

Oceania Care Company Limited - Amberwood Rest Home

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 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: Amberwood Rest Home

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

Dates of audit: Start date: 7 March 2017 End date: 8 March 2017

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 57

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
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Amberwood Rest Home and Hospital (Oceania Care Company Limited) can provide care for up to 70 residents. This certification audit was conducted against the Health and Disability Service Standards and the service contract with the district health board.

The audit processes included the review of policies, procedures and residents and staff files, observations and interviews with residents, family, management, staff and a medical officer.

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

There are improvements required in medication and food/safety handling.

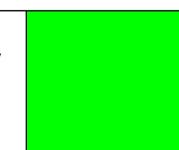
Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights Information (the Code), the complaints process and the Nationwide Health and Disability Advocacy Service is accessible by residents and family. Staff are able to demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents are treated with respect and receive services in a manner that considers their dignity, privacy and independence.

The residents' cultural, spiritual and individual values and beliefs are assessed on admission. Staff ensure that residents are informed and have choices related to the care they receive.

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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Oceania Care Company Limited is the governing body and is responsible for the services provided at Amberwood Rest Home and Hospital. The business and care manager is appropriately qualified and experienced. The clinical manager is new to the role and responsible for oversight of clinical care.

Oceania has a documented quality and risk management system that supports the provision of clinical care and support at the service. Policies are reviewed at head office and quality and risk performance is reported through meetings at the facility and monitored by the organisation's management team through the business status and regional operations manager reports.

Risks are identified and the hazard register is up to date. Adverse events are documented on incident and accident forms. Quality improvement data is collected, collated, analysed and reported through the use of their national quality system. Policies and procedures relating to human resources management processes govern their practices. Staff education records confirmed in-service education is provided. The business and care manager validates annual practising certificates for health professionals who require registration with their professional bodies. A documented rationale for determining staffing levels and skill mix was

reviewed. The business and care manager and clinical manager are available after hours if required for clinical support. Care staff, residents and family report that there is adequate staff available.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service works with the Needs Assessment Coordination Service to ensure safe and appropriate access to the service.

All residents' needs are assessed on admission by a registered nurse. Nurses use initial nursing risk assessments for data collection to create initial care plans. Nursing care plan evaluations are documented and resident-focused.

Care plans indicate progress towards meeting the residents' desired outcomes. Where the progress of a resident is different from expected, a short-term care plan is completed recording short-term problems. Residents and/or their families contribute to care planning and evaluation of care.

Planned activities are managed by a diversional therapist and are appropriate to the group setting. Resident and family interviews confirmed satisfaction with the activities programme. Residents under the age of 65 have additional activities recorded. Activities are provided either within group settings or on a one-on-one basis.

There is a medicine management system in place. Staff responsible for medicine management attend medication management in-service education and have current medication competencies. There were no residents self-administering medicines.

The menus are meeting national nutritional guidelines for older people, and have been reviewed by a registered dietitian. Residents' special dietary requirements and needs for assistance during feeding are met. Residents verified satisfaction with meals.

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.

All building and plant comply with legislation with a current building warrant of fitness in place. A preventative and reactive maintenance programme includes equipment and electrical checks. The environment is appropriate to the needs of the residents. Fixtures, fittings and floor and wall surfaces are made of accepted materials for this environment.

All residents' bedrooms provide single accommodation and the majority of residents are sharing communal bathroom facilities. Residents' rooms have adequate personal space. Lounges and dining areas are available for residents and external areas are available for sitting. Shade is provided. Resident rooms are of an appropriate size to allow for care to be provided and for the safe use and manoeuvring of mobility aids. The facility has a call bell system in place which includes sensor floor mats. The service has security systems in place to ensure resident safety. Sluice facilities are provided and protective equipment and clothing is provided and used by staff.

Chemicals, linen and equipment are safely stored. Laundry services are provided by a contracted service which is co-located on site.

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.

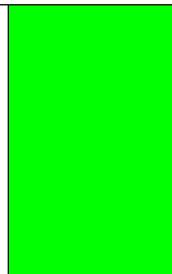
The service uses Oceania Care Company Limited policies and procedures for restraint minimisation and safe practice. These policies are aligned with the requirements of the standard. Systems are in place to ensure the management of restraint should the service need to implement restraint or make use of enablers.

