# Oceania Care Company Limited - Eden Lifestyle Care & 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 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Eden Rest Home and Village

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

**Dates of audit:** Start date: 20 June 2017 End date: 21 June 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:** 67

# 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 |
|  | 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

Eden Lifestyle Care and Village Oceania Healthcare 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. Occupancy on the day of the audit was 67. The service provides rest home and hospital level care.

The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family, management, staff and a general practitioner.

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

There are no improvements required from this audit.

## Consumer rights

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| --- | --- | --- |
| 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. |

Information regarding the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, the complaints process and the Nationwide Health and Disability Advocacy Service, is accessible in information packs and displayed within the service. Residents and family members confirmed their rights are met, staff are respectful of their needs and communication is appropriate.

Residents, families and enduring power of attorney are provided with information required prior to giving informed consent. Time is provided if any discussions and explanation are required relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights.

A complaints register is maintained. Complaints are managed as per timeframes in the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights.

## 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. |

Oceania Healthcare Limited is the governing body and is responsible for the service provided at Eden Lifestyle Care and Village. The business, care and village manager has been in the role for two years and has had previous experience as business and care manager (BCM) for eight and a half years. The acting clinical manager is new to the role and is therefore supported by the clinical and quality manager (regional), the operations manager (regional) and the senior clinical and quality manager (national) regarding oversight of the service and clinical care.

Oceania Healthcare Limited has a documented quality and risk management system that supports the provision of clinical care at the service. Policies are reviewed at support office and are current. Quality and risk performance is conveyed through meetings at the facility and monitored by the organisation's management team through the monthly business status reports. Benchmarking reports are produced that include incidents/accidents, infections, complaints and clinical indicators. Resident information is identifiable, accurately recorded, current, confidential, accessible when required and securely stored.

There are human resource policies implemented around recruitment, selection, orientation, staff training and development. Staff, residents and family confirmed that staffing levels are adequate and residents and relatives have access to staff when needed. Staff are allocated to support residents as per their individual needs.

## Continuum of service delivery

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| --- | --- | --- |
| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. |  | Standards applicable to this service fully attained. |

The initial assessments, including interRAI assessments are completed on admission. Initial care plans, short-term care plans for acute conditions and long-term care plans for long-term service delivery are completed within the required timeframes. Care plan evaluations are documented, resident-focused and indicate progress towards meeting the residents’ desired outcomes.

When the progress of a resident is different from expected, a short-term care plan is completed for short-term problems. The residents and the family members have opportunity to contribute to assessments, care plans and evaluation of care.

The planned activities are appropriate to the group setting and address their social needs. The residents and families interviewed confirmed satisfaction with the activities programme. Individual activities are provided either within group settings or on a one-on-one basis.

There is an appropriate medicine management system in place. Staff responsible for medicine management attend medication management in-service education and have current medication competencies. There were four residents self-administering medicines.

The menu has been reviewed by a registered dietitian and meets nutritional guidelines for older people. The residents’ special dietary requirements and needs are met. Residents have choices and can make input into menu changes.

## 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. The environment is appropriate to the needs of the residents. A preventative and reactive maintenance programme includes equipment and electrical checks.

Residents are provided with accessible and safe external areas. Residents’ care suites are of an appropriate size to allow for care to be provided and for the safe use and manoeuvring of mobility aids. Essential emergency and security systems are in place and fire drills are completed every six months. Call bells are available to all residents and are monitored monthly.

## Restraint minimisation and safe practice

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| --- | --- | --- |
| 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. The policies are aligned with the requirements of the standard. The service has systems in place to ensure the management of restraint requirements.

Staff complete annual education and training on restraint and enabler management processes. At the time of the on-site visit, there were five restraints and one enabler being used by residents.

## Infection prevention and control

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| 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 according to the requirements of the standard. Induction and orientation of new staff occur and 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. The infection control surveillance data is benchmarked internally as well as externally.

