interviewed were able to describe the process around reporting complaints. There is a complaints register. Verbal and written complaints are documented. All complaints reviewed had noted investigation, timeframes and corrective actions when and where required, resolutions were in place. Results are fed back to complainants. Discussions with residents confirmed that any issues are addressed and they feel comfortable to bring up any concerns.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	There are posters of the Code on display throughout the facility and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if requested. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. On entry to the service, the village manager or nurse manager discusses the information pack with the resident and the family/whānau. The information pack includes a copy of the Code.

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting resident's privacy and could describe how they manage maintaining privacy and respect of personal property. A policy describes spiritual care and church services are conducted regularly. All residents interviewed indicated that resident's spiritual needs are being met when required. The village manager is the privacy officer and has an open door policy.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service has a Māori health plan and an individual's values and beliefs policy, which includes cultural safety and awareness. Discussions with staff confirm their understanding of the different cultural needs of residents and their whānau. There were no residents at Oakwoods retirement village that identified as Māori. The service has established links with local Māori and staff confirm they are aware of the need to respond appropriately to maintain cultural safety.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service has established cultural policies aimed at helping meet the cultural needs of its residents. All residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment including residents' cultural beliefs and values, is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on. Staff receive training on cultural safety/awareness.</p>
Standard 1.1.7:	FA	The facility has a staff code of conduct which states there will be zero tolerance against any discrimination

<p>Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>		<p>occurring. The abuse and neglect processes cover harassment and exploitation. Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct. All residents interviewed reported that the staff respected them.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>CI</p>	<p>The service has policies to guide practice that align with the health and disability services standards, for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Residents and families interviewed spoke positively about the care and support provided. The service has been successful in reducing falls and improving the quality of life for residents through two quality improvement projects.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Incident/accidents forms reviewed had documented evidence of family notification or noted if family did not wish to be informed.</p> <p>Relatives interviewed confirmed that they are notified of any changes in their family member's health status. A residents/relatives meeting occurs every four months and issues arising from the meeting are communicated to staff. Any issues raised from these meetings are investigated by the village manager and there was evidence of implemented corrective actions. Interpreter services are available as required.</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 Retirement village is owned and operated by the Arvida Group. The service provides care for up to 83 residents at hospital and rest home level care. This includes 35 serviced studio apartments that are certified for rest home level care. Forty-eight beds are certified for dual-purpose (hospital and rest home). On the day of the audit, there were 50 residents in total (24 residents at rest home level of which two reside in the serviced studio apartments and 26 residents at hospital level). There were no respite residents. There was one younger person's resident. All other residents were admitted under the aged related residential care contract (ARRC). A further eight serviced studio apartments located on the first floor were assessed as suitable for rest home level of care residents. A respite care room on the ground floor within the serviced studio apartment area was assessed as suitable for rest home level of care only. The audit also included verifying the service as suitable to</p>

		<p>provide medical level care. There is adequate staffing, equipment and allied health input into services.</p> <p>The service is managed by an experienced village manager, who has been in the role for eight years. The village manager is supported by a nurse manager (RN), who has been in the position for seven years. The village manager reports to the general manager operations on a variety of operational issues and provides a monthly report. Arvida has an overall business/strategic plan. Oakwoods Retirement village has a facility quality and risk management plan in place for the current year and business goals plan for 1 April 2015 – 31 March 2017. The organisation has a philosophy of care, which includes a mission statement. Oakwoods retirement village is currently transitioning to the Arvida Group quality management systems and Arvida policies and procedures.</p> <p>The village manager and nurse manager have completed relevant training of over eight hours in the last 12 months.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the village manager, the nurse manager is in charge. Support is also provided by the general manager operations and the general manager wellness and care.</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</p>	FA	<p>There is a business/strategic plan that includes quality goals and risk management plans for Oakwoods retirement village. Interviews with staff confirmed that there is discussion about quality data at various staff meetings. The nurse manager advised that she is responsible for providing oversight of the quality programme on site, which is also monitored at organisational level. The quality and risk management programme is designed to monitor contractual and standards compliance. The site-specific service's policies are being transitioned over to the Arvida Group policies, which will be reviewed at least every 2 years across the group. Head office sends new/updated policies. Staff have access to policy manuals.</p> <p>Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement. The service has a health and safety management system that is regularly reviewed. Restraint and enabler use (when used) is reported within the quality and clinical staff meetings. Falls prevention strategies are in place that includes the</p>