Staff complete annual education and training on restraint and enabler management processes.

At the time of the on-site visit, there was no evidence of any of the residents using restraint or enablers.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

The infection prevention and control policies and procedures include guidelines on prevention and minimisation of infection and cross infections according to the requirements of the standard.

Induction and orientation of new staff include training in infection control practices. The service has ongoing infection control education and training available for all staff.

The surveillance programme is appropriate for the size and complexity of the services provided. Surveillance of infections is occurring according to the descriptions of the processes in the infection control programme. Data is collected, collated, analysed and reported through all levels of the organisation, including governance.

Infection control surveillance data is benchmarked internally against other Oceania Care Company Limited 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)
Standards	0	43	0	1	1	0	0
Criteria	0	91	0	1	1	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>Staff receive education and training on the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) during their induction to the service and through the annual mandatory education programme. All staff have had training in 2016 and in 2017.</p> <p>Staff confirm their understanding of the Code. Examples were provided on ways the Code is implemented in their everyday practice, including maintaining residents' privacy, giving them choices, encouraging independence and ensuring residents could continue to practice their own personal values and beliefs.</p> <p>The auditors observed respectful attitudes towards residents on the days of the audit.</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 consent.</p>	FA	<p>There is an informed consent policy and procedure which guides staff in relation to collecting informed consent. Staff ensure that all residents are aware of treatment and interventions planned for them, and the resident and/or significant others are included in the planning of that care, as sighted on files reviewed.</p> <p>All resident files reviewed, identified that informed consent is collected. Staff confirm their</p>

		<p>understanding of informed consent processes.</p> <p>The service information pack includes information regarding informed consent. The registered nurse (RN) and/or the clinical manager (CM) discuss informed consent processes with residents and their families/whānau during the admission process.</p> <p>The policy and procedure includes guidelines for consent for resuscitation/advance directives. A review of files noted that all had appropriately signed advanced directives. The general practitioner makes a clinical decision around resuscitation and ongoing treatment for residents who are not able to make an advance directive (and have no advance directive documented in the past). The advance directive is discussed with the family and/or enduring power of attorney (EPOA) prior to the doctor signing the form.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information on advocacy services through the Health and Disability Commissioner's Office is provided to residents and families. Written information on the role of advocacy services is also provided to complainants at the time when their complaint is being acknowledged.</p> <p>Staff training on the role of advocacy services is included in training on Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code). This training was last provided in 2016.</p> <p>Discussions with family and residents identified that the service provides opportunities for the family/EPOA to be involved in decisions and they state that they have been informed about advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Visitors' policy and guidelines are available to ensure resident safety and well-being is not compromised by visitors to the service. Residents' files reviewed demonstrated that progress notes and the content of care plans include regular outings and appointments.</p> <p>Families confirm they could visit at any time and are always made to feel welcome. The service has a van available to take residents on community visits and outings.</p> <p>Residents are encouraged to be involved in community activities, to maintain family and friends networks and to maintain friendships already developed in the community.</p>
<p>Standard 1.1.13: Complaints Management</p>	FA	<p>The organisation's complaints policy and procedures are in line with the Code and include timeframes for responding to a complaint. Complaint forms are available at the entrance. A</p>