## 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** | 00 | 50 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 101 | 0 | 0 | 0 | 0 | 0 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Unattained Negligible Risk**  **(UA Negligible)** | **Unattained Low Risk**  **(UA Low)** | **Unattained Moderate Risk**  **(UA Moderate)** | **Unattained High Risk**  **(UA High)** | **Unattained Critical Risk**  **(UA Critical)** |
| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation. | FA | Staff receive education on the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) during their orientation to the service and through the annual mandatory education programme designed and provided by Oceania Healthcare Ltd. Residents stated they receive services that meet their needs and they receive information pertaining to their needs.  All staff have had training in the Code during the previous 12 months and staff confirmed their understanding of the Code. Examples were provided on ways the Code is implemented in their everyday practice including: maintaining residents' privacy; giving residents choices; encouraging independence and ensuring residents can continue to practice their own personal values and beliefs.  The auditors noted respectful attitudes and behaviour towards residents on the days of the audit. |
| Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | The service has systems in place to ensure residents and, where appropriate, their family are being provided with information to assist them to make informed choices and give informed consent. Written information on informed consent is included in the admission agreements. There was evidence in resident’s records and residents and family interviews confirmed that advance directives and not for resuscitation were discussed and signed by the resident or EPOA where appropriate. The CM and BCVM reported informed consent is discussed and recorded at the time the resident is admitted to the facility. Residents and family confirmed they have been made aware of and understand the principles of informed consent. Residents/family are provided with various consent forms on admission for completion as appropriate and these were reviewed on residents’ files. Copies of legal documents such as EPOA for residents are retained at the facility. Where residents have named EPOAs these were reviewed on residents’ files. |
| Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Resident information relating to advocacy services is available at the entrance to the facility and in information packs provided to residents and family on admission to the service. Written information on the role of advocacy services is also provided to complainants at the time of their complaint acknowledgement. Staff training regarding advocacy services was last provided in 2017.  The health and disability advocate visits the service, as confirmed by the management team. Family and residents confirmed the service provides opportunities for the family/EPOA to be involved in decisions and they stated they have been informed about advocacy services. Family members confirmed they act as advocates for their family member and for other residents if they identify any needs. There is a resident chaplain and local chaplains from a variety of disciplines who can be accessed as advocates if required. |
| 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 to maintain family and friend networks. Residents' files reviewed demonstrated that progress notes and the content of care plans include regular outings and appointments.  The service has an open visiting policy and residents may have visitors of their choice at any time. The facility is secured in the evenings and visitors can gain access by using the intercom to gain entry to visit after doors are locked. Families confirmed they could visit at any time and are always made to feel welcome. Families noted that the café onsite provides an opportunity to dine with their family member.  The activities programme includes visits to areas in the community, for example, local eateries and public houses. |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | The organisation’s complaints policy and procedures is in line with the Code and includes periods for responding to a complaint. Complaint forms are available at the entrance. A 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 and register. Complaints reviewed indicated complaints are investigated promptly and issues are resolved in a timely manner. Staff, residents and family confirmed they knew the complaints process.  The BCVM is responsible for managing complaints and residents and family stated that these are dealt with as soon as they are identified. Residents and family members could describe their rights and advocacy services particularly in relation to the complaints process.  One complaint has been received by the Health and Disability Commissioner since the previous audit and this remains open. |
| Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights. | FA | The business, care and village manager (BCVM) and the clinical manager (CM) discuss the Code with residents and their family on admission. Discussion relating to the Code is also included on the agenda and discussed at the residents’ meetings. Brochures relating to the Code are available at the meetings. Information on the Code is given to next of kin or enduring power of attorney (EPOA) to read and discuss with the resident in private.  Residents and families confirmed their rights are being upheld by the service. The posters identifying residents’ rights and advocacy services are displayed in the facility in te reo Māori and English. Staff are requested to speak English at all times when on duty. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | Eden Lifestyle Care and Village has a philosophy that promotes dignity, respect and quality of life. Discussions of a private nature are held in the resident’s room and there are areas in the facility which can be used for private meetings. All care suites have their own lounges. The service ensures that each resident has the right to privacy and dignity. The residents’ own personal belongings are used to decorate their rooms.  Healthcare assistants reported 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. This was observed on the days of the audit. Residents and families confirmed that residents’ privacy is respected. A policy is available for staff to assist them in managing resident privacy.  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 could describe signs. There are no documented incidents of abuse or neglect in the business status reports or on the incidents reviewed in residents’ files. Residents, staff, family and the general practitioner confirmed that there was no evidence of abuse or neglect. Staff interviewed were aware of the need to ensure residents are not exploited, neglected or abused and staff can describe the process for escalating any issues.  Resident files reviewed confirmed that cultural and/or spiritual values and individual preferences are identified. |
