

Oceania Care Company Limited - Elderslea Rest Home

Introduction

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

The audit has been conducted by Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Elderslea Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 21 November 2017 End date: 22 November 2017
Proposed changes to current services (if any):	Conversion of the 13 bed dementia unit back to 13 dual purpose beds (hospital/rest home).
Total beds occupied across all premises included in the audit on the first day of the audit:	124



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Elderlea Rest Home (Oceania Healthcare Limited) can provide care for up to 124 residents. This surveillance audit was conducted against a sub set of Health and Disability Service Standards and the service contract with the district health board. Occupancy on the day of the audit was 124. The service provides rest home, hospital and dementia levels of 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 audit also included review of the re-conversion of 13 dementia beds back to 13 dual purpose beds.

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. All the standards reviewed at this surveillance audit were fully attained.

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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There is evidence of open disclosure and communication systems to ensure effective communication between staff, patients and their families. There is access to interpreter and translation services as required.

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

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Oceania Healthcare Limited is the governing body and is responsible for the service provided at Elderslea Rest Home. The business and care manager is qualified and experienced in management systems and processes. The business and care manager, the clinical manager and the three charge nurses 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.

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.		Standards applicable to this service fully attained.
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Registered nurses assess residents on admission. Needs assessments are completed within the required timeframes.

Initial assessments are completed on admission and person centred care plans are individualised and based on interRAI assessments. Person centred care plans are comprehensive and include an integrated range of clinical assessments. Short-term care plans are in place to manage acute problems. Residents' records reviewed demonstrated that their needs, goals and outcomes are identified and reviewed at regular intervals. Residents and their families confirmed they are informed and involved in care planning and evaluation of care. Handovers confirmed continuity of care.

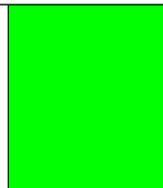
The diversional therapist and two activities coordinators implement the activities programme which is reviewed annually. The programme provides residents with a variety of individual and group activities, including additional activities for younger people. The service uses their facility bus for outings in the community. Residents in the dementia unit have 24 hour challenging behaviour activity plans to ensure these behaviours are managed successfully.

Medicines management occurs according to policies and procedures which are in alignment with legislative requirements and implemented using an electronic system. Medicines management competencies were current for staff who administer medicines. The service does not currently have any residents self-administering medicines.

The food service meets the nutritional and other specific needs of the residents. Staff completed food safety qualifications. The kitchen meets food safety standards. Residents confirmed satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

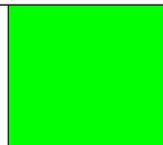


Standards applicable to this service fully attained.

All building and plant comply with legislation, with a current building warrant of fitness in place. There have been no building modifications since the last audit, including the conversion of 13 dementia beds to dual purpose.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

The organisation implements policies and procedures that support the minimisation of restraint. Enabler use is voluntary. There were two enablers in use and eight residents using restraints at the time of audit. Restraint is only used as a last resort when all other options have been explored. Staff interviews confirmed understanding of the restraint and enabler processes.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection control surveillance is appropriate to the size and scope of the services. Infection control management systems are in place to minimise the risk of infection to residents, visitors and staff. Infection control and prevention data is collated monthly, analysed and reported to Oceania Healthcare Limited support office, management and staff. Results of the surveillance are acted upon, evaluated and reported. The service participates in internal benchmarking.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	0	39	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](#).