<p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>		<p>complaints register is in place and the register includes: the date the complaint is received; the source of the complaint; a description of the complaint; and the date the complaint is resolved. Evidence relating to each lodged complaint is held in the complaints folder.</p> <p>Two complaints reviewed in 2017 indicate that the complaints are investigated promptly with the issues resolved in a timely manner.</p> <p>Residents and family state that they would feel comfortable making a complaint.</p> <p>There have been no complaints lodged with the Health and Disability Commission or other external authorities since the previous audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>All residents are provided with information packs which include information about the Code of Rights and the complaints process, on admission to the service and this can be produced in a bigger font if required. This information is discussed with the resident and families, the business and care manager (BCM), the clinical manager (CM) and/or a registered nurse (RN).</p> <p>Discussions relating to the Code are discussed at residents' meetings, as sighted in 2016 meeting minutes reviewed. Residents and family interviews confirm their rights are being upheld by the service..</p> <p>Information is given to next of kin or enduring power of attorney (EPOA) to read to and discuss with the resident in private. Residents and family members are able to describe their rights and advocacy services, particularly in relation to the complaints process.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is displayed in the foyer and in the information booklets in each resident's room.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The service has a philosophy that promotes dignity, respect and quality of life. The service has policies and procedures that are aligned with the requirements of the Privacy Act and Health Information Privacy Code. Residents' support needs are assessed using a holistic approach. Review of the care plans confirmed that the initial care plan and ongoing assessment gains include people's beliefs and values, with care plans completed with the resident and family member. Interventions to support these are identified and evaluated.</p> <p>The service ensures that each resident has the right to privacy and dignity. The residents' own personal belongings are used to decorate their rooms. Discussions of a private nature are held in the resident's room and there are areas in the facility (both in the rest home and</p>

		<p>hospital unit) which can be used for private meetings.</p> <p>A policy is available for staff to assist them in managing resident practices and/or expressions of sexuality and intimacy in an appropriate and discreet manner, with strategies documented to manage any inappropriate behaviour if there are any issues for a resident.</p> <p>Health care assistants (HCA) confirmed and demonstrated that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. Residents and families confirm that residents' privacy is respected.</p> <p>The service is committed to the prevention and detection of abuse and neglect by ensuring provision of quality care. Staff receive annual training on abuse and neglect and can describe signs to alert them of possible neglect and abuse.</p> <p>Resident files reviewed identified that cultural and/or spiritual values and individual preferences are identified.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The service implements a Māori health plan and cultural safety procedures to eliminate cultural barriers. The rights of the residents/family to practise their own beliefs are acknowledged in the Māori health plan. The service can access support through the district health boards' kaumātua and Māori services, and the geriatric nurse specialist (GNS) who identifies as Māori. Staff confirmed that specific cultural needs are identified in the residents' care plans. There is a Māori resident currently using the service who has a cultural assessment and plan in place. There are four staff who identify as Māori.</p> <p>Staff are aware of the importance of whānau in the delivery of care for the Māori residents.</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>	<p>FA</p>	<p>The service identifies each resident's personal needs from the time of admission. This is achieved with the resident, family and/or their representative. There is a culture of choice with the resident determining when cares occur, times for meals and choices in meals and activities. Staff work to balance service delivery, duty of care and resident choice.</p> <p>Residents and/or family are involved in the assessment and the care planning processes as sighted in files reviewed. Information gathered during assessment includes the residents' cultural values and beliefs. This information is used to develop care plans.</p> <p>Staff are familiar with how translating and interpreting services can be accessed. The</p>

		<p>residents in the service currently do not require interpreting services, noting that one resident has family who visit daily, who can interpret, if required.</p> <p>There is a focus on ensuring that individual activities encourage independence. This includes a focus on inclusion of activities that are meaningful.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The facility implements the Oceania Care Company Limited (Oceania) policies and processes to ensure staff are aware of good practice and boundaries relating to discrimination, abuse and neglect, harassment and exploitation. Mandatory training includes discussion of the staff code of conduct and prevention of inappropriate care.</p> <p>Job descriptions include: responsibilities of the position; ethics; advocacy and legal issues, with a job description sighted in staff files reviewed relevant to the role held by the staff member. The orientation and employee agreement provided to staff on induction includes standards of conduct. Interviews with staff confirm their understanding of professional boundaries, including the boundaries of the health care assistants' role and responsibilities.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Amberwood Rest Home and Hospital implements Oceania policies to guide practice. These policies align with the health and disability services standards and are reviewed bi-annually. A quality framework supports an internal audit programme. Benchmarking occurs across all the Oceania facilities.</p> <p>There is a training programme for all staff and managers who are encouraged to attend ongoing education in their areas of interest. There are monthly regional management meetings. Specialised training and related competencies are in place for the registered nursing staff, with a review of staff files indicating that these are completed annually by all staff, relevant to their role.</p> <p>Residents and families interviewed expressed a high level of satisfaction with the care delivered.</p> <p>Consultation is available through the organisation's management team that includes registered nurses, the clinical and quality manager, regional operations manager and the district health board (DHB).</p>
Standard 1.1.9: Communication	FA	Accident/incidents, the complaints procedure and the open disclosure procedure alert staff