| Standard 1.1.4: Recognition Of Māori Values And Beliefs  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. | FA | The organisation has a cultural responsiveness policy which outlines the processes for working with people from other cultures. A Māori health plan outlines how to work with Māori and the relevance of the Treaty of Waitangi. The rights of the residents/family to practise their own beliefs are acknowledged in the Māori health plan. Access to local kaumātua and advocacy services is available, if required, from local providers of health and social services.  Staff who identify as Māori can provide support for Māori residents and their families, if required. Specific cultural needs are identified in the residents’ care plans. |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs. | FA | Documentation provided evidenced appropriate culturally safe practices are implemented and maintained, including respect for residents' cultural and spiritual values and beliefs. Documentation lists the details on how to access appropriate expertise, including cultural specialists and interpreters. Staff and residents confirmed there are choices for residents regarding their care and services. Residents and family are involved in assessment and care planning processes. Information gathered during assessment includes the residents’ cultural values and beliefs. The initial care plan, the long-term care plan and interRAI assessment are based on this information.  Staff are familiar with how translating and interpreting services can be accessed. There is a multicultural staff mix who can translate and are utilised as interpreters for residents who identify as the same culture. Residents in the service did not require interpreter services on audit days. |
| Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | The facility implements the Oceania Healthcare Limited (Oceania) policies and procedures based on good practice, current legislation and guidelines. Interviews confirmed awareness of how to identify and manage discrimination, abuse and neglect, harassment and exploitation. Staff training includes discussion of the staff code of conduct and prevention of inappropriate care. There were no complaints recorded in the complaints register for the previous 12 months relating to any form of discrimination.  Staff complete orientation and induction include recognition of discrimination, abuse and neglect. Staff confirmed their understanding of professional boundaries. Staff files reviewed included copies of the code of conduct policies and documents and training records on conflict of interest issues, including the accepting of gifts and personal transactions with residents. Expected staff practice is outlined in job descriptions and employment contracts. Knowledge and understanding of these policies was confirmed in staff interviews. |
| Standard 1.1.8: Good Practice  Consumers receive services of an appropriate standard. | FA | The service has systems in place to ensure staff receive a range of opportunities which promote good practice within the facility. Education is provided both internally and externally to facilitate and ensure good practice. The in-service education programme is managed by the clinical manager. There is a training programme for all staff. Managers are encouraged to complete management training. 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. Residents and families reviewed expressed a high level of confidence and satisfaction with the care delivered. The BCVM is actively involved in two steering committees that engage with other stake holders and the Auckland district health board. (ADHB), for example, prevention of pressure areas and falls, central cluster meetings with other providers and the planning and funding provider arm of the ADHB.  Documentation reviewed provided evidence that policies and procedures are based on evidence-based rationales. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | 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. The admission agreements reviewed were signed on the day of admission. Open disclosure policy and procedures are in place to ensure staff maintain open, transparent communication with residents and families. There is evidence of communication with the general practitioner (GP) and family following adverse events. Residents are provided with an A to Z booklet on admission that covers all the available services, the process to access the services, and any other relevant information regarding the day to day operating of the service.  Family are informed if the resident has an incident/accident, has a change in health or a change in needs. Family contact is recorded in residents’ files. Families confirmed that they are invited to the care planning meetings for their family member and can attend the residents’ meetings. Families confirmed they are well informed.  Residents confirmed that they are aware of the staff that are responsible for their care and staff communicate effectively with them. Accident/incidents, the complaints procedure and the open disclosure procedure alert staff to their responsibility to notify family/enduring power of attorney (EPOA) of any accident/incident that occurs.  Monthly newsletters are written by the BCVM addressing highlights of the previous month and updates on any relevant changes, welcome to new staff and residents, and upcoming activities. Some residents who required interpreter services in the past have had this provided by families and staff. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Eden Lifestyle Care and Village is part of the Oceania Healthcare (Oceania) with the executive management team providing overarching support to the service. Communication between the service and Oceania managers occur monthly. The clinical and quality manager (CQM) provided support during the audit. The monthly business status report provides the executive management with progress against identified indicators.  The organisation’s mission statement and philosophy are displayed at the entrance to the facility. Information in booklets is given to new residents and staff training is provided annually.  The service has a business, care and village manager (BCVM) supported by an acting clinical manager (ACM). The BCVM has been in the role for two years and has previous experience as a business and care manager (BCM) in another facility for six years. The ACM has been in the position for three months and has had previous experience in aged residential care as a registered nurse. The BCVM and ACM hold a current annual practising certificate and are supported by the CQM. The management team are supported in their roles and have completed appropriate induction and orientation to their roles.  The facility can provide care for up to 70 residents, with three care suites that have the capacity to support couples. Currently there is one of the three suites that is supporting a couple with the other two having one occupant. On the first day of the audit there were 67 residents living at the facility including 30 residents requiring rest home level care and 37 requiring hospital level care. |
