

# Oceania Care Company Limited - Everill Orr

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## 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:** Everil Orr

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

**Dates of audit:** Start date: 10 October 2017      End date: 12 October 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:** 61

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	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

Everil Orr Village (Oceania Healthcare Limited) can provide care for up to 67 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 61. 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, and observations and interviews with residents, family, management, staff and a general practitioner.

The business and care 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 requirements for improvement relating to assessments.

## 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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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. Support 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 Code of Health and Disability Services Consumers' Rights. There is one coroner enquiry open.

## 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 Healthcare Limited is the governing body and is responsible for the service provided at Everil Orr Village. The business and care manager is qualified and experienced in management systems and processes. The business and care and clinical managers are 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 and guides the provision of clinical care at the service. Policies are reviewed at support office and are current. Quality and risk performance is reported through meetings at the facility and monitored by the organisation's management team through the 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

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The access to services at Everil Orr is coordinated with the Needs Assessment Service and Coordination service whenever there is a vacancy at rest home or hospital levels of care.

The residents' care plans are individualised and based on an integrated range of clinical information and assessments. The short-term care plans are developed to manage short term problems that arise. All residents' records demonstrate that needs, goals and outcomes are identified and reviewed on a regular basis. The residents and families interviewed reported being involved in assessments, care planning and evaluation of care. The residents are referred or transferred to other health services as required, with appropriate verbal and written information.

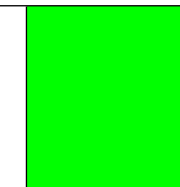
An activities programme includes a wide range of activities and involvement with the wider community. The residents and family interviewed confirmed satisfaction with the activities programme. Individual activities are provided either within group settings or in a one-on-one setting.

The medicines management system is documented and implemented to provide safe processes for prescribing, administration and medication reconciliation, dispensing, storage and disposal of medicines. The medication policy includes a section on residents'

self-administering medicines. At the time of the audit the service did not have any residents who self-administered their medicines. The clinical staff responsible for medicines management complete annual competencies in medication management.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. There is a central kitchen and on-site staff that provide the food service. The kitchen staff have completed food safety training.

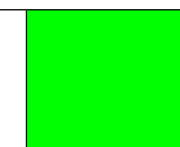
## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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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' rooms 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 completed every six months. Call bells are available to all residents and are monitored monthly.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The restraint minimisation policy and procedures and the definitions of restraint and enabler are congruent with the restraint minimisation and safe practice standard. The approval process for enabler use is activated when a resident voluntarily requests an enabler to assist them to maintain independence and/or safety.

There were no residents using restraint and one resident requesting the use of an enabler on audit days. Staff education in restraint, de-escalation and challenging behaviour has been provided.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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There is an infection prevention and control programme which is reviewed annually. An infection control nurse is responsible for this programme, including education and surveillance. The infection control nurse is supported in their role by the infection control team.

Infection prevention and control education is included in the staff orientation programme, annual core training and in topical sessions. Residents are supported with infection control information as appropriate.

Surveillance of infections is occurring according to the descriptions of the process in the programme. Data on the nature and frequency of identified infections is collated and analysed. The results of surveillance are reported through all levels of the organisation, to the Oceania Healthcare Limited support office.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	44	0	1	0	0	0
<b>Criteria</b>	0	92	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0



# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Residents confirmed that they receive services and information which meets their needs. Staff receive education on the Health and Disability Commissioner 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 the Code during the previous 12 months and staff confirmed their understanding of the Code.</p> <p>Examples were provided on ways the Code is implemented in their everyday practice including: maintaining residents' privacy; informed consent; giving residents choices; encouraging independence and ensuring residents can continue to practice their own personal values and beliefs.</p> <p>The auditors noted respectful and polite 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</p>	FA	<p>There is an informed consent policy and procedure that guides staff in relation to gathering of informed consent. Resident files identified that informed consent is obtained. Interviews with staff confirmed their understanding of informed consent processes. 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.</p> <p>The service information pack includes information regarding informed consent. The BCM and CM</p>