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>to their responsibility to notify family/enduring power of attorney of any accident/incident that occurs. These procedures guide staff on the process to ensure full and frank open disclosure is available. Family are informed if the resident has an incident, accident, has a change in health or a change in needs, as evidenced in completed accident/incident forms.</p> <p>Family contact is recorded in residents' files. Family members confirm they are kept informed. Family also confirm that they are invited to the care planning meetings for their family member and could attend the resident meetings.</p> <p>Residents sign an admission agreement on entry to the service. This provides clear information around what is paid for by the service and by the resident. Residents do not require interpreting services although staff are conscious of involving family for one resident for whom English is a second language.</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>Amberwood Rest Home and Hospital is part of the Oceania Care Company Limited with the executive management team, including the chief executive, general manager, regional operations manager and clinical and quality manager providing support to the service. The Oceania Care Company Limited's vision, values, mission statement and philosophy are displayed at the entrance to the facility. The organisation has systems in place recording the scope, direction and goals of the organisation.</p> <p>The business and care manager (BCM) provides monthly reports to the support office. Business status reports include: quality and risk management issues; occupancy; human resource issues; quality improvements; internal audits and clinical indicators. These are communicated to residents, staff and family, through posters on the wall, information in booklets and in staff training, provided annually.</p> <p>The facility can provide care for up to 70 residents. During the audit there were 57 residents living at the facility including 28 residents requiring rest home care and 29 hospital care. Included in the hospital numbers, were four residents under the young people under 65 year contract (YPD).</p> <p>The BCM is responsible for the overall management of the service. The BCM is an RN and has a national diploma in management (level five) and certificate in business (level 4). The BCM has been in aged care for over 20 years, working as a BCM for Oceania in various facilities. The BCM oversees two facilities. The clinical and quality manager (CQM) confirmed support for the BCM on the days of audit.</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>	<p>FA</p>	<p>There are appropriate systems in place to ensure the day-to-day operations of the service continues should the BCM and/or the CM be absent. The CM or the CQM stands in when the BCM is absent. Support is also provided by the regional operations manager and the senior clinical quality manager from the support office.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality improvement plan with quality objectives, including a quality and risk management plan and business plan was reviewed. These are used to guide the quality programme and include goals and objectives. Internal audits for 2016-2017 were reviewed. Family/resident and staff satisfaction surveys are completed as part of the audit programme with a high level of satisfaction documented. Risks are identified and minimised. There is a hazard register that identifies health and safety risks as well as risks associated with human resource management, legislative compliance, contractual risks and clinical risk. A health and safety manual is available that includes relevant policies and procedures.</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. Head office reviews all policies with input from business and care managers. Policies are linked to the Health and Disability Sector Standards, current and applicable legislation, and evidenced-based best practice guidelines. Policies are readily available to staff in hard copy. New and revised policies are presented to staff to read and staff sign to say that they have read and understood.</p> <p>Service delivery is monitored through complaints, review of incidents and accidents, surveillance of infections, pressure injuries, soft tissue/wounds, and implementation of an internal audit programme with corrective action plans documented and evidence of resolution of issues completed. There is documentation that includes collection, collation, and identification of trends and analysis of data.</p> <p>There are a range of meetings held to discuss data. These include monthly staff/quality meetings, clinical meetings and health and safety meetings. Meeting minutes evidences communication with all staff around all aspects of quality improvement and risk management. There are also two monthly resident meetings that keep residents informed of any changes. Staff report that they are kept informed of quality improvements and can have input into discussions and review of service delivery</p> <p>The organisation has a risk management programme in place. Health and safety policies</p>