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The organisation's complaints policy and procedures is in line with the Health and Disability Commissioner's Code of Health and Disability Consumers' Rights (the Code) and includes timeframes 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 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 know the complaints process.</p> <p>The business and care manager (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 rights and advocacy services particularly in relation to the complaints process.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>The complaints procedure, accident/incidents, and the open disclosure procedure alert staff to their responsibility to notify family/enduring power of attorney (EPOA) of any accident/incident that occurs.</p> <p>Family confirmed they are informed and that they are invited to the care planning meetings for their family</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>member and can attend the residents' meetings. 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 interpreter policy guides staff to access interpreters when required. A multicultural staff mix enable staff to meet the needs of the two residents requiring assistance with translation.</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>Elderslea Rest Home is part of Oceania Healthcare Limited (Oceania) with the executive management team including the chief executive, general manager, regional manager, operations manager and clinical and quality managers providing support to the service.</p> <p>There are values, goals and a philosophy documented in the strategic overview of the service. The services organisational philosophy and strategic plan reflect a person/family centred approach. The strategic plan also includes a marketing plan and a strengths, weaknesses, opportunities, and threats analysis. These are communicated to residents, staff and family through information in booklets, in staff orientation and the web site.</p> <p>The service has a BCM supported by a clinical manager (CM). The BCM has been in the role for one year and has previous experience in management. The CM has been in the position for seven years, The BCM and CM hold current annual practising certificates and are supported by the regional clinical and quality manager (CQM). The management team is supported in their roles and have completed induction, orientation and eight hours training relevant to their roles annually.</p> <p>Communication between the service and the BCM takes place on at least a monthly basis. The operations manager and the senior clinical and quality manager provided support during the audit.</p> <p>The facility can provide care for up to 124 residents. During the audit there were 124 residents living at the facility including 35 residents requiring rest home level of care; 69 residents requiring hospital level and 20 dementia care. These numbers included three young persons under 65 years under long-term chronic illness contracts requiring hospital level of care.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that</p>	<p>FA</p>	<p>Elderslea Rest Home uses the Oceania quality and risk management framework 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; 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 they are advised of updated</p>

<p>reflects continuous quality improvement principles.</p>		<p>policies and that policies and procedures provide appropriate guidance for service delivery.</p> <p>The service delivery is monitored through a number of clinical indicators, including but not limited to, complaints; incidents and accidents; surveillance of infections; pressure injuries; falls; medication errors and implementation of an internal audit programme. Quality improvement data reviewed 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 and newsletters. Staff meetings evidence all aspects of quality improvement, risk management and clinical indicators are discussed. Staff report 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. There are currently four continuous improvements projects being initiated as a result of identifying changes in trends relating to clinical services.</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>Interviews with two YPD residents confirmed that they have input into their care plans, access to technology, aids, equipment and are supported to participate in a range of education, recreation, leisure, cultural community events consistent with their interests and preferences.</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 hazard identification forms completed when a hazard is identified. Hazards are addressed and risks minimised or isolated. Health and safety is audited monthly.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The BCM 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.</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 have been three sentinel events reported to the Ministry of Health since the last audit, which have all been closed out.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>The 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; 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 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 before they are signed off. The staff orientation covers the essential components of the service provided. Healthcare assistants confirm their role in supporting and buddying new staff. The service has designated RN time to oversee orientation and implement in service training.</p> <p>Annual competencies are completed by clinical care staff. Education and training hours reviewed evidenced that staff have had in excess of eight hours training in the past year around clinical topics, for example: wound management; dementia specific training and education relevant to physical disability.</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 underpins and guides the 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/or the number of residents. Rosters sighted reflected staffing levels meet resident acuity and bed occupancy.</p> <p>There are 122 staff, including the management team, clinical staff, a diversional therapist, and household staff. There is always a registered nurse on each shift. There is an after-hours on call roster which includes the BCM, CM and charge nurses (CN). Residents and families confirmed staffing is adequate to meet the residents' needs.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines</p>	<p>FA</p>	<p>The medicine management system is documented and implemented and complies with legislation, protocols and guidelines. The service uses pharmacy pre-packaged medicine that is checked by the RN on delivery. An electronic system for administration of medicines is used. Weekly checks and six-monthly drug stocktakes are completed. Drug registers reviewed were up-to-date. The medication refrigerator</p>