| Standard 1.2.2: Service Management  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. | FA | Due to the ACM not being in the role long enough to stand in for the BCVM, the service has a process in place that in the absence of the BCVM, the CQM (regional) or the operations manager stands in. These roles are also supported by the national clinical and quality manager. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | Eden Lifestyle Care and Village uses the Oceania quality and risk management framework to guide practice. The service implements organisational policies and procedures to support service delivery. All policies are subject to reviews as required with all policies current. Oceania support 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 available to staff in hardcopy. New and revised policies are presented to staff at meetings and are provided in paper copy to read. Staff sign to evidence that they have read and understood the new/revised policy.  Service delivery is monitored through complaints management; review of incidents and accidents; surveillance of infections; pressure injuries; soft tissue/wounds; and implementation of an internal audit programme. The corrective action plans are documented and evidence resolution of issues completed. Internal audits are completed in line with the quality audit schedule, with evidence of corrective actions identified and implemented in a timely manner.  Monthly staff meeting minutes including quality improvement, health and safety, and infection control, evidence communication with all staff around all aspects of quality improvement and risk management. There are bi monthly resident meetings coordinated by the BCVM that keep residents informed of any changes. Staff report that they are kept informed of quality improvements. Family are invited to come to the resident meetings. The organisation has a risk management programme in place. Health and safety policies 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 or risks minimised or isolated. Health and safety is audited monthly with a facility health check completed quarterly by the clinical and quality manager.  The satisfaction survey for family and residents was completed in 2017 and reflects the satisfaction of the residents and family. |
| Standard 1.2.4: Adverse Event Reporting  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. | FA | The BCVM is aware of situations in which the service is required to report and notify statutory authorities, including unexpected deaths, police attending the facility, sentinel events, infectious disease outbreaks and changes in key management roles.  Staff interviews and review of documentation evidence that staff document adverse, unplanned or untoward events on an accident/incident form which are signed off by the BCVM. There have been no deaths referred to the coroner or essential notifications to the Ministry of Health (MoH) and the district health board (DHB) since the last audit.  The MoH has been notified of the change in the CM management position. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | All staff complete an orientation programme and health care assistants are buddied with a senior health care assistant for shifts until they express and demonstrate competency with a number of tasks including personal cares. Health care assistants confirmed their role in supporting and buddying new staff. A new staff member interviewed confirmed they had a comprehensive orientation programme. The registered nurses hold current annual practising certificates along with other health practitioners in the service. Staff files included appointment documentation including 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. All appraisals are current.  Annual competencies are completed by clinical staff and evidence of completion of competencies is kept on staff files. The organisation has a mandatory education and training programme with an annual training schedule documented. Staff attendances are documented for internal training provided. There is a staff training register which indicates dates to notify management when a staff member is due to update their training, to ensure the mandatory training requirements are competed by all staff in a timely manner.  Education and training hours are at least eight hours a year for each staff member. Two of the eight registered nurses have interRAI training and one in the process of training. Staff have completed training around pressure injuries in 2017. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | 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 meet resident acuity and bed occupancy.  There are 62 staff, including the management team, clinical staff, activities therapists, and household staff. There is always a registered nurse on each shift. Bureau staff are seldom required to cover absent staff. The BCVM and ACM are on call after hours. Residents and families confirmed staffing is adequate to meet the residents’ needs. |
| Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The service retains relevant and appropriate information to identify residents and track records. This includes information gathered on admission, with the involvement of the family.  There are policies and procedures in place for privacy and confidentiality. Staff described the procedures for maintaining confidentiality of resident records, relevant resident care, and support information can be accessed in a timely manner.  Entries were legible, dated and signed by the relevant health care assistant, registered nurse or other staff member, including their designation. Resident files are protected from unauthorised access by being locked away in an office. Record review evidenced that the records are integrated with entries from the GP, the physiotherapist and activities coordinator also, including information received from external providers.  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. All resident files are kept in locked areas that are not publicly accessible or observable. |