		and procedures are documented along with a hazard management programme. There is evidence of hazard identification forms completed when a hazard is identified. Hazards are addressed and risks minimised or isolated. Health and safety is audited monthly.
<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 BCM is aware of situations in which the service would need to report and notify: statutory authorities; including police attending the facility; unexpected deaths; sentinel events; infectious disease outbreaks; and changes in key managers.</p> <p>Staff receive education at orientation and as part of the ongoing training programme on the incident and accident reporting process. Staff understand elements of the adverse event reporting process and are able to describe the importance of recording near misses.</p> <p>Incident reports documented had a corresponding note in the progress notes to inform staff of the incident. Information gathered around incidents and accidents is analysed, with evidence of improvements put in place.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>The BCM, CM and RNs hold current annual practising certificates along with other health practitioners involved with the service.</p> <p>Staff files include appointment documentation, for example: signed contracts, job descriptions, reference checks and interviews. There is an appraisal process in place with staff files indicating that all have an annual appraisal.</p> <p>All staff complete an orientation programme and HCAs are paired with a senior HCA until they demonstrated competency on a number of tasks including personal cares. The HCAs confirmed their role in supporting and buddying new staff.</p> <p>Annual competencies are completed by care staff, for example: hoist, oxygen use, hand washing, wound management, medication management, moving and handling, restraint, nebuliser, blood sugar and insulin, assisting residents to shower. The organisation has a mandatory education and training programme. Staff attendances are documented. Education and training hours is at least eight hours a year for each staff member with the registered nurses training records indicating that they have had well in excess of eight hours training in the past year around clinical topics, for example: wound management, management of challenging behaviour and de-escalation and continence.</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 workforce 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.</p> <p>There are 59 staff including the management team, clinical staff, a diversional therapist and activity staff and household staff. Registered nurse cover is provided 24 hours a day. On-call after hours RN support and advice is provided by the BCM and CM.</p> <p>Residents and families interviewed confirm staffing is adequate to meet the residents' needs. Staff confirm that they have sufficient time to complete cares scheduled.</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>	<p>FA</p>	<p>The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission, with the involvement of the family.</p> <p>There are policies and procedures in place for privacy and confidentiality. Staff could describe the procedures for maintaining confidentiality of resident records. Files, relevant resident care and support information could be accessed in a timely manner.</p> <p>Entries are legible, dated and signed by the relevant HCA, RN or other staff member, including designation.</p> <p>Resident files are protected from unauthorised access by being locked away in an office in both areas of the service.</p> <p>Information containing sensitive resident information is not displayed in a way that could be viewed by other residents or members of the public. Individual resident files demonstrated service integration. This includes medical care interventions. Medication charts are in a separate folder with medication. Staff interviewed state that they read the long-term plans at the beginning of each shift and are informed of any changes through the handover process.</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</p>	<p>FA</p>	<p>Residents' entry processes into the service are recorded and implemented. The needs assessments are completed for rest home and hospital level of care. The philosophy of the service is displayed in a prominent area in the foyer and communicated to residents, family and staff.</p>