<p>give informed consent.</p>		<p>discuss informed consent processes with residents and their families during the admission process. 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 GP 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) and the advance directive is discussed with the family and/or 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>	<p>FA</p>	<p>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 when their complaint is acknowledged. Staff training regarding advocacy services was last provided in 2017 and is a component of the Oceania annual training programme.</p> <p>Family and residents confirmed 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>	<p>FA</p>	<p>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 arrange to visit after doors are locked. Families confirmed they could visit at any time and are always made to feel welcome.</p> <p>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.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The organisation's complaints policy and procedures are in line with the Code and include periods for responding to a complaint. Complaint forms are available at the entrance of the facility. 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.</p> <p>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.</p> <p>The BCM 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 were able to describe their</p>

		rights and advocacy services, particularly in relation to the complaints process.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The business and care manager (BCM) 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.</p> <p>Resident and family confirmed their rights are being upheld by the service. 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. The posters identifying residents' rights and advocacy services are displayed in the facility in te reo Māori and English.</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>	FA	<p>Everill Orr Village has a philosophy that promotes dignity, respect and quality of life. The service ensures that each resident has the right to privacy and dignity. 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.</p> <p>A policy is available for staff to guide 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 any issues arise. The initial and ongoing assessment gains detail people's beliefs and values, and care plans are completed with the resident and family member. Interventions to support these are identified and evaluated. Staff confirmed that they are aware of the need to ensure residents are not exploited, neglected or abused and staff can describe the process for escalating any issues.</p> <p>Healthcare assistants (HCA) report 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.</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. 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 (GP) confirmed that there was no evidence of abuse or neglect.</p> <p>Resident files reviewed confirmed 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>	FA	<p>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.</p> <p>A review of residents' files confirmed that specific cultural needs are identified in the residents' care plans. The BCM stated that a kaumātua can be accessed by the service to support staff on tikanga protocols and general advice via the Auckland District Health Board. 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>	FA	<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. Staff and residents confirmed there are choices for residents regarding their care and services. There is a culture of choice with the resident determining when cares occur, times for meals and selection of meals and activities. Information gathered during assessment includes the resident's cultural values and beliefs. The initial care plan, the long-term care plan and interRAI assessment are based on this information.</p> <p>Staff are familiar with how translating and interpreting services can be accessed. Residents in the service did not require interpreting services on audit days. Currently the staff are able to act as interpreters for the residents that require assistance.</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>Everil Orr Village implements the Oceania Healthcare Limited (Oceania) policies and procedures which are based on good practice, current legislation and guidelines. This ensures staff are aware of good practice and boundaries relating to discrimination, abuse and neglect, harassment and exploitation. Interviews confirmed awareness of how to identify and manage discrimination, abuse and neglect, harassment and exploitation. There were no complaints recorded in the complaints register for the previous 12 months relating to any form of discrimination. Staff training includes discussion of the staff code of conduct and prevention of inappropriate care.</p> <p>Job descriptions contain the responsibilities of position, including ethical issues relevant to the role. Staff complete orientation and induction, which includes recognition of discrimination, abuse and neglect. Staff confirmed their understanding of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p>	FA	<p>The service implements Oceania policies to guide practice. The policies align with the Health and Disability Services Standards. The organisation's quality framework includes an internal audit</p>

<p>Consumers receive services of an appropriate standard.</p>		<p>programme and benchmarking occurs across all the Oceania facilities. There is a training programme for all staff.</p> <p>Managers are encouraged to complete management training and attend monthly regional management meetings.</p> <p>Residents and families expressed a high level of satisfaction with the care delivered.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Accident/incidents, the complaints procedure and the open disclosure procedure alert staff to their responsibility to notify family/EPOA of any accident/incident that occurs.</p> <p>Procedures guide staff on the process to ensure full and frank open disclosure is available. Family are informed if the resident has an accident/incident or has a change in health or needs and this is evidenced in completed accident/incident forms. Family confirmed they are invited to the care planning meetings for their family member and can attend the residents' meetings. Families confirmed they are informed. Family contact is recorded in residents' files.</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.</p> <p>The current multicultural staff mix are able to meet the needs of the residents requiring assistance.</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>Everil Orr Village is part of the Oceania Healthcare Limited (Oceania), with the executive management team providing support to the service. Communication between the service and managers occur monthly with the clinical and quality manager (CQM) providing support during the audit. The monthly business status report provides the executive management with progress against identified indicators.</p> <p>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.</p> <p>The service has a BCM supported by a CM. The BCM has been in the role for two and a half years and has twenty years' experience in aged care in other roles. The CM has been in the position for 10 years. The BCM and CM hold current annual practising certificates and are supported by the CQM. The management team are well supported in their roles and have completed appropriate induction and orientation to their roles.</p> <p>The facility can provide care for up to 67 residents. On the first day of audit there were 61 residents living at the facility including 18 residents requiring rest home level of care, 43 residents requiring</p>