| Standard 1.3.1: Entry To Services  Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | Residents’ entry processes into the service are recorded and implemented. Needs assessments are completed for rest home and hospital level of care. The organisational information pack is available for residents and their family. The admission agreement defines the scope of the service, includes all contractual requirements and evidenced resident and/or family sign off. Interviews with residents and family and review of records confirmed the admission process was completed by staff in a timely manner. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | Exit, discharge or transfer is managed in a planned and coordinated manner. 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. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management systems and processes evidenced appropriate and secure medicine dispensing system, free from heat, moisture and light, with medicines stored in original dispensed packs. The drug registers evidenced weekly checks, with evidence of two staff members signing out drugs for administration. Six-monthly physical stocktakes are undertaken by the pharmacy. The medication fridge temperatures are conducted and recorded.  All staff authorised to administer medicines have current competencies. Administration records are maintained, as are specimen signatures. Staff education in medicine management is provided.  Electronic medicines records 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 medicines a resident is taking (including name, dose, frequency and route to be given).  The service’s policies provide guidelines and processes for residents to self-administer medicines. At the time of the audit there were four residents who self-administered medicine at the facility. These residents have current competencies, staff complete checks for administration and each resident has facilities to securely store their medicines. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | Dietary assessments are undertaken for each resident on admission and a dietary profile developed. Personal food preferences of the residents, special diets and modified nutritional requirements are known to the food and beverage manager (FBM). Special equipment, to meet resident’s nutritional needs, was sighted. Residents' files demonstrated monthly monitoring of individual resident's weight. Residents stated they were satisfied with the food service. Residents who are identified with weight loss have completed short-term care plans and relevant interventions to monitor the weight loss.  Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and confirmed in the resident meeting minutes. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal, complies with current legislation and guidelines. |
| Standard 1.3.2: Declining Referral/Entry To Services  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. | FA | Processes are 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. Residents and/or their family are referred to more appropriate services in the area.  The residents would be declined entry if not within the scope of the service or if a bed was not available. |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | Residents' needs, outcomes and goals are identified through the assessment process. Assessments are recorded, reflecting data from a range of sources, including the resident; family; GP; specialist and the referrer. Policies and protocols are in place to ensure continuity of service delivery.  The service has appropriate resources and equipment. The assessments are conducted in a safe and appropriate environment, usually the resident’s room. Interviews with residents and family confirmed their involvement in the assessments, care planning, review, treatment and evaluation of care. |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Residents’ long-term care plans are individualised, integrated and up to date. Interventions reflect the risk assessments and the level of care required for each resident. InterRAI assessments are completed by RNs and inform the long-term 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.  Interviews with residents and family members confirmed they have input into their care planning and review. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Residents' care plans evidenced detailed interventions based on assessed needs, desired outcomes and goals of residents. The GP documentation and records are current. Interviews with residents and families confirmed current care and treatments meet residents’ needs. The service maintains family communication records in resident files. Nursing progress notes and observation charts are maintained by staff.  Staff confirmed they are familiar with the needs of the residents who were allocated to their care. |
| Standard 1.3.7: Planned Activities  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. | FA | Interviews with the activities coordinator (AC) confirmed the programmes meet the needs of the service groups. The AC plans, implements and evaluates the activities programmes. There is one activities programme for the rest home another for the residents in the hospital. Regular exercises and outings are provided for those residents able to participate. The activity programmes include input from external agencies and supports participation in ordinary unplanned/spontaneous activities, including festive occasions and celebrations.  There are current, individualised activities care plans in residents’ files. All residents have their own activities programme available in their room. The residents’ activities attendance records are maintained. The residents’ meeting minutes evidenced residents’ involvement into the planned activities programme. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Resident care is evaluated on each shift and reported in progress notes. Long-term 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. The service develops a short-term care plan for the management of short-term concerns/acute problems, for example: infections, wounds and falls.  