<p>been identified.</p>		<p>The organisational information pack is available for residents and their family and contains all relevant information on services at the facility and within the organisation.</p> <p>The residents' admission agreements evidenced resident and/or family sign off. The admission agreement defines the scope of the service and includes all contractual requirements.</p> <p>Interviews with residents and family and review of records confirmed the admission process was completed by staff in timely manner. Relevant admission information is communicated to residents and their families.</p>
<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>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and coordinated manner.</p> <p>There is open communication between services, the resident and the family. At the time of transition appropriate information is supplied to the service or individual responsible for the ongoing management of the resident. Referrals are documented in the residents' progress notes.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication areas (except for the controlled drugs; see 1.3.12.6) evidence an appropriate and secure medicine dispensing system, free from heat, moisture and light, with medicines stored in original dispensed packs. The controlled drug registers are not consistently maintained and do not evidenced weekly checks. Six monthly physical stocktakes are undertaken by the pharmacy. The medication fridge temperatures are conducted and recorded.</p> <p>All staff authorised to administer medicines have current competencies. Administration records are maintained, as are specimen signatures. Staff education in medicine management is provided.</p> <p>Computerised medicine charts evidenced current residents' photo identification, legibility, as required (PRN) medication is identified for individual residents and correctly prescribed, three monthly medicine reviews are conducted and discontinued medicines are dated and signed by the GPs. The residents' medicine charts record all medications a resident is taking (including name, dose, frequency and route to be given).</p> <p>The service's policies provide guidelines and processes for residents to self-administer medicines. At the time of the audit there were no residents who self-administered medicine at the facility.</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>	<p>PA Low</p>	<p>Dietary assessments are completed on admission and each resident has a dietary profile developed. Personal food preferences of the residents, special diets and modified nutritional requirements are known to the chef and accommodated in the daily meal plan. Special equipment, to meet residents' nutritional needs, was sighted.</p> <p>Residents' files demonstrated monthly monitoring of individual resident's weight and where there is evidence of weight-loss, residents' weight is monitored weekly. The residents who are identified with weight loss have completed short-term care plans and relevant interventions to monitor the weight loss and/or weight gain. Interviews with residents stated their satisfaction with the food service. Residents' individual preferences are met and adequate food and fluids is provided.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Fridge temperatures are monitored three times per day and food temperatures are monitored twice a day. Kitchen staff have all attended food safety training.</p> <p>Not all aspects of food procurement, production, preparation, storage, transportation, delivery and disposal complies with current legislation and guidelines. Food storage was not consistently in line with requirements.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service has a process in place to inform residents and family of the reasons why services had been declined, should this occur. Referral agencies are informed of the reasons for decline of entry and the resident and/or their family is referred to more appropriate services in the area.</p> <p>The residents would be declined entry if not within the scope of the service or if a bed was not available.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Residents' needs, outcomes and goals are identified through the assessment process and recorded. There are processes in place to seek information from a range of sources, for example: family; GP; specialist and the referrer.</p> <p>Policies and protocols are in place to ensure continuity of service delivery.</p> <p>The residents' files evidence residents' discharge/transfer information from the DHB, where</p>

		required. The service has appropriate resources and equipment. The assessments are conducted in a safe and appropriate environment, usually the resident's room, including visits from the GP. Interviews with residents and family confirmed their involvement in the assessments, care planning, review, treatment and evaluations of care.
<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>Residents' care plans are individualised, integrated and up to date. Recorded interventions reflect the risk assessments and the level of care required. InterRAI assessments are completed by RNs and inform the person centred care plans. The short-term care plans are developed for the management of acute problems, when required, and signed off by the RN when problems are resolved.</p> <p>Interviews with residents confirmed they have input into their care planning and review.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Residents' care plans evidence detailed interventions based on assessed needs, desired outcomes and goals of residents. GP documentation and records are current. Interviews with residents and families confirmed their/their relatives' current care and treatments meet their needs. The service maintains family communication records in the residents' files. The nursing progress notes and observation charts are maintained.</p> <p>Staff confirmed they are familiar with the needs of the residents who were allocated to their care.</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>	FA	<p>Interview with the diversional therapist (DT) confirmed the activities programmes meet the needs of the different service groups. The DT plans, records, implements and evaluates the activities programmes.</p> <p>The service has one activities programme for the rest home and hospital residents with specific additional activities for the 4 residents under 65 years of age. Regular exercises and outings are provided for those residents able to participate. The activity programmes includes input from external agencies and supports ordinary unplanned/spontaneous activities including festive occasions and celebrations.</p> <p>There are current, individualised activities care plans in residents' files reviews. The residents' activities attendance records are maintained. The residents' meeting minutes evidenced residents' involvement and consultation of the planned activities programme.</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>Resident care is evaluated on each shift and reported in the progress notes. When changes are noted it is reported to the RN.</p> <p>Care plan evaluations, following reassessment to measure the degree of a resident's response in relation to desired outcomes and goals consistently occur every six months. Where progress is different from expected, the service develops a short-term care plan for the management of short-term concerns/acute problems, for example: infections, wounds and falls. Short-term care plans are reviewed daily, weekly or fortnightly, as indicated by the degree of risk noted during the assessment process. Wound care plans evidenced timely reviews.</p> <p>Interviews verified residents and family are included and informed of changes.</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>The service has processes in place to provide opportunities for residents to choose when accessing or when being referred to other health and/or disability services.</p> <p>The family communication sheets, located in the residents' files, confirmed family involvement.</p> <p>The service has an effective multidisciplinary team approach and progress notes record facilitation of choices to the residents.</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 and incidents are reported on in a timely manner. Policies and procedures specify labelling requirements in line with legislation including the requirement for labels to be clear, accessible to read and are free from damage.</p> <p>Material safety data sheets are available throughout the facility and accessible for staff. The hazard register is current. Staff received training and education to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>There is provision and availability of protective clothing and equipment that is appropriate to the recognized risks, for example: splash guards on the sluice; gloves; aprons; footwear and masks. Clothing is provided and used by staff. During a tour of the facility, protective clothing and equipment was observed in all high-risk areas.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness is displayed. There have been no building modifications since the last audit.</p> <p>There is a planned maintenance schedule implemented. Equipment is available including shower chairs and sensor alarm mats. There is an annual test and tag programme and this is up to date, with checking and calibrating of clinical equipment annually.</p> <p>Interviews with staff and observation of the facility confirms there is adequate equipment.</p> <p>There are quiet areas throughout the facility for residents and visitors to meet and there are areas that provided privacy when required. There are internal courtyards and grass areas with shade, seating and outdoor tables.</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>There are adequate numbers of accessible toilets/bathing facilities. Visitors, toilets and communal toilets are conveniently located close to communal areas. Communal toilet facilities have a system that indicates if it is engaged or vacant.</p> <p>Appropriately secured and approved handrails are provided in the toilet/shower/bathing areas, and other equipment/accessories are made available to promote resident independence.</p> <p>Residents and family members report that there are sufficient toilets and showers.</p> <p>Auditors observed residents being supported to access communal toilets and showers in ways that are respectful and dignified.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>There is adequate personal space provided in all bedrooms to allow residents and staff to move around within the room safely. Residents interviewed all spoke positively about their rooms. Equipment was sighted in rooms of residents requiring this, with sufficient space for both the equipment, staff and the resident.</p> <p>Rooms could be personalized with furnishings, photos and other personal adornments and the service encouraged residents to make the suite their own. There is room to store mobility aids such as walking frames in the bedroom safely during the day and night if required.</p> <p>Some residents have a larger room to accommodate specific aids. The auditors noted four</p>