		hospital level of care. These numbers include three residents under the chronic health conditions contract and two young people with disabilities.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>During a temporary absence of the BCM, the CM is responsible for the day to day operation of the service and is supported by a senior RN, the regional CQM and the regional operations manager. In the absence of the CM, the BCM with the support and help of the regional CQM, ensures continuity of clinical services.</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>	FA	<p>Everill Orr Village uses the Oceania Healthcare Limited quality and risk management framework that is documented to guide practice.</p> <p>Oceania organisational policies and procedures are available to staff and guide service delivery. The policies and procedures are relevant to the scope and complexity of the service and reflect current accepted good practice and reference legislative requirements. The Oceania management group reviews all policies with input from relevant personnel. New and revised policies are presented to staff to read and sign to evidence that they have read and understood the policy. Staff confirmed that they are advised of updated policies and those policies and procedures provide appropriate guidance for service delivery.</p> <p>The service delivery is monitored through number of clinical indicators such as: complaints; incidents and accidents; surveillance of infections; pressure injuries; falls; medication errors and implementation of an internal audit programme. Completed audits for 2016 and 2017, clinical indicators and quality improvement data is recorded on various registers and forms. Quality improvement data provides evidence that data is being collected, collated and analysed to identify trends. Where required, corrective action plans are developed, implemented and evaluated.</p> <p>There is communication with all staff, residents and family through the facility's meetings. Staff meetings evidenced all aspects of quality improvement, risk management and clinical indicators are discussed. Staff reported that they are kept informed of quality improvements. Copies of meeting minutes are available for review for the staff that were unable to attend the meeting.</p> <p>The satisfaction survey for family and residents in 2017 shows that they are satisfied with services provided and this was confirmed by residents and family interviewed.</p> <p>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</p>

		hazard identification forms completed when a hazard is identified. Hazards are addressed or 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 is required to report and notify statutory authorities, including unexpected deaths, police involvement, sentinel events, infectious disease outbreaks and changes in key management roles. Evidence was sighted confirming the Ministry of Health had been notified of a recent outbreak.</p> <p>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 BCM. There is a coroner's review open.</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>Policies and procedures in relation to human resource management are available and implemented. The skills and knowledge required for each position is documented in job descriptions. These were reviewed on staff files along with employment agreements, reference checks, and police vetting and completed orientations. Current copies of annual practising certificates were reviewed for all staff and contractors that require them to practice.</p> <p>The organisation has a mandatory education and training programme with an annual training schedule documented. Staff are also supported to complete education via external education providers. Staff have completed training around pressure injuries in 2016 and 2017. Individual staff attendance records and attendance records for each education session were reviewed and evidenced that ongoing education is provided. Nine RNs have completed interRAI assessments training and competencies. An appraisal schedule is in place and current staff appraisals were in the staff files reviewed.</p> <p>An orientation/induction programme is available and new staff are required to demonstrate competency on a number of tasks, including personal cares. The staff orientation covers the essential components of the service provided. Healthcare assistants 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. Education and training hours are at least eight hours a year for each staff member. The RNs' training records reviewed evidenced eight hours or more of relevant training..</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 meet resident acuity and bed occupancy.</p> <p>There are 44 staff, including the management team, clinical staff, a diversional therapist, and household staff. There is a RN on each shift. The BCM and CM are on call after hours. Residents and families confirmed staffing is adequate to meet the residents' needs.</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 of residents' records. Relevant resident care documentation can be accessed in a timely manner. The service retains relevant and appropriate information to identify residents and track records. Information containing sensitive resident information is not displayed in a way that could be viewed by other residents or members of the public. Archived records are securely stored and easily retrievable.</p> <p>All components of the residents' records reviewed include the resident's unique identifier. The clinical records are integrated, including information such as medical notes, assessment information and reports from other health professionals. Medication charts are kept separate from residents' files. Resident files and medication charts are accessed by authorised personnel only.</p> <p>Residents' progress notes are completed on every shift, detailing resident response to service provision and progress towards identified goals. Entries made by the service providers in the progress notes identify the name and designation of the person making the entry.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>The resident's entry to services is planned, coordinated and delivered in a timely and appropriate manner. This was confirmed at staff, management, resident and family interviews. The information about the services provided is accessible to residents, family and referral agencies. The facility information pack contains all relevant information. The prospective residents and/or their families are encouraged to visit the facility prior to admission. The residents' entry and assessment processes are recorded and implemented.</p> <p>The residents' admission agreements evidenced resident and/or family and facility representative sign off. The admission agreement defines the scope of the service and includes all contractual requirements.</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>	FA	<p>Exit, discharge or transfer is managed in a planned and coordinated manner. Staff and management interviews confirmed there is communication between all services, the resident and the family. The appropriate information is provided for the ongoing management of the resident. All referrals are documented in the residents' clinical files.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The computerised medication management system is implemented to ensure that residents receive medicines in a secure and timely manner. The medication entries sampled on the electronic system complied with legislation, protocols and guidelines. Medications are stored in a safe and secure way. The e-prescribing electronic system is accessed by use of individual passwords and generic facility log in. All medications are reviewed every three months and as required by the GP. Drugs are stored, administered and checked according to legislation and guides. The medication fridge monitoring is maintained.</p> <p>A safe system for medicine management was observed on the day of the audit. The staff administering medication were observed to demonstrate knowledge and understanding of their roles and responsibilities relating to each stage of medicine management. All staff who administer medicines have completed medication competency to be able to administer medicines.</p> <p>There were no residents self-administering medicines on audit days.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food services are prepared on site and served in the respective dining areas. The Oceania seasonal menu has been reviewed by a dietitian. Meal choices are available for residents, as confirmed by the chef, management, staff and residents' interviews.</p> <p>The residents' dietary assessments are undertaken on admission to the facility and a dietary profile is developed. The 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 to be used.</p> <p>The effectiveness of the food safety practices in the kitchen are monitored. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal complies with current legislation and guidelines.</p> <p>Evidence of residents' satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes.</p>