<p>principles.</p>		<p>analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The internal audit programme continues to be implemented and all issues identified had corrective action plans and resolutions. All staff interviewed could describe the quality programme corrective action process.</p> <p>There is an annual staff training programme that is implemented and based around policies and procedures and records of staff attendances maintained. Infection Control programme is implemented and all infections are documented monthly. Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The 2015 resident/relative survey overall result shows satisfaction with services provided. The 2016 survey was conducted in July 2016, however there were only six survey responses returned, which was deemed not enough to give a realistic overall survey result. Advised that the 2016 survey is to be repeated in October 2016. Resident/family meetings occur every four months and resident and families interviews confirmed this.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is an accidents and incidents reporting policy. The nurse manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at staff meetings including actions to minimise recurrence. An RN conducts clinical follow-up of residents. Twelve incident forms reviewed demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Discussions with the village manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Three section 31 incident notification forms (sighted) were completed in the past 18 months. All three matters were relating to fall injuries.</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>	<p>FA</p>	<p>There are human resource management policies in place. This includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Seven staff files were reviewed (one nurse manager, one RN, two caregivers, one cleaner/laundry, one diversional therapist and one chef) and there is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. Completed orientation is on files and staff described the orientation programme. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>The in-service education programme for 2015 has been completed and the plan for 2016 is being implemented. Staff are supported to complete an aged care education programme with a dedicated aged care programme training coordinator. Interview with staff confirmed a range of education was provided in a variety of formats two</p>

		to three times per month. The village manager and nurse manager are able to attend external training, including sessions provided by the local DHB. Discussions with the caregivers and the RNs confirmed that ongoing training is encouraged and supported by the service. Eight hours of staff development or in-service education has been provided annually.
<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>Oakwoods retirement village 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 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>In the hospital/rest home, there is a RN rostered on every shift with eight caregivers in the morning, five caregivers in the afternoon and two caregivers on at night. One of the night caregivers covers the serviced apartment residents. In the serviced apartments, there is an EN rostered on the morning with the rest home/hospital RN covering the afternoon and also at night. There are also two caregivers rostered in the morning and two caregivers in the afternoon.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant caregiver or registered nurse.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs on the services and levels of care are provided for families and residents prior to admission or on entry to the service. All admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p>

identified.		
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exit or discharges to and from the service.</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>	PA Low	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Clinical staff who administer medications (RNs, enrolled nurse and a senior caregiver) have been assessed for competency on an annual basis. Caregivers complete a competency around the checking of medications. Annual education around safe medication administration has been provided by the pharmacist. Monthly delivery of medication packs is checked against the medication charts by the RN on duty, as evidenced on the signing sheet. Medication fridges are checked daily and are maintained within the acceptable temperature range. All eye drops and ointments were dated on opening. Standing orders are not used. There were two rest home residents self-medicating who had self-medicating competencies in place.</p> <p>Sixteen medication charts (eight hospital and eight rest home) reviewed had photo identification, allergy status, and had been reviewed by the GP at least three monthly. Not all medications prescribed were individually dated.</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>All meals are prepared and cooked on site by qualified chefs. The chef on duty is supported by a morning and afternoon kitchenhand daily. Food services staff have attended food safety training. The eight weekly seasonal menu has been reviewed by a dietitian. Cultural preferences and special diets are met. Resident dislikes are known and accommodated. The chef receives a resident dietary profile for new and respite care residents, and notified of any dietary changes. Meals are plated for hospital residents and transported to the hospital dining room in hot boxes. Insulated lids are used to ensure meals are delivered at an acceptable temperature.</p> <p>Fridge and freezer temperatures are taken and recorded daily. End cooked food temperatures are recorded daily. Perishable foods sighted in the fridges were dated. The dishwasher is checked regularly by the chemical supplier. Staff have received training in chemical safety. Chemicals are stored safely. A cleaning schedule is maintained.</p> <p>Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and</p>