		rooms had furniture in front on the electric wall heaters. The furniture was removed during the onsite audit and a capital expenditure request was issued to install ceiling heaters. This was evidenced on the building refurbishment plan.
<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 service has lounge and dining areas including areas that can be used for activities. All areas are easily accessed by residents and staff. Residents are able to access areas for privacy, when required. Furniture is appropriate to the setting and arranged in a manner which enabled residents to mobilise freely.</p> <p>The dining areas have ample space for residents and staff.</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>Laundry is completed on site by a co-located contractor. The health care assistants interviewed confirmed knowledge of their role including management of any infectious linen.</p> <p>There are cleaners on site during the day, seven days a week. The cleaners have a trolley to put chemicals in and the cleaners are aware that the trolley must be with them at all times. All chemicals are in appropriately labelled containers. Products are used with training around use of products provided throughout the year. The cleaner confirmed that they had had training at least annually.</p> <p>Cleaning and laundry are monitored through the internal audit process with no issues identified in audits.</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>The facility has an evacuation plan approved by the New Zealand Fire Service. There have been no building reconfigurations since the last audit. An evacuation policy on emergency and security situations is in place. A fire drill is provided to staff six monthly. The orientation programme includes fire and security training. Staff confirmed their awareness of emergency procedures.</p> <p>All required fire equipment was sighted on the days of audit and all equipment had been checked within the required timeframes.</p> <p>A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including: food; water; blankets; emergency lighting and gas BBQs.</p> <p>An electronic call bell system utilises a pager system. There are call bells in all resident</p>

