

# Oceania Care Company Limited - Woburn Rest Home

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## 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:

<b>Legal entity:</b>	Oceania Care Company Limited
<b>Premises audited:</b>	Woburn Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 27 March 2018 End date: 28 March 2018
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	33

# 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

Woburn Rest Home (Oceania Healthcare Limited) can provide care for up to 33 residents requiring care at either rest home or dementia level. This surveillance audit has been undertaken to establish compliance with the relevant Health and Disability Services Standards and the district health board contract.

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

The business care and clinical manager is responsible for the overall management of the facility and is supported by the regional and executive management team. Service delivery is monitored. The previous corrective actions relating to quality and risk and medication have been closed. There are no improvements required.

## 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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Family are updated in a timely manner if any changes occur in a resident's condition. Resident and family meetings are held bimonthly for both the dementia unit and the rest home. Interpreter services are accessed when required. Open communication between staff, residents and families is promoted, and confirmed.

A complaints register is maintained and up to date. Complaints are investigated within the required timeframes and documentation is maintained.

## 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 services provided at the facility. A business plan and quality and risk management systems document the scope, direction, goals, values and mission statement of the facility.

There is a quality and risk management system that supports the provision of clinical care and support. Policies are reviewed and business status reports allow for the monitoring of service delivery. Benchmarking reports include clinical indicators, incidents/accidents, infections and complaints. An internal audit programme is implemented and corrective action plans are documented.

Human resource policies are implemented including recruitment, selection and orientation. Staff receive education at orientation and as part of the ongoing training programme. Rosters are adjusted to meet numbers of residents in the facility and acuity levels. Staff are allocated to support residents as per their individual needs. Staff, residents and family confirm that staffing levels are adequate and residents and relatives have access to staff when needed.

## 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.

At Woburn Rest Home the business care and clinical manager has primary responsibility for managing entry to the service. Residents are assessed prior to entry to service. Care plans are based on initial assessments, interRAI outcomes and other assessments. Care plans are reviewed six-monthly or more often as required. Healthcare assistants interviewed reported the care plans are easy to follow. Residents and families interviewed confirmed they were involved in the care planning and review processes.

Review of the medication systems, records and medication rounds evidenced compliance with legislative requirements and medicines guidelines. The contracted pharmacist audits medication records and medicines. 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.

The activities programmes is resident focused and includes activities that meet the physical, cultural and cognitive abilities and preferences of each resident group. Residents and families report satisfaction with the activities programme.

All food is cooked on site in a commercial kitchen. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines. The menu is reviewed annually at organisational level by a dietitian. There are nutritious snacks available 24 hours.

## 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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There is a current building warrant of fitness. There have been no building modifications since the last audit.

## 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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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 business care and clinical manager. The service has a restraint register, should they implement restraint or enabler use. There are no residents using restraints or enablers.

## Infection prevention and control

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

Standards applicable to this service fully attained.

The type of surveillance undertaken is appropriate to the size and complexity of this service. Monthly surveillance is conducted and reported to staff and management. This information is also reviewed by the Oceania Healthcare Limited clinical quality team and reported to the Oceania Healthcare Limited board on a monthly basis.

## 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	16	0	0	0	0	0
<b>Criteria</b>	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)
<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 1.1.13: 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 are in line with the Health and Disability Commissioner's Code of Health and Disability Consumers' Rights (the Code) and include periods for responding to a complaint. Complaint forms are available at the entrance. A complaints register is in place and the register includes: the date the complaint is received; the source of the complaint; a description of the complaint; the outcome and agreed action.</p> <p>The complaints register includes documentation of verbal complaints. Evidence relating to each complaint lodged is held in the complaints folder. Complaints reviewed in 2018 indicated that the complaints are investigated promptly, with the issues resolved in a timely manner.</p> <p>The business care and clinical manager (BCCM) is responsible for managing complaints.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>Information is provided to residents and their families as part of the information admission pack. The resident admission agreement, signed by residents or their representative on entry to the service, details information about the services that are included in service provision. Resident meetings provide information and an opportunity for resident input.</p> <p>Open disclosure policy and procedures are in place to ensure staff maintain open, transparent communication with residents and families. The residents' files reviewed provided evidence that</p>