<p>in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>temperatures are monitored and within the required range. The service has a system in place for returning expired or unused medications to the pharmacy. All medications are stored appropriately.</p> <p>Current medication competencies were evident in staff files sampled. The staff administering medication complied with the medicine administration policies and procedures. Medicines management is recorded to level of detail and communicated to residents in a way that complies with legislation and guidelines.</p> <p>The service facilitates young people with disabilities wishing to self-administer medicines when able. There were no residents who self-administered medicines during the on-site 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>	<p>FA</p>	<p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan. Food temperatures, including high risk items, are monitored appropriately and recorded as part of the plan. The food service manager has completed a safe food handling qualification. Kitchen assistants have completed relevant food handling training. Healthcare assistants are responsible for assisting residents with their meals.</p> <p>The menu used, follows summer and winter patterns and has been reviewed by a dietitian within the last two years. A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to the chef and to the kitchen hand at this facility to ensure the special needs of the residents are met.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Residents' care plans reviewed are based on assessed needs, desired outcomes and goals of the residents. Care plans are completed by RNs and include specific interventions for both long-term and the short-term problems. When short-term problem lasts longer than 30 days staff recognise it as a long-term problem and transfer the management plan to the long-term person centred care plan.</p> <p>The GP documentation and records are current. Interviews with residents and families confirmed care and treatments meet their needs. Staff interviews confirmed they are familiar with the needs of the residents. Family communication is recorded in the residents' files. The nursing progress notes and observation charts are maintained.</p> <p>The service maintains links with other service providers in the community to ensure resident needs are met.</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 activities programme is developed and implemented by a diversional therapist (DT), with the assistance of two activities coordinators. The residents' activities assessments are conducted by the DT within the three weeks of the residents' admission to the facility. Residents' interests are recorded during an interview with the resident and their family. Residents in the dementia unit have 24 hour challenging behaviour activity plans to ensure management strategies for when these residents present with challenging behaviour. Residents under the age of 65 have additional activities and participate in a range of education, recreation, leisure, cultural and community events consistent with their interests and preferences.</p> <p>The activity care plan is part of the long-term care plan and reflects the residents' preferred activities. There was evidence the activities staff are part of the evaluation process. The residents and their families reported satisfaction with the activities provided. During the on-site audit the residents were observed engaging in a variety of activities and outings. Resident meetings are conducted bi-monthly. Past minutes of residents' meetings are displayed on notice board for resident and family information.</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 long-term person centred and the short-term care plans are evaluated in a timely manner. Evaluations include the degree of achievement towards meeting desired goals and outcomes. Residents' responses to the treatment are documented. Changes in the interventions are initiated when the desired goals/outcomes are not met. Short-term care plans are developed for short term acute problems. The short-term care plans reviewed were signed, dated and closed out when the short-term problem had resolved.</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>	FA	<p>A current building warrant of fitness is displayed. There have been no building modifications since the last audit. The 13 bed dementia unit, which was a separate unit to the 20 bed dementia unit, has been reconfigured back to 13 hospital dual purpose beds. There was no building alterations required to facilitate the reconfiguration, as the area was originally used for hospital level care residents. The rooms are large and can facilitate the use of equipment. There are adequate shared ensuites and wide corridors. There is a dining area and a large lounge with garden access.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities,</p>	FA	<p>The infection control surveillance policy identifies requirements regarding surveillance of infections. The infection logs are maintained and collated monthly by the infection control nurse. A RN is the infection control nurse. Collated infection control data is communicated as clinical indicators to the Oceania support office, management and staff.</p>

<p>and methods that have been specified in the infection control programme.</p>		<p>Interview with the GP confirmed infections are reported in a timely manner. Interviews with staff reported they are made aware of infections through feedback from the RNs, verbal handovers, short-term care plans and progress notes. There have been no outbreaks since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The Oceania restraint minimisation and safe practice handbook and policies comply with legislative requirements. The CM is the restraint coordinator. A signed position description was sighted. There were two residents using enablers and eight residents using restraints during the on-site audit days. The restraint register is maintained and current. Required documentation relating to enablers is recorded. Enabler use is voluntary. Staff receive restraint education via the Oceania study days and RN study days.</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.

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

No data to display

End of the report.