		confirmed alternative food choices were offered for dislikes.
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	The RN completes an initial assessment on admission including risk assessment tools. Long-term care plans reviewed were completed within 21 days of admission and evaluated six monthly, or earlier due to health changes. All eight files reviewed including the younger person file included InterRAI assessment notes and summaries. Resident needs and supports are identified through available information such as discharge summaries, medical notes and in consultation with significant others. The resident needs, goals and supports were documented in the long-term care plans.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Resident care plans reviewed were resident focused and individualised. Support needs as assessed were included in the long-term care plans reviewed. Short-term care plans are used for changes to health status and have either been resolved or if ongoing transferred to the long-term care plan. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrate service integration.</p> <p>There was evidence of allied healthcare professionals involved in the care of the resident including physiotherapist, podiatrist, hospice, dietitian and mental health services for the older person.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive</p>	FA	When a resident's condition alters, the registered nurse initiates a review and if required, GP, nurse specialist consultation. There is documented evidence on the family/whānau contact form in each resident file that evidences family were notified of any changes to their relative's health including (but not limited to)

<p>adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>accident/incidents, behaviours, infections, health professional visits, referrals and changes in medications.</p> <p>Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. Wound assessment and treatment forms, ongoing evaluation form and evaluation notes were in place for six residents for skin tears, one facility acquired stage two pressure injury and one community acquired vascular ulcer. The service has a wound nurse who has attended external training on wound care. There is evidence of wound nurse specialist involvement in wound management as required.</p> <p>Contenance products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. Monitoring occurs for weight, vital signs, blood glucose, and pain, challenging behaviour, food and fluid charts.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs two qualified diversional therapists (DT). One is based in the rest home and works 21 hours a week over four days and the other, 20 hours a week over three days of the week for the serviced studio apartments. Both DTs have current first aid certificates. The programme is delivered Monday to Friday with both DTs on-site three days a week offering a choice of activities for residents to attend. The activity programme is integrated and activities occur in the rest home and hospital lounges. The activity team provide individual and group activities that meets the abilities and preferences of the residents including exercises (link 1.1.8.1), pet therapy, walks, entertainment, celebration of themes and events, inter-home competitions and weekly outings for rest home and hospital residents. A weekly exercise session followed by social interaction has recently increased to three sessions per week at resident's request. A beauty therapist visits weekly. One-on-one activities such as individual walks, reading and chats and hand massage occur for residents who are unable to participate or choose not to be involved in group activities. Church services are held on-site weekly and residents are supported to attend their own churches in the community. There are a number of volunteers, including eight to 10 village residents involved in the programme, and a young musician who entertains. Community links include the library and shopping. The younger person attends Club 50.</p> <p>A diversional therapy resident profile is completed on admission. Individual activity plans were seen in all resident files reviewed. The activity team are involved in the six monthly multidisciplinary review. The service receives feedback and suggestions for the programme through surveys and quarterly resident meetings.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service</p>	<p>FA</p>	<p>All initial care plans for long-term residents were evaluated by the RN within three weeks of admission. Long-term care plans have been evaluated by the multidisciplinary team at least six monthly or earlier for any health changes. Written evaluations identified if the resident/relative desired goals had been met or unmet. Family are</p>

<p>delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>invited to attend the MDT review and are informed of any changes if unable to attend. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</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>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Material safety datasheets are readily accessible for staff. Chemicals are stored safely throughout the facility. All chemical bottles have manufactures labels. Personal protective clothing is available for staff and was seen to be worn by staff when carrying out their duties on the day of audit. Staff have completed chemical safety training provided by the chemical supplier.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical</p>	<p>FA</p>	<p>The building has a current building warrant of fitness that expires 1 December 2016. All dual-purpose beds are on the ground floor with studio apartments on the ground and first floor. There is stair and lift access between the floors. The care facility has been refurbished including all bedrooms, lounges and corridors. New furniture has been purchased and designed as suitable for older residents. Grounds and gardens have been landscaped.</p>