<p>communication.</p>		<p>communication with family members is documented in residents' records. There is evidence of communication with the general practitioner (GP) and family following adverse events.</p> <p>Residents and family members stated they are kept informed about changes to their relative's status, are advised in a timely manner about any incidents and outcomes of medical reviews. This was evidenced in the record review.</p> <p>There was evidence of resident/family input into the care planning process. Staff interviewed demonstrated understanding of the principles of open disclosure.</p> <p>Interpreter services are available through the district health board if required. Staff knew how to access this service if needed but reported this was rarely required.</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>Woburn Rest Home is part of Oceania Healthcare Limited with the executive management team including: the chief executive; general manager; regional manager; operations manager and clinical and quality manager providing support to the service. Communication between the BCCM and the executive management takes place on at least a monthly basis.</p> <p>The senior clinical and quality manager and the operations manager provided support during the audit. The monthly business status report provides the executive management team with progress against identified indicators. The Oceania Healthcare Limited mission, values and goals are communicated to residents, staff and family through posters on the wall, information in booklets and in annual staff training and education.</p> <p>The facility can provide care for up to 33 residents with 33 beds occupied at the time of audit. Occupancy included 22 residents requiring rest home level care and 11 residents requiring dementia level care.</p> <p>The BCCM is responsible for the overall management of the service. The BCCM is a RN and has been in the role for one year, with previous experience in aged residential care with Oceania Healthcare Limited. There is one additional registered nurse employed who has been in the role for four weeks.</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</p>	<p>FA</p>	<p>Woburn Rest Home implements the Oceania Healthcare Limited quality and risk management framework to guide practice. The business plan is documented and reporting occurs through the business status reports. Reporting includes: financial monitoring; review of staff costs; progress against the healthy workplace action plan; review of complaints; and accidents/incidents.</p> <p>The service uses organisational policies and procedures to support and guide service delivery. All policies are reviewed and current. Policies are linked to the Health and Disability Sector Standard, current/applicable legislation, and evidenced-based best practice guidelines. Policies are readily</p>

improvement principles.		<p>available to staff and new and revised policies are signed by staff to confirm they have read and understand the policies.</p> <p>There are monthly meetings with minutes documented that include: management; health and safety; staff; quality; and registered nurses. All staff interviewed reported that they are kept informed of quality improvements. Service delivery is monitored through complaints; review of incidents and accidents; surveillance of infections and implementation of an internal audit programme. Quality improvement data is analysed through meetings and benchmarking.</p> <p>Health and safety policies and procedures are in place for the service, which include a documented hazard management programme and a hazard register for each part of the service. Any hazards identified are signed off as addressed and risks are minimised or isolated.</p> <p>There is a six monthly satisfaction survey for residents and family. The 2018 surveys indicate that residents and family are satisfied with services provided. This was confirmed through interviews with family and residents on the days of audit.</p> <p>The previous requirement for improvement relating to corrective actions is closed.</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>	FA	<p>The BCCM is aware of situations when statutory authorities need to be informed including: police attending the facility; unexpected deaths; critical incidents; pressure injuries and infectious disease outbreaks. Times when authorities have had to be notified are documented and retained in the relevant file. The Ministry of Health and the district health board have been notified of changes in business care and clinical management role.</p> <p>Accident/incident reports selected for review had a corresponding note in the progress notes to inform staff that the accident/incident occurred. There is evidence of open disclosure for recorded events. Incident/accident reports are signed off by the BCCM. Information is regularly shared at monthly meetings with accidents/incidents graphed, trends analysed and benchmarking of data occurring with other Oceania Healthcare Limited facilities.</p> <p>Staff receive education on the accident/incident reporting process at orientation and as part of the ongoing training programme. Staff understand the adverse event reporting process and were able to describe the importance of recording near misses.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management</p>	FA	<p>Human resource policy and processes are in place and implemented. The RN and the BCCM hold current annual practising certificates. Staff files include employment documentation such as: job descriptions; contracts and appointment documentation on file. Police and drug checks are completed</p>

<p>processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>and an annual appraisal process is in place with all staff having a current performance appraisal.</p> <p>All staff have completed an orientation programme. Staff interviewed were able to explain the buddy system that is in place. The competency sign off process for orientation is completed.</p> <p>The annual training and education programme includes training relating to core service delivery topics such as: medication management; restraint; infection control; health and safety; manual handling and continence management. A training and competency file is held for all staff, with attendance records. The training register and training attendance sheets demonstrate staff completion of annual medication and other competencies. The RN and BCCM have completed training around pressure injuries management. The BCCM has completed interRAI training.</p> <p>Staff working in the dementia unit completed dementia education and training as required by the aged residential care contract.</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 the workforce planning. Staffing levels are reviewed for estimated 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. Staff working in the dementia unit completed the required training for this level of care.</p> <p>There are 36 staff, including clinical staff and household staff. There is a RN on in the mornings Monday to Friday. The BCCM and the RN are on call 24/7. Residents and families interviewed confirm staffing is adequate to meet the residents' needs.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for all aspects of medication management, including self-administration. All medications were securely and appropriately stored. The contracted pharmacy complete medication audits. Medications are checked on arrival and any pharmacy errors recorded and reported to the pharmacy. All medication charts are reviewed three monthly by a GP. Medication profiles were up to date and medication records reviewed complied with legislation and medicines guidelines. The previous finding relating to dates of medicines to be consistently recorded on administration sheets had been addressed.</p> <p>The RNs and senior HCAs administer medications and have completed annual medication competencies and education. The BCCM completes weekly medication audits and any medication errors are reported via the accident/incident reporting process and conveyed to staff at monthly staff and quality meetings.</p> <p>The medication fridge has temperatures recorded daily and these are within acceptable ranges.</p> <p>There was one resident assessed as competent to self-administer medication and does so in line with</p>

