

Oceania Care Company Limited - Heretaunga Home & Village

Introduction

This report records the results of a Partial Provisional 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: Heretaunga Rest Home & Village

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: 16 January 2018 End date: 17 January 2018

Proposed changes to current services (if any): The reduction of beds in the dementia unit from 24 to 20, conversion of 18 rest home beds into dual purpose beds and for 20 independent living units to be certified for dual purpose (hospital and/or rest home services). To also include the addition of hospital medical and geriatric services.

Total beds occupied across all premises included in the audit on the first day of the audit: 31



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.

General overview of the audit

Heretaunga Rest Home and Village is part of Oceania Healthcare Limited, an established provider of health and disability services to older adults. Previously the service was able to provide rest home and dementia level of care services for up to 42 residents, with 24 residents in the dementia unit, 14 rest home rooms and 4 independent living units also providing rest home level of care. This partial provisional audit was undertaken to establish the level of preparedness for the following changes in their services: a reduction of beds in the dementia unit from 24 to 20 beds, conversion of 18 rest home beds into dual purpose beds and 20 independent living units with occupation right agreements to be certified for dual purpose. The service proposes to increase capacity to a total of 58 residents. The audit also included a review of the service providers' readiness to provide hospital level of care for up to 38 residents.

The audit process included the review of policies, procedures, staff files, and interviews with residents, their families, management and a tour of the facility. The business and care manager is responsible for the overall management of the facility with the support of the clinical manager and regional manager. National support from the Oceania operational and clinical and quality managers is also available.

There are areas identified as requiring implementation prior to occupancy relating to human resource management including appointment of appropriate staff, validation of professional qualifications, orientation of new staff and providing evidence of appropriate skill mix for service provision.

Consumer rights

[Click here to enter text](#)

Organisational management

The new service will be managed by the business and care manager with the clinical manager to provide oversight for clinical services. The regional operations and clinical quality managers as well as the national senior clinical quality manager will provide support to the management team. The registered nurse in the rest home who recently stood in as the clinical manager at another Oceania facility for six months, will be appointed as the charge nurse in the hospital. The facility aims to employ at least another four registered nurses and are in the process of short-listing applicants, especially focussing on finding registered nurses with experience of working in the care of older people.

Policies and procedures were sighted for the management of human resources and the validation of annual practising certificates for staff who have been employed. Staff orientation and in-service education attendance are documented. The staff orientation programme to the new physical environment is planned and due for implementation as staff are employed. The business and care manager prepared biweekly, roll-over staff rosters that will be implemented in stages as staff are appointed and residents are

admitted to the proposed new services. Healthcare assistants are rotating between the dementia unit and rest home, and will also be rotating into the hospital service.

Continuum of service delivery

The business and care manager has primary responsibility for managing entry to the service in conjunction with the clinical manager and registered nurse.

Medication policies reflect legislative requirements and guidelines. Medicines are stored and managed appropriately in line with legislation and guidelines. There are at least three-monthly reviews by the general practitioner. Registered nurses and senior healthcare assistants are responsible for administration of medicines and complete annual education and medication competencies.

There is a group activity programme developed for each service. The activity programme includes meaningful activities that meet the recreational needs and preferences of the residents.

At Heretaunga Rest Home and Village all meals are prepared on-site. Residents' individual food preferences, dislikes and dietary requirements are catered for. Nutritional snacks are available over a 24-hour period in all areas.

Safe and appropriate environment

The new facility has a current certificate of public use and an approved fire evacuation plan. The call bell system is appropriate and the service has a process in place for ensuring a secure environment for residents.

There is a preventative maintenance programme in place which includes equipment and electrical checks. Fixtures, fittings, floor and wall surfaces are made from appropriate materials for this environment. The independent living units provide single accommodation and are spacious enough to allow for hospital level care.

Policies for waste management, cleaning, laundry, emergency and security management are in place and procedures and processes are appropriate to provide safe services for the proposed changes in the facility.

Visual inspection during the tour of the facility provided evidence of required service areas throughout the building, including areas for safe storage of chemicals and equipment. Protective equipment and clothing are available throughout the facility. The laundry service will continue to be completed at another Oceania facility close by and cleaning services will be provided seven days per week.

Restraint minimisation and safe practice

Policies and procedures comply with the standard for restraint minimisation and safe practice. The restraint minimisation programme defines the use of restraints and enablers. Restraint minimisation is practiced and overseen by the clinical manager. The service has a restraint register, should a restraint or enabler be used. There were no residents using restraints or enablers on audit days.