		There was sufficient staff on duty in the dining rooms at meal times to ensure appropriate assistance was available to residents as needed. The dining rooms are clean, warm, light and airy to enhance the eating experience.
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	Interviews with the CM and the BCM verified a process exists for informing residents, their family and their referrers if entry is declined. The reason for declining entry would be communicated to the referrer, resident and their family in a timely manner. The residents are declined entry if not within the scope of the service or if a bed is not available.
Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The residents have their needs identified on admission through a variety of information sources including: Needs Assessment and Service Coordination agency; other service providers involved with the resident; the resident; family and on-site assessments using a range of assessment tools. The initial care plans identified there was sufficient resident information to be able to provide care for those residents for the first three weeks of admission.  Over the next three weeks post admission, the RN undertakes other assessments as clinically indicated, which are reviewed six-monthly or as the needs, outcomes and goals of the resident change (refer to 1.3.3.3). The assessments take place in the privacy of the resident's bedroom, with the resident and/or family participating in the process. This was confirmed at resident and family interviews.
Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The assessment findings describe the support of the residents' needs to meet their goals and desired outcomes. The care interventions are recorded in the long-term care plans and relate to the residents' medical and nursing needs. The review of the residents' clinical files evidenced support and interventions are aligned with the residents' risk assessments. The care plans were individualised and current.  The care plans evidenced service integration with progress notes, activities notes, and medical and allied health professionals' notations clearly written.
Standard 1.3.6: Service	FA	The review of documentation, observations and interviews verified that the provision of care