		policy. There were no standing orders.
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></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>Woburn Rest Home has a commercial kitchen where all food is prepared. The service employs one cook and one relieving cook, who are responsible for food services. Two kitchen hands are employed to provide support. All kitchen staff had completed food safety certificates. The cook interviewed explained the procurement of the food and management of the kitchen. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Internal audits are implemented to monitor performance. Kitchen fridge, food, freezer and dishwasher temperatures were monitored and documented daily and were within safe limits.</p> <p>The menu is reviewed annually at organisational level. The residents have a nutritional profile developed on admission, which identifies dietary requirements and preferences. Resident weights are monitored monthly or more frequently if required. Resident dietary profiles were evident in a folder for kitchen staff to access and any changes were noted by the RNs and provided to the kitchen. Special diets were noted on the kitchen noticeboard. All meals are cooked and transported via bain-maries to separate dining rooms for rest home residents. A tray service is available if requested. The HCAs serve meals in the dementia unit.</p> <p>Residents and families interviewed, expressed satisfaction with the food service and can provide feedback through a food survey and at resident meetings.</p> <p>Snacks are available to residents 24/7 and this was evident on the day of the audit.</p>
<p><b>Standard 1.3.6: Service Delivery/Interventions</b></p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Residents' needs are assessed prior to admission. The RNs and HCAs follow the care plan and report progress against the care plan each shift at handover. Review of resident files confirmed care plan interventions were linked to resident's assessed needs. Wound assessment and wound management plans (short-term care plans), were in place for six residents. Observation charts and monitoring forms around pain and behaviour management were completed as indicated in the care plans.</p> <p>Staff had access to sufficient medical supplies. Continence products are available and resident files include a continence assessment and plan as part of the plan of care.</p> <p>If external nursing or allied health advice is required, the RNs will initiate a referral (e.g. to the wound care nurse specialist, physiotherapist or podiatrist). If external medical advice is required, this will be actioned by the GP. Specialist recommendations were followed up.</p> <p>In interviews residents and family members reported that residents' individual needs were appropriately met and they were actively involved in planning of care.</p>

<p><b>Standard 1.3.7: Planned Activities</b></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>There are two activities coordinators (ACs) assisting with activities from Monday to Saturday at Woburn Rest Home. The HCAs provide support on Sundays and in the evenings. The programme is developed monthly and displayed in large print. There is evidence of input and sign-off by a diversional therapist from another Oceania Healthcare Limited facility in relation to the activities programme for residents in the dementia unit. The AC interviewed explained the variety of the programme, community involvement and the inclusion of exercise activities and activities of resident choice. Residents can and do attend any activities.</p> <p>Residents have an assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career and family. Resident files reviewed identified that the individual activity plan was reviewed at least six monthly.</p> <p>Activities provided reflect ordinary patterns of life and include, but not limited to games, entertainers, crafts, exercise classes, singing and weekly van outings. There are also visits from community groups. Church services are held for all denominations.</p> <p>The ACs have undertaken training in challenging behaviour management and de-escalation. On the day of audit, residents were observed being actively involved in activities. Residents and family interviewed were satisfied with the activities provided and confirmed activities are meaningful to residents.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plans reviewed evidenced evaluation by RNs within the required timeframes. Residents interviewed stated that they are involved in the evaluation of the care plan. There is also documented evidence of family involvement in care planning. The GP examines the residents and reviews the medications three monthly or as necessary. Short-term care plans were sighted for short-term needs and these were evaluated in a timely manner.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></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 in the building entrance.</p>
<p><b>Standard 3.5: Surveillance</b></p>	<p>FA</p>	<p>Infection surveillance and monitoring is part of the infection control programme and is described in the</p>

<p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>infection control policy. All infections are reported. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. The service submits this data monthly to Oceania Healthcare Limited national support office where benchmarking is completed. Infection data is conveyed to staff in monthly staff and quality meetings.</p> <p>No outbreaks have been reported since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The organisational policy for restraint minimisation and enabler use ensures that enablers are voluntary, the least restrictive option and allow residents to maintain their independence. There is a restraint and enabler register. The Oceania Healthcare Limited (Oceania) clinical and quality team are responsible for approving any form or type of restraint practice used at Oceania facilities nationally. Oversight of restraint or enabler use at each individual Oceania facility is the responsibility of restraint coordinators.</p> <p>The restraint coordinator at Woburn Rest Home is the BCCM. The responsibilities for this role are defined in the position description sighted.</p> <p>There were no residents using restraints or enablers during the on-site audit.</p>

## Specific results for criterion where corrective actions are required

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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
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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.

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End of the report.