Infection prevention and control

The infection control programme, content and detail are appropriate for the size, complexity and degree of risk associated with the service. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme.

The clinical manager is the infection control coordinator. Surveillance data is collected, collated, analysed and trends are reported to staff.

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	15	2	0	0	0	0
Criteria	0	33	4	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 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Heretaunga Rest Home and Village (Heretaunga) is part of the Oceania Healthcare Limited (Oceania), who is the governing body for services to be provided at this facility. The service holds contracts for rest home care, dementia care, day care and respite care. At the time of the on-site audit, there were 19 residents receiving rest home care and 12 residents receiving dementia level care. Three of the rest home residents were living in the independent living units. The Oceania management provided support during the audit with the regional clinical and quality manager, as well as the national senior clinical and quality manager present.</p> <p>The Oceania's purpose, scope, direction, goals, vision, values and mission statement are recorded in policies, procedures and resident information packs that are provided to residents and their families prior to admission.</p> <p>Interviews with staff and the business and care manager (BCM) confirmed company-wide systems for implementation and monitoring of the services at their facility are in place. The BCM provides monthly business status reports to the Oceania executive team at support office. The BCM, who has a management background, is supported in their role by a clinical manager (CM) and the regional</p>

		<p>operational and clinical quality managers.</p> <p>Interviews with Oceania management and the BCM confirmed the plan is to begin using the reconfigured services as soon as possible and for staff to attend core orientation activities at another Oceania facility close by.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>During a temporary absence of the BCM, the CM, with support from the regional clinical and quality manager is responsible for the day to day operation of services. The BCM has been in the position for three years and the CM has been in their position for nearly fifteen years. There is one registered nurse (RN) in addition to the CM employed at the facility. The RN is responsible for rest home care and has recently completed six months in the role of clinical manager in the hospital service of another Oceania facility. This registered nurse will be the charge nurse of the new hospital level services at Heretaunga. Both the clinical manager and the RN have current annual practising certificates.</p> <p>Job descriptions and interviews of the BCM and CM confirmed their responsibility and authority for their roles. Twenty-four hour RN cover will be provided, as confirmed by the proposed staffing plan and staff rosters (refer to 1.2.7.2; 1.2.7.3; 1.2.7.4 and 1.2.8.1).</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>	PA Negligible	<p>Human resource management policies, procedures and systems are in place and used when new staff are appointed.</p> <p>The CM and RN have current annual practising certificates. The service is currently in the process of recruiting and employing at least four new registered nurses. New registered nurses' professional qualification and practising certificates could not be sighted as they were not employed at the time of this audit (refer to 1.2.7.2 and 1.2.7.3). The service has an agreement with a local pharmacy for provision of pharmaceutical and medication services, which will continue once hospital level of care is commenced.</p> <p>The staff file reviews, including the CM, showed evidenced of position descriptions, including for the roles of infection control nurse and the restraint coordinator. Orientation and induction programmes were sighted for staff as well as for the clinical manager. The CM and the RN are both trained to complete interRAI assessments. Both the CM and RN and 13 healthcare assistants have</p>

		<p>annual medicines management competencies completed. Staff who are working in the dementia unit have completed or are in the process of completing, the unit standards required to provide dementia level care. Interview with the BCM confirmed that the aim is for all staff to complete these unit standards.</p> <p>The BCM confirmed an orientation programme for new RNs will include a buddying system, working at another Oceania facility close by as well as working in the new service, with senior staff supervision. Orientation for healthcare assistants into delivering hospital level of care will be in the form of a buddying system and a rotation programme, working in all three areas of service delivery. All staff will complete the required training and competencies prior to starting care for residents. The service has already employed a diversional therapist and physiotherapy assistant who are to start work at the facility within the next few weeks when orientation will occur.</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>PA Negligible</p>	<p>The BCM and regional clinical and quality manager have prepared biweekly, roll-over rosters to ensure safe and appropriate services from appropriately qualified and skilled staff. Although the rosters are in place, the service is still in the process of employing all the staff needed to facilitate the services as set out in the rosters.</p> <p>Cleaning and food services are in place. The CM's responsibility will be for all clinical services in the facility. The current RN will be the charge nurse for hospital level residents and a nurses' station has been established close to the 20 individual living units. The rest of the clinical team will comprise of newly appointed RNs and healthcare assistants (HCA). In addition, there will be a designated diversional therapist (newly appointed), an activities coordinator and physiotherapy assistant.</p> <p>The BCM and clinical quality manager stated staffing levels will be reviewed for anticipated workloads and appropriate skill mix and adjusted according to the resident numbers and their required care needs. The staffing levels in the proposed rosters comply with the specifications outlined in the Aged Related Residential Care Services Agreement.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely</p>	<p>FA</p>	<p>There are policies and processes in place for safe medicine management that meet legislative requirements. All medication charts sampled met legislative prescribing requirements. The medication charts sampled identified that the</p>