Interviews verified residents and families are included and informed of changes. |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)  Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs. | FA | The service has processes in place to provide choices to residents when accessing or when being referred to other health and/or disability services. The family communication sheets, located in the residents’ files, confirmed family involvement.  The service provides choices to residents through a multidisciplinary team approach and progress notes record facilitation of choices to the residents. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | 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 requirements for labels to be clear, accessible to read and free from damage.  Material safety data sheets are available throughout the facility and accessible for staff. The hazard register is current. Staff receive training and education in safe and appropriate handling of waste and hazardous substances.  There is provision and availability of protective clothing and equipment that is appropriate to the recognized risks. During a tour of the facility, protective clothing and equipment was observed in all high-risk areas. Chemicals are stored in a designated shed with chemical hazard signs. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | A current building warrant of fitness is displayed. There have been no building modifications since the last audit, although there has been refurbishment of the facility as part of the Oceania’s facilities upgrade programme, when a new resident purchases a care suite.  There is a planned and reactive maintenance schedule implemented. The service has an annual test and tag programme and this is up to date, with checking and calibrating of clinical equipment annually. Interviews with staff and observation of the facility confirmed there is adequate equipment. All corridors have hand rails and all areas of access are flat with no steps. Access to the second storey is via an elevator.  There are quiet areas throughout the facility for residents and visitors to meet and there are areas that provide privacy when required. Each care suite has its own courtyard, there are lawns, areas with shade and outdoor table and chairs. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | All care suites have an ensuite. All toilet facilities have a system that indicates if it is engaged or vacant. Appropriately secured and approved handrails are provided in the toilet/shower/bathing areas and other equipment/accessories are made available to promote resident independence.  Auditors observed residents being supported to access toilets and showers, in ways that are respectful and dignified. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | There is adequate personal space provided in all care suites to allow residents and staff to move around within the room safely. Equipment was sighted in rooms requiring this with sufficient space for the equipment, staff and the resident.  All care suites have a kitchenette, small lounge area and bed room, personalised with furnishings, photos and other personal adornments. The service encourages residents to make the care suite their own. There are designated areas to store mobility aids, hoists and wheelchairs. All care suites are large enough to accommodate specific aids. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The service has lounge/dining areas including a café. The lounge areas can be used for activities. All areas are easily accessed by residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and arranged in a manner which enables residents to mobilise freely.  The dining areas have ample space for residents. Residents can choose to have their meals in their room. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | Laundry is completed off site, and is delivered daily. Laundry is transported in appropriate colour coordinated linen bags. Laundry staff sort the personal laundry in the evening and health care assistants are required to return linen to the rooms. Residents and family members confirmed that the laundry is well managed. There are cleaners on site during the day, seven days a week. The cleaners have a lockable cupboard and lockable compartments on the trollies to put chemicals in and are aware that the trolley must be with them at all times. The contractor that provides the chemicals to the service, monitors the usage of chemicals monthly and a report is provided to the BCVM.  All chemicals are in appropriately labelled containers. Training about the use of products provided throughout the year. Cleaning is monitored through the internal audit process with no issues identified in audits. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | An evacuation plan was approved by the New Zealand Fire Service in 2013. An evacuation policy on emergency and security situations is in place. A fire drill is conducted six monthly. The orientation programme includes fire and security training. Staff confirmed their awareness of emergency procedures. Fire equipment was sighted on the day of audit and all equipment had been checked within required timeframes.  There is always one registered nurse with a current first aid certificate on duty. A disaster management plan is in place with clear information for staff to follow in the event of an emergency. There are adequate supplies, including food, water, blankets, emergency lighting, which is on a battery system, with access to a generator if emergency power is required for a longer duration. There are gas ovens in the kitchen and a Bar-b-que available.  An electronic call bell system is in place. There are call bells in all resident rooms, resident toilets, and communal areas including the hallways and dining rooms. Call bell audits are routinely completed. Observation on the days of audit and interviews with residents and families confirmed there are prompt responses to call bells. Sensor mats are used where appropriate. The facility has security locks on all exit doors. The afternoon staff check that all external doors are locked on their shift and the front door automatically locks and unlocks on a time lock system. An external security company provides security checks at night and this is monitored. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents are provided with adequate natural light, safe ventilation, heating and an environment that is maintained at a safe and comfortable temperature. Families and residents confirmed that rooms are maintained at an appropriate temperature. |