<p>environment and facilities that are fit for their purpose.</p>		<p>The service employs a full-time maintenance manager who is supported by another full-time maintenance person. They alternate weekend's on-call. The maintenance manager is a health and safety representative on the health and safety committee. The maintenance team ensure daily maintenance requests are addressed and a planned maintenance schedule is maintained. Essential contractors are available 24 hours. Electrical testing is completed annually by an external contractor. Annual calibration and functional checks of medical equipment including hoists, is completed by an external contractor. The maintenance team completes regular visual and physical checks of transferring equipment, beds and call bells. Hot water temperatures in resident areas are monitored monthly. The hospital wing had the hot water system modified and all tempering valves replaced due to variances in temperature readings up to 50 degrees Celsius. Recordings are now stable in both the rest home and hospital wings.</p> <p>The facility has wide corridors and sufficient space for residents to safely mobilise using mobility aids or for the use of hospital recliners on wheels. There is safe access to the outdoor areas and internal courtyards. Seating and shade is provided.</p> <p>The caregivers and RNs interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.</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 resident rooms in the rest home and hospital wings have hand basins. There is a mix of rooms with toilet and hand basin and shared shower/toilet and hand basin ensembles. Ensuite toilets and shower facilities are of an appropriate size and design to meet the needs of the residents. There are communal toilets and large shower rooms located near rooms without showers. The communal facilities have privacy curtains and slide signs to indicate vacant or engaged,</p> <p>Residents interviewed confirm care staff respect the residents' privacy when attending to their personal cares. Eight studio apartments (on the first floor) assessed for rest home level of care have full ensembles. The ground floor respite room assessed for rest home level of care (within the studio apartment wing) has a full ensuite.</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 rooms are single. There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms (all dual-purpose) within the care facility. There is sufficient space in the respite care room and the eight two-bedroomed studio apartments assessed for rest home level care. The respite care room is centrally located on the ground floor. Residents and families are encouraged to personalise bedrooms. A tour of the facility evidenced personalised rooms including the residents own furnishing and</p>

appropriate to the consumer group and setting.		adornments.
<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 rest home wing has a large main lounge with a rural view and an open plan dining room and kitchenette. There are separate hospital lounges and two dining areas for hospital residents. There are several seating alcoves within the facility.</p> <p>All communal areas are accessible to residents. Care staff assist or transfer residents to communal areas for dining and activities as required.</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>There are policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There are dedicated laundry and cleaning staff on duty seven days a week. The laundry and cleaning staff have completed chemical safety training, and laundry and cleaning processes. The laundry has an entry and exit door. The cleaner's trolleys are stored in a locked area when not in use. Staff were observed taking their caddy of chemicals into rooms when cleaning. Internal audits monitor the effectiveness of the cleaning and laundry processes. The chemical supplier conducts quality checks on the effectiveness of washing and cleaning processes. The care facility has two sluice rooms (rest home and hospital wings). Personal protective equipment was readily accessible.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking (three BBQs). Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</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>Residents were provided with adequate natural light and safe ventilation. Underfloor heating and heat pumps provide an environment that is maintained at a safe and comfortable temperature. The residents and family interviewed confirmed temperatures were comfortable.</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 visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>A registered nurse is the infection control coordinator who has been in the role two years and has a job description that outlines the responsibility of the role. The infection control, and health and safety combined committee meet monthly and an infection control report is provided for staff and management. The infection control programme has been reviewed annually.</p> <p>Visitors are asked not to visit if they are unwell. Hand sanitisers were appropriately placed throughout the facility. Residents are offered the annual influenza vaccine.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The infection control coordinator has attended infection control education within the Arvida group and though attendance at infection control education provided by an infection control consultant and conference. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The infection control coordinator and infection control committee have good support from the Arvida Group head office, the infection control nurse specialist at the DHB, laboratory technician and GPs.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and</p>	<p>FA</p>	<p>There are infection control policies and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The</p>

<p>procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>policies have been reviewed and transitioned over to the Arvida Group Infection Control Policies August 2016.</p>
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>CI</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Arvida group infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. Short-term care plans are used for infections. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at facility meetings. Meeting minutes are available in the nurses' station and staff office. Benchmarking occurs within the Arvida group. Oakwoods has maintained low rates of infections. There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. During the audit there were no residents using restraints or requiring enablers. Restraint minimisation is overseen by the nurse manager, who is the restraint coordinator. The nurse manager states that any restraint</p>