<p>manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>general practitioner (GP) reviews all residents' medication at least three-monthly and all allergies were noted. All medications are stored safely. A drug register is maintained and meets legislative requirements.</p> <p>Registered nurses and senior HCAs who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications in each area. Registered nurses and medication competent HCAs interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are reported back to the pharmacy.</p> <p>Heretaunga does not have standing orders. There were no residents self-medicating on the day of audit. Policies are in place for self-medicating residents should this be required.</p> <p>Medication fridge temperatures recorded are within acceptable ranges.</p> <p>The currently implemented medication system is satisfactory to meet the needs of hospital level residents. The GP interviewed confirmed they are satisfied with the quality of care provided and the service's ability to support hospital level care residents. Registered nurses have links with DHB nurse practitioners if required.</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>A full time chef oversees food provision at Heretaunga. The chef is supported by a second part time chef, kitchen assistant and dishwasher. Interview with the BCM confirmed current recruitment of two kitchen hands to provide support in preparedness for hospital level care. The two chefs have previously worked in facilities that provide hospital level care and were familiar with the preparation of altered texture and high calorie or high protein meals. Both chefs are supported by the regional catering manager.</p> <p>There is a large commercial kitchen where all food prepared and served. All staff working in the kitchen have completed food safety certificates. There is a food services manual in place to guide staff. There is a four-weekly seasonal menu which has been reviewed by a dietitian. The chef receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements by the RN. Food allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, gluten free, vegetarian, pureed and alternative choices for dislikes are accommodated. Cultural and religious food</p>

		<p>preferences are met. Food is plated and served straight to the main dining room adjacent to the kitchen. This large dining room is open and spacious with a separate seating area for dementia residents. The kitchen provides a tray service for resident's to dine in their rooms if required.</p> <p>Fridge, freezer and chiller temperatures are recorded and maintained within normal range. End cooked food temperatures are recorded. Dry goods are stored in dated sealed containers. Expiry dates are managed. Chemicals are stored safely. Cleaning schedules are maintained. The dishwasher is checked regularly by the chemical supplier. There are specialised crockery such as lip plates, mugs and utensils to promote resident independence with meals. Snacks are available 24 hours a day.</p> <p>Residents at Heretaunga have the opportunity to provide feedback on the menu and food services either individually or through the resident meeting and resident surveys. Residents and family members interviewed were very satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>The current food service and dining area is satisfactory to accommodate all resident dietary requirements including hospital level residents..</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>At Heretaunga, the activities coordinator (AC) provides two separate programmes for rest home and dementia residents from Monday to Friday. Activities are available for the residents over the weekend supported by the HCAs. The programmes are developed monthly and displayed in large print. Heretaunga has its own van and residents partake on regular outings.</p> <p>Each resident has an individual activities assessment on admission. There is a 24 hour behavioural activity plan completed for dementia residents. An individual activities plan is developed for each resident by the AC in consultation with the RNs. Each resident is free to choose whether they wish to participate in the group activities programme. Residents can attend any activities on offer. The individual activity plans are reviewed at least monthly and also evaluated at the same time as the long-term care plan evaluation.</p> <p>Activities provided are meaningful and reflect ordinary patterns of life. These include, for example, entertainers, crafts, exercise (daily sessions for all residents), music, reminiscing, pet therapy, baking and outings. There are strong links with community groups. There were no younger persons residing at the facility at time</p>