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>provided to residents was consistent with the residents' needs and desired outcomes. The long-term care plan and the short-term care plan interventions reflected recent assessment findings. The residents and family interviewed expressed satisfaction with the care provided.</p> <p>There were sufficient supplies of equipment available that comply with best practice guidelines and meet residents' needs. Staff and management interviews supported this.</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>The residents are assessed by the activities coordinator (AC) to ascertain their activity and social requirements. The activities assessments are analysed to develop an activities programme that is meaningful to the residents. The activities assessments sighted recorded the residents' past and present interests and abilities and recreational requirements. The activities care plans record the individual interests of the residents and their ability to be involved in the activities programme.</p> <p>The AC plans the activities programme and this is discussed with the CM and BCM. When the programme is approved, it is implemented by the AC and the HCAs. This was confirmed at staff and management interviews. The planned monthly activities programme is provided every day of the week and matches the skills and interests evidenced in the residents' activities assessment data and activities plans. The resident interviews verify that their feedback about the activities provided is sought and their satisfaction with the activities offered. The activities observed on audit days evidenced a varied programme with residents' participation and involvement.</p> <p>There are individual activities care plans in the files of the residents who are under 65 years of age. Resident interviews confirmed these meet the needs of the residents.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The residents' long-term care plans are evaluated six-monthly or when the resident's condition alters. There is evidence of multidisciplinary reviews with the resident and/or family involved. All long-term care plans reviewed evidenced the risk assessment findings were recorded. The residents' requirements for support and relevant individualised interventions were current.</p> <p>The short-term care plans are developed when needed and signed off and closed out when the short-term problem has been resolved.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p>	FA	<p>The residents are supported to access or seek referral to other health and/or disability service providers. If the need for other non-urgent services is indicated or requested, the GP or the RN sends a referral and these are followed up on a regular basis. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Acute/urgent referrals</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>are attended to immediately, for example, sending the resident to accident and emergency in an ambulance if the circumstances dictate.</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 any 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.</p> <p>Material safety data sheets are available throughout the facility and are accessible for staff. The hazard register is current. Staff receive training and education in safe and appropriate handling of waste and hazardous substances.</p> <p>There is provision and availability of protective clothing and equipment appropriate to the recognized risks, for example, goggles/visors, 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 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.</p> <p>There are quiet areas throughout the facility for residents and visitors to meet and there are areas that provide privacy when required. There are outdoor table and chairs, lawns and areas with shade. The external areas are maintained and are appropriate to the resident group and setting. The environment is conducive to the range of activities undertaken in the areas. Residents are protected from risks associated with being outside. Residents confirmed they are able to move freely around the facility and outdoors and that the accommodation meets their needs.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with</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>adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</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. Equipment was sighted in rooms that required them, with sufficient space for the equipment, staff and the resident. Residents interviewed spoke positively about their rooms.</p> <p>Rooms are personalised with furnishings, photos and other personal adornments and the service encourages residents to make the suite their own. There are designated areas to store mobility aids, hoists and wheelchairs. All the rooms are large enough to accommodate specific aids.</p>
<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>	<p>FA</p>	<p>The service has lounge/dining areas including areas that 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.</p> <p>The three dining areas are spacious and residents can choose to have their meals in their room. Break out areas for privacy are also available.</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>	<p>FA</p>	<p>Linen service is contracted out to another Oceania facility. There are processes in place for collection, transportation and delivery of linen and residents' personal clothing. The effectiveness of the cleaning and laundry services is audited via the internal audit programme. The cleaner described the cleaning processes. 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. There are safe and secure storage areas and staff have appropriate and adequate access to these areas, as required. Chemicals are labelled and stored safely within these areas. Products are used with training around use of products provided throughout the year. The cleaner confirmed that they had training at least annually. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities are available throughout the facility.</p>

		Residents and families stated they were satisfied with the cleaning service.
<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>Documented systems are in place for essential, emergency and security services. Policy and procedures documenting service provider/contractor identification requirements along with policy/procedures for visitor identification are available. There is always at least one staff member with a first aid certificate on duty.</p> <p>A New Zealand Fire Service letter approving the fire evacuation scheme dated 2003 was sighted. Trial evacuations are held six monthly. Emergency and security management education is provided at orientation and at the in-service education programme. Information in relation to emergency and security situations is readily available and displayed for staff and residents. The emergency equipment is accessible, stored correctly, not expired, and stocked to a level appropriate to the service setting.</p> <p>There is a call bell system in place that is used by the residents, family and staff members to summon assistance, when required. Call bells are available in all resident areas. Call bells are monitored by the maintenance staff monthly. Residents confirmed they have a call bell system in place, it is accessible and that staff respond in a timely manner. The doors are locked in the evenings. Staff complete a check in the evening that confirms that security measures have 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>Procedures are in place to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents and family confirmed the facility is maintained at an appropriate temperature. Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There are designated smoking areas for the staff and residents that are away from the building.</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</p>	FA	<p>The Oceania infection control policies and procedures manual provides information and resources to inform staff on infection prevention and control.</p> <p>The responsibility for infection control is defined in the infection control policy and includes the responsibilities of the Oceania infection control committee (company-wide) and the facility infection control nurse and infection control team. There is a signed infection control nurse's job description outlining responsibilities of the position. The infection control nurse is an RN and they are supported</p>