actively minimised.		would be used only when absolutely necessary and as a last resort. Staff education on restraint minimisation and management of challenging behaviour has been provided.
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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)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Monthly delivery of medication packs is checked against the medication charts by the RN on duty, as evidenced on the signing sheet. Administration procedures were observed to be administered by the staff as per policy. Medication fridges are checked daily and are maintained within the acceptable temperature range. Medication is stored appropriately and expired medication is returned to pharmacy for disposal. Four of six medication charts met prescribing requirements with each medication dated at the time of prescribing.</p>	<p>Ten of 16 medications charts used “dittos” for dates.</p>	<p>Ensure each medication prescribed is dated.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>1) The diversional therapist suggested establishing a 'Move & Groove Club' in the care facility. The club would focus on physical, cognitive & social stimulation for the residents. The aim is for residents to achieve a sense of belonging and enjoyment and exercises would improve physical flexibility and reduce falls while the mental & social stimulation will improve confidence and self-worth.</p> <p>2) The service identified that</p>	<p>1) The DT attended a three-hour exercise training, giving her more skills to provide and organise the exercise programme. She is also attending the cognitive stimulation therapy workshop in November 2016 to be able to provide ongoing exercise and activity sessions for residents with memory loss. The small group exercise and socialisation sessions commenced with five members in February 2016 and now has 12 members attending the Monday sessions. The Monday sessions are in addition to the daily larger group exercises. A survey of seven residents who regularly attended 'Move & Groove' club all stated they felt more confident and had improved strength and balance and enjoyed the socialisation of a small group session. Data collected evidenced reduced falls and improved mobility that has given residents a feeling of self-worth and independence such as requiring one-person supervision for walking (previously two-person supervision), being able to walk further, independent with meals due to increased strength in hands. The 'Move & Groove' quality initiative has been successful in improving muscle strength and balance.</p> <p>2) The registered nurses identified residents who were falls risk and on polypharmacy. A meeting was held with general practitioners (GPs) to discuss reviewing medications</p>

		<p>residents with polypharmacy (medications over five) were at risk of falls. Reducing polypharmacy project commenced in February 2016 with the aim of reducing falls and improving resident safety and quality of life.</p>	<p>and reducing polypharmacy. The house GP responded positively and reviewed the 16 residents under their care who were on more than five medications. All 16 residents' medications were reduced with positive outcomes as evidenced on the individual resident database. Falls were reduced for residents and residents became more alert and actively engaged in activities. One resident at hospital level on 11 medications reduced to six medications, now mobilising independently and re-assessed to rest home level. The reduction of polypharmacy has been successful in reducing falls risk and improving the quality of life for residents.</p> <p>Data evidences a reduction of falls from 25 falls February 2016 to eight falls July 2016. New admissions with high falls risk saw an increase in falls to 17 in August 2016. The falls had reduced to nine in September 2016. The service has been successful in reducing falls through the 'Move & Groove' club and the polypharmacy project.</p>
<p>Criterion 3.5.7 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>CI</p>	<p>The service commenced a quality project in March 2015 to reduce chest infections and urinary tract infections (UTIs) to improve resident health and remain below the Arvida group average. The data for chest infections and UTIs for the period April 2015 to March 2016 evidences reduction of infections below the Arvida benchmark for chest infections and UTIs.</p>	<p>1) The infection control coordinator identified trends and analysed monthly statistics for chest infections. Residents were leaving windows open during the winter for fresh air. The comfortable sleeping temperature is identified at 18 degrees Celsius. Staff were informed through meetings of the need to check windows were closed and the heating set at 18 degrees Celsius. An increase in chest infections in 2015 were identified due to staff being unwell on duty and a staff sickness policy was enforced. Staff were encouraged to receive the flu vaccine and on-site sessions were arranged at various times to suit staff rather than staff attending the GP surgery. This was successful with 90% of the staff receiving the flu vaccine in 2016 compared to 70% in 2015. Residents with sore throats or signs of a cold were immediately given alternative measures, such as lemon honey drinks and seen by the GP for any ongoing symptoms. For the period April 2015 to March 2016 the Arvida average for chest infections was 13 with Oakwoods average being six and maintained below the group average.</p> <p>2) The increase in UTIs was identified in individual residents for which there were care plan interventions that were successful in reducing UTIs. The infection control coordinator implemented an action plan to reduce all UTIs for resident comfort and wellbeing and remain under the Arvida average. The action plan included increased education around perineal hygiene, catheter cares, and hand hygiene audits, additional fluid rounds and introduction of lemon water to encourage fluid intake and the introduction of anti-bacterial wipes in every shower to wipe down shower chairs between use and the use of vinegar spray on floors between residents. For the period April 2015 to March 2016 the Arvida average for UTIs was 21 with Oakwoods average being nine</p>

			and maintained below the group average.
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End of the report.