| Standard 3.1: Infection control management  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. | FA | The Oceania infection prevention and control policies and procedures manual provide information and resources to inform staff on infection prevention and control. Strategies are in place to prevent exposure of infections to others. The responsibility for infection control is clearly defined in the infection prevention and control policy, including the responsibilities of the Oceania infection control committee (company-wide); infection control nurse and the infection control team.  There is a signed infection control nurse job description outlining responsibilities of the position. The infection control nurse (ICN) is supported in their role by the business, care and village manager (BCVM), the clinical and quality manager, the acting clinical manager and the infection control team. The infection control nurse is a registered nurse.  The infection control programme of the provider is up-to-date, with annual reviews. |
| Standard 3.2: Implementing the infection control programme  There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | The ICN has access to relevant and current information, appropriate to the size and complexity of this service.  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. |
| Standard 3.3: Policies and procedures  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. | FA | The infection control committee develop and review the IPC policies and procedures implemented. Policies are developed and reviewed regularly in consultation and with input from relevant staff and external specialists.  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. |
| Standard 3.4: Education  The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | Infection control education is provided to all staff. Infection control forms part of staff orientation and education occurs as part of the ongoing in-service education programme. Interviews with staff evidenced clinical staff identify situations where infection control education is required for a resident, including hand hygiene and cough etiquette.  A registered nurse has completed additional training for the role as the infection control nurse. The infection control staff education is provided by the ACM, ICN and external specialists. 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 |
| 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. | FA | The ICN is responsible for the surveillance programme. Infection control surveillance occurs monthly with analysis of data and reported at staff, quality meetings.  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.  Staff reported they are made aware of infections through short term care plans, progress notes, handover and verbal feedback from RNs and the ACM. There have been no outbreaks since the previous audit.  The facility’s surveillance data is benchmarked internally and externally. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | The restraint and enabler definitions in the Oceania company-wide policy are congruent with the definitions in the standard. Assessment of residents, care planning, monitoring and evaluation of restraint and enabler use is recorded and implemented. There were four residents at the facility using restraints and one using an enabler on audit days. The restraint and enabler use was documented in residents’ care plans.  Enabler use is activated when a resident voluntarily requests an enabler to assist them to maintain independence and/or safety. This was also confirmed by residents, family and staff. Enabler usage and prevention and/or de-escalation education and training is provided. Staff records evidenced restraint minimisation and safe practice training. Analysis of restraint data is conducted monthly by the acting clinical manager with the assistance of the clinical and quality manager. |
| Standard 2.2.1: Restraint approval and processes  Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others. | FA | The acting clinical manager (ACM) and RN’s with input from the GP are responsible for approving restraint use. Oversight of restraint use is the responsibility of the restraint coordinator. The restraint coordinator is one of the registered nurses (RN). The responsibilities for this role are defined in the position description, sighted. The restraint coordinator has completed training in restraint minimisation and restraint management relevant to their role and was able communicate their knowledge relating to the restraint minimisation standard.  Restraints are authorised following assessment of the resident. Approval includes consultation with members of the multidisciplinary team. |
| Standard 2.2.2: Assessment  Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint. | FA | Enabler and restraint use were reviewed during the on-site audit. The service has rigorous processes in place to ensure all enabler and restraint use is safe and appropriate. Restraint assessment is completed prior to commencement of restraint. The clinical files of residents using restraint evidenced restraint assessment authorisation and care plans are in place. |
| Standard 2.2.3: Safe Restraint Use  Services use restraint safely | FA | The restraint coordinator utilises other means to minimise risk, for example, the use of sensor mats prior to implementation of restraint. Restraint consents are signed by the GP, family and the restraint coordinator. The GP confirmed that the facility uses restraint safely. Restraint is used as last resort and all restraint risks are identified and reflected in care planning.  The facility maintains a current restraint register. |
| Standard 2.2.4: Evaluation  Services evaluate all episodes of restraint. | FA | Evaluation of restraint occurs through measuring relevant clinical key performance indicators and restraint evaluations were consistently completed. The restraint minimisation team meeting minutes evidence evaluation of restraint use at the facility.  Residents, if able, and the family are involved in the evaluation of the restraints’ effectiveness and continuity. Documentation was sighted in the progress notes of the residents regarding restraint related matters. |
| Standard 2.2.5: Restraint Monitoring and Quality Review  Services demonstrate the monitoring and quality review of their use of restraint. | FA | The restraint minimisation team meeting minutes evidenced review of the compliance with the standard. The restraint meetings are held monthly. Audits relating to restraint use are conducted. |

# 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.

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| No data to display |

# 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.

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End of the report.