<p>the size and scope of the service.</p>		<p>in their role by the BCM, the CM and the infection control team. There is evidence of regular reports on infection related issues and these are communicated to staff and management.</p> <p>The Oceania-wide infection control programme is reviewed annually by the Oceania infection control committee (company-wide). The facility's infection control programme is reviewed by the infection control team at the facility.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>In interviews with the infection control nurse and the BCM, it was confirmed the infection control nurse has access to relevant and current information, which is appropriate to the size and complexity of the service. There is evidence of communication with specialists in respect of infection control matters. Infection control is an agenda item at the facility's meetings, evidenced during review of meeting minutes and interviews with staff.</p> <p>The implementation of the infection control programme is monitored via internal audits.</p>
<p>Standard 3.3: Policies and procedures</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>FA</p>	<p>The Oceania infection control committee (company-wide) develops and reviews the infection control policies and procedures to be implemented within the Oceania facilities. They are developed and reviewed regularly in consultation and input from relevant staff, and external specialists. The procedures are up to date, reflect current accepted good practice and relevant legislative requirements. The infection control manual is readily accessible to all personnel, as confirmed at staff interviews.</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>The infection control manual is introduced to all new staff as part of the orientation to the facility. Hand hygiene is part of the orientation process prior to commencement of work. The infection control education is provided to all staff as part of the ongoing in-service education programme. The staff in-service education is provided by the infection control nurse. There is evidence this has occurred in 2017. The education sessions have evidence of staff attendance/participation and content of the presentations. The infection control nurse has undertaken external infection control education/training in 2017.</p>

		In interviews, staff advised that clinical staff identify situations where infection control education is required for a resident such as hand hygiene and cough etiquette, and one on one education is conducted as needed.
<p><b>Standard 3.5: Surveillance</b></p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The infection control surveillance policy identifies the requirements around the surveillance of infections. The type of surveillance undertaken is appropriate to the size and complexity of this service. The standardised definitions are used for the identification and classification of infection events, indicators or outcomes. Infection logs are maintained for infection events. The residents' files evidenced the residents' who were diagnosed with infections had short-term care plans in place.</p> <p>The monthly surveillance analysis is completed and reported at monthly facility's meetings and entered in the clinical indicators on the Oceania intranet. This information is reviewed by the Oceania clinical quality team and reported to the Oceania board monthly.</p> <p>In interviews, staff reported they are made aware of any infections of individual residents by way of feedback from the RNs, verbal handovers, short-term care plans and progress notes. This was evidenced during attendance at the staff handover and review of the residents' files.</p> <p>In interview, the infection control nurse and the BCM confirmed an outbreak occurred at the facility and was managed appropriately. The outbreak summary and notifications to the Regional Public Health Unit and Oceania support office evidenced the outbreak's appropriate management.</p>
<p><b>Standard 2.1.1: Restraint minimisation</b></p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The definitions of restraints and enabler are congruent with the definitions in the restraint minimisation and safe practice standard. The approval process for an enabler use is activated when a resident voluntarily requests an enabler to assist them to maintain independence and/or safety, as confirmed at staff and management interviews</p> <p>There were no residents using restraint and one resident at the facility using an enabler on the days of the audit. The resident's file reviewed evidenced an assessment of the need for an enabler, consent, care planning, monitoring and review of the enabler use.</p> <p>In interviews with staff and in staff records there was evidence that restraint minimisation and safe practice, enabler usage and prevention and/or de-escalation education and training is provided.</p>



## Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	<p>The GP interview confirmed they visit the facility twice a week and conduct residents’ initial medical assessments and monthly and three-monthly reassessments. Two of four rest home residents’ clinical files reviewed evidenced the GP exemptions were not documented for residents who were being medically reassessed three-monthly. Three additional rest home files were reviewed and all three files did not have the GP exemption recorded.</p> <p>The interRAI computer data evidenced all interRAI assessments were current, however, the initial interRAI assessments were not completed within 21 days of admission to the facility in 2 of the 8 residents’ clinical files sampled.</p>	<p>i) The initial interRAI assessments are not consistently completed within 21 days of the residents’ admission.</p> <p>ii) The GP exemption for rest home residents to be medically reassessed every three months are not always recorded in the clinical files.</p>	<p>i) Provide evidence the initial interRAI assessments are completed within the required timeframe.</p> <p>ii) Provide evidence the GP exemptions for residents to be medically assessed three-monthly are noted in the residents’ clinical files.</p>

				90 days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.