		<p>rooms, resident toilets, and communal areas including the hallways, dining rooms. Call bell audits are routinely completed. Residents and family state that there are prompt responses to call bells. Call bell response times checked by the auditors on the day of the audit and confirmed staff answered promptly.</p> <p>The doors are locked in the evenings. Staff complete a check in the evening that confirm that security measures had been put in place.</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>	FA	<p>There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation wherever possible. Residents are provided with adequate natural light, safe ventilation, heating and an environment that is maintained at a safe and comfortable temperature. Family and residents confirm that rooms are maintained at an appropriate temperature.</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>	FA	<p>The Oceania infection prevention and control (IPC) policies and procedures manual provides information and resources to inform staff on infection prevention and control. Strategies are in place to prevent exposure of infections to others.</p> <p>The responsibility for infection control is clearly defined in the IPC policy that includes the responsibilities of the Oceania infection control committee (company-wide); infection control nurse (ICN) and the infection control team.</p> <p>There is a signed ICN job description outlining responsibilities of the position. The ICN is supported in their role by the business and care manager, the clinical and quality manager, the clinical manager and the infection control team. The ICN is a registered nurse.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The ICN has access to relevant and current information, appropriate to the size and complexity of this service.</p> <p>Infection control is an agenda item at the facility's meetings, evidenced during review of meeting minutes and interviews with staff. The internal audit programme includes infection control audits to monitor the implementation of the infection control programme.</p>
<p>Standard 3.3: Policies and procedures</p>	FA	<p>The Oceania infection control committee develop and review the IPC policies and</p>

<p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>procedures to be implemented within the Oceania facilities. Policies are developed and reviewed regularly in consultation and with input from relevant staff and external specialists.</p> <p>The infection control manual is up to date, policies reflect current accepted good practice reflects relevant legislative requirements. The infection control manual is easily accessible to staff.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Infection control education is provided to all staff, as part of their orientation and as part of the ongoing in-service education and training programme.</p> <p>Interviews with staff confirmed that clinical staff identify situations where infection control education is required for a residents. The service also include annual infection control training for residents as part of one of their resident meetings. Staff confirm that one on one infection control education of residents occur in an informal manner.</p> <p>The infection control staff education and training is provided by the ICN.</p> <p>The ICN has attended external education relating to infection prevention and control. Education sessions have evidence of staff attendance/participation and content of the presentations. Staff are required to complete infection control competencies, sighted in staff files and confirmed at staff interviews.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The ICN is responsible for the surveillance programme. Infection control surveillance occurs monthly with analysis of data and reported at staff, quality meetings.</p> <p>The type of surveillance undertaken is appropriate to the size and complexity of this service. Standardised definitions are used for the identification and classification of infections. Staff complete infection logs for all episodes of infections. Residents diagnosed with infections had a short-term care plan in place.</p> <p>Interviews with staff reported they are made aware of infections through short term care plans, progress notes, handover and verbal feedback from RNs and the CM. There has been no outbreaks since the previous audit.</p> <p>The facility's surveillance data is benchmarked against other Oceania facilities and this information is shared with staff and management.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Definitions of restraint and enabler use in the Oceania wide policy is congruent with the definition in the standard. The process of assessment, care planning, monitoring and evaluation of restraint and enabler use is recorded in procedures. There were no residents at the facility using enablers or restraint during the days of the on-site audit.</p> <p>The approval process for enabler use is activated when a resident voluntarily requests an enabler to assist them to maintain independence and/or safety.</p> <p>Interviews with staff and staff records confirmed that restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation education and training is provided.</p> <p>Oceania support office maintain records of restraint use and analysis is conducted monthly by the clinical and quality managers.</p> <p>The results indicated there has been a reduction in restraint used nationally due to the use of low/low beds and the use of perimeter mattress surrounds.</p>
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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)
Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.	PA Moderate	Controlled drugs are kept in a secure safe, which is kept in a secure medication room. The service has several drug registers, which were checked by the pharmacist at six-monthly intervals. Review of the drug registers evidenced inconsistencies relating to regular checks of drugs. Controlled drugs are not checked at weekly intervals.	Controlled drugs are not checked weekly.	All controlled drugs to have weekly checks completed with sign-off. 90 days
Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and	PA Low	Processes for food procurement, production, preparation, storage, transportation, delivery and disposal were reviewed. Food storage processes do not comply with current legislation and guidelines. Food was not consistently identified or dated.	Pre-prepared bowls of food in the fridge were not identified or dated. Soup containers were opened without having the date of opening identified and de-canted food did not record the date of when it was	All pre-prepared food, opened food containers or de-canted

disposal comply with current legislation, and guidelines.			de-canted.	food to be identified and dated. 90 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.