		<p>of audit.</p> <p>Residents and families interviewed commented positively on both activity programmes.</p> <p>Activities currently provide separate activities for rest home residents and have the resources to expand further for hospital level residents. A diversional therapist with hospital experience has been employed in support of the programme.</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>	FA	<p>The organisation's healthcare waste policy includes, but is not limited to, medical waste, soiled disposable waste, wet linen, sharps, body fluids/waste and equipment cleaning. The service has personal protective equipment available and displayed in the different sluice rooms and the chemical storage/cleaners rooms. The cleaners' rooms and chemical storage rooms are locked with key-pad locks in place.</p> <p>Cleaning and food services are overseen by the BCM with input and additional oversight from regional managers. The CM's responsibilities includes oversight of the clinical teams and the implementation of clinical services throughout the facility. The registered nurse who is taking on the role of the charge nurse in the hospital will oversee hospital level of care. These roles will include the responsibilities for how waste, infectious or hazardous substances are managed.</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>The service has a certificate for public use which includes an automatic sprinkler system, emergency warning system for fire and other dangers, fire doors, emergency lighting and systems for automatic back-flow prevention for the water supply, ventilation, air conditioning, emergency power signs and systems, fire exits and signs for communicating information relating to building evacuations.</p> <p>The service complete six-monthly fire evacuation training for staff with fire evacuation training as part of the induction and orientation programme for new staff.</p> <p>The physical environment minimises risk of harm, promotes safe mobility, easy use of aids, independence and is appropriate to the needs of dementia, rest home and hospital level of care. All areas are connected by corridors. The nurses' stations, the clinical managers' office and the BCM is evenly spread throughout the</p>

		<p>facility to ensure oversight and care.</p> <p>The Oceania area maintenance supervisor will provide orientation/induction as well as support for the maintenance person. The service has an implemented, preventative maintenance plan in place. Hot water temperature testing evidenced temperatures are monitored and when temperatures are outside expected levels the plumber is immediately informed and corrective actions are implemented. Electrical equipment has been checked and medical equipment had been checked and calibrated for safe use.</p> <p>Oceania hold an Accident Compensation Corporation (ACC) workplace safety management practices tertiary level certification. Health and safety policies are current and company-wide. Induction processes for contractors include emergencies; workplace layout; first aid; hazards specific to the site; smoking policy; protective equipment: hazard notice board and contract reviews. The contractors are required to sign the contractors register when going on site.</p> <p>The facilities include the equipment needed to provide dementia, rest home and hospital level services. Communal areas included televisions and other entertainment equipment needed for providing activities.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>The 20 independent living units all have full ensuite facilities, including a toilet, shower and hand basin. The service has 18 rest home rooms, each with an ensuite toilet, hand basin and shared showering facilities. The dementia unit provides shared toilets and shared shower facilities for 20 residents. The bathroom facilities are of an appropriate design to meet the needs of the residents. There are three visitors' toilets in the facility. All rooms are single rooms which are spacious allowing for the use of equipment and staff in the room, during service delivery.</p> <p>The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. All toilets provide appropriate access for residents and bathrooms are clearly identified.</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</p>	FA	<p>The 20 independent living units have a kitchenette, lounge/dining area, separate bedroom and en-suite bathroom, including a shower, toilet and hand basin. All the units are spacious and allow for personal mobility aids, additional chairs and furniture and suitable for rest home and hospital level care. The 18 rest home</p>

<p>setting.</p>		<p>rooms are spacious and allow enough space for staff and equipment to also provide hospital level care.</p> <p>The rooms in the dementia unit are suitable for dementia care.</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 physical tour of the facility verified the service provides adequate and appropriate access to communal lounge, activities, visitors and dining facilities. There are ample opportunities for residents, their families and their visitors to meet.</p> <p>Each independent living unit has its own lounge area for residents to meet with their visitors and family in private. The service has eight communal lounges and four dining areas throughout the facility.</p> <p>There is a lounge attached to the reception lobby. All lounge and dining areas are large enough to accommodate the residents from that specific service.</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>Management interviews confirmed the laundry services are completed at another Oceania service. The processes are in place to ensure effective management of cleaning and laundry services to and from another facility where the laundry is cleaned. Laundry is collected and delivered on a daily basis. There are designated areas for dirty and clean laundry. The laundry process will include laundry services to the residents in the independent living units receiving rest home and hospital level care. The independent living units each have their own washing machine for incidental laundry that the resident or their family may want to do.</p> <p>Linen trollies and bags were sighted. The cleaning staff will be on site during the day, seven days a week. The Oceania internal audit schedule includes laundry and cleaning audits and these are conducted as per Oceania policies and procedures.</p> <p>Cleaning trollies include areas where chemicals are being stored. Auditors observed sluice rooms, the cleaning and the chemical storage rooms had material safety data sheets, with guidelines for interventions when needed.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security</p>	<p>FA</p>	<p>Employees receive information, training and equipment to respond and identify</p>

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>emergency and security situations. This was sighted in records confirming the trial evacuation training.</p> <p>The service has an approved fire evacuation plan. The service has emergency lighting with provision for a generator and there is battery backup for emergency systems. Emergency equipment is accessible, stored and there are appropriate levels of stock to ensure the facility stays operational for as long as possible, while waiting for help, should there be a national disaster/emergency such as an earthquake. There is emergency lighting, torches, gas for cooking and emergency water supply. The call bell system which includes call bells at all toilets, showers, beds, kitchen/lounge areas and in three different areas within the independent living units, was verified. The communal lounge and dining areas have call bells for use during emergencies.</p> <p>The BCM confirmed that reception is operational seven days a week. Contractors and visitors are required to sign the register at the entrance to the facility. Security rounds are completed by staff at sunset to ensure doors are locked and residents are safe. Visitors can still access the facility by ringing the front door bell for staff to provide access.</p> <p>Information for the management of emergency and security situations is available and accessible for staff and residents. The planned orientation/induction programme includes training on emergency and security situations.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All areas throughout the facility are ventilated and there is underfloor heating to keep the temperatures stable. Heat pumps and an air conditioning system provide cool or warm air when needed. Showers have vents and extraction fans. All bedrooms, communal areas and corridors have large external windows allowing natural light into 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 the size and scope of the service.</p>	<p>FA</p>	<p>Heretaunga implements the Oceania group infection control programme. The infection control programme, content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection control committee has representatives of the service management team. This group meets monthly and infection control matters are discussed at the facility monthly clinical and quality meetings with all staff. Minutes are available for staff. The infection control programme is reviewed annually at organisational level. The CM</p>

		<p>is the designated infection control coordinator. Spot audits have been conducted and include, but are not limited to, hand hygiene and infection control practices. Education is provided for all new staff in orientation and induction.</p> <p>The current infection control programme is suitable to meet the needs of all residents.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Staff interviewed, observations, and review of documentation, demonstrated that there is no use of restraint or enablers in the service on the day of audit. The service has a policy of actively minimising restraint. The service has a documented system in place for restraint and enabler use, including a restraint register should this be needed. The restraint coordinator is the CM. A signed position description was sighted.</p> <p>The organisations current approach to restraint is suitable to maintain resident independence and safely meet the needs of all residents.</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 1.2.7.2</p> <p>Professional qualifications are validated, including evidence of registration and scope of practice for service providers.</p>	PA Negligible	Professional qualifications are validated and clinical staff have evidence of current annual practising certificates on file. Job descriptions and their scope of practice are clearly identified. The service is currently in the process of employing new registered nurses to the service and has shortlisted applicants. The professional qualifications of the prospective staff have not been validated as the employment processes has not been completed.	The professional qualifications of the prospective registered nurses could not be verified.	<p>Professional qualifications for new staff to be verified.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Negligible	Appointment of current staff is appropriate to their roles. Appointment of prospective staff cannot be verified as they have not been appointed.	Staff members being appropriately appointed for the newly established roles could not be verified as the employment processes have not been	Ensure new staff are employed in appropriate roles to safely meet the needs of residents.

			completed.	Prior to occupancy days
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	<p>PA Negligible</p>	<p>Orientation and induction for staff occurs and includes essential components of service delivery. The service recently employed a diversional therapist and physiotherapy assistant who have yet to commence work. The service is also in the process of employing at least four new RNs to the service. As the employment processes have not been completed, orientation and induction to the service could not be completed.</p>	<p>Orientation and induction processes for new staff cannot be verified as they employment processes are not completed.</p>	<p>New staff to complete orientation and induction that will cover the essential components of service provision.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	<p>PA Negligible</p>	<p>The service is using their national human resource policies and procedures, including staffing and skill mix policies, to guide practices at Heretaunga. The service prepared rosters over two weeks for a biweekly, roll-over roster. The roster is appropriate for the intended services, however, not all staff have been employed yet to implement the roster.</p>	<p>Appropriate staffing was unable to be verified as not all staff have been employed.</p>	<p>Provide evidence the service has appropriate staff to implement processes which will provide the levels and skill mixes for safe and appropriate service delivery to residents.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.