

# Oceania Care Company Limited - Otumarama Home and Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Oceania Care Company Limited
<b>Premises audited:</b>	Otumarama Home and Hospital
<b>Services audited:</b>	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 3 July 2018      End date: 4 July 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>	34



# 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
Yellow	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
Red	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

Otumarama Home and Hospital is part of Oceania Healthcare Limited. The service provides residential care for up to 51 residents. The service is currently in the process of reducing their capacity as they are changing double rooms to single rooms and were preparing to inform HealthCERT. Occupancy at the time of the on-site audit was 34 residents.

The audit was conducted against the Health and Disability Sector Standards and the contractual agreement with the district health board.

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

Staffing is stable with minimal turnover. Staff hours are increased if required to meet the needs of residents. Residents and family interviewed provide positive feedback on the care provided.

There is an improvement required in relation to care planning.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Information regarding the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, the complaints process and the Nationwide Health and Disability Advocacy Service are accessible at the facility. This information is also brought to the attention of residents and their families on admission to the facility. Residents confirmed their rights are being met, staff are respectful of their needs and communication is appropriate.

The service has a documented complaints management system and a complaints register 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 service provided at Otumarama Home and Hospital.

There have been no changes to staffing structure or systems since the previous audit. The business and care manager has been in their position for a year and has a dual management role in which Otumarama is one of the facilities. The business and care manager is a registered nurse who is suitably qualified and experienced for the role, supported by a clinical manager and the regional clinical quality manager. The clinical manager is also a registered nurse and responsible for clinical management and oversight of services. The clinical manager is supported by registered nurses and the regional clinical quality manager.

The service has a planned, documented quality and risk management system that supports the business management and provision of clinical care. Quality and risk performance is reported through meetings at the facility and is monitored by the organisation's management team through the business status reports and regional operations manager reports. The quality programme includes a risk management system, including an internal audit programme, education and training, meetings, incident and accident monitoring, complaints management, and management of infection control, restraint and health and safety. The facility uses the company-wide electronic system to record and monitor key quality indicators and organisational performance.

Human resource policies and procedures guide practice. The validation of current annual practising certificates for personnel who require them to practise is occurring. In-service education is provided for staff, including compulsory training around clinical service delivery. Review of staff records provide evidence that human resource processes are being followed.

Staffing levels are adequate across the service. Registered nurses are on duty twenty four hours, seven days per week and are supported by appropriate levels of care and allied health staff. There are at least two staff with current first aid certification on duty at all times.

## Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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The residents' records reviewed provided evidence that all residents have been assessed appropriately prior to admission to this facility by the needs assessment service coordinators. The residents' needs, outcomes and/or goals have been identified in the assessments, and person centred care plans are reviewed six-monthly or more often as required.

An activities programme is provided for residents. Participation is encouraged but is voluntary. Activities are planned that are meaningful to residents and the programme is developed and implemented to ensure the interests of residents are included. Community outings are arranged and entertainers are invited to participate in the programme. Special consideration is given to younger people when planning the activities programme

Review of the medication systems and medication round evidenced compliance with legislative requirements, regulations and guidelines. There is evidence of the three-monthly medication reviews being completed by the general practitioners or nurse practitioner. These reviews are completed more frequently if required. The contracted pharmacist audits the medication records.

A food control plan is completed that meets legislative requirements. Nutritional guidelines and advice is available, which is appropriate for this service setting. The menu plans have been reviewed by a dietitian at organisational level and are suitable for older people and/or young persons with disabilities. The menus are clearly documented and displayed daily. The individual dietary needs are identified during the assessment process for each resident and choices are provided. Meals are provided at appropriate times of the day. Residents interviewed confirmed their satisfaction with the food service.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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All rooms are occupied by one person, including any designated as double rooms. There are no rooms with ensuite bathroom facilities. Bathroom and showering facilities are provided throughout the facility and are easily accessible.

Residents' rooms are spacious enough to allow for the safe use of mobility aids and staff. There are several lounges and dining areas throughout the facility with internal courtyards and external areas providing seating and shade. The service has an appropriate call bell system with a security system to ensure resident safety.

There are policies and procedures for waste management, cleaning, laundry and emergency management processes. Staff are familiar with requirements around their roles. Staff receive training to ensure safe and appropriate handling of waste and hazardous substances.

Visual inspection provided evidence of sluice facilities, safe storage of chemicals and equipment, and that protective equipment and clothing is worn. Staff have completed appropriate training in chemical safety. All laundry processes are provided off site. Cleaning and laundry systems include appropriate monitoring systems through the internal audit process.

## 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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Oceania Healthcare Limited has a restraint minimisation and safe practice policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There is a restraint register and an enablers register. There were no residents requiring restraints or enablers at the time of audit. Staff are trained in restraint minimisation and restraint competencies are current.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Oceania Healthcare Limited has an infection control programme that complies with current best practice. There is a dedicated infection control nurse who has a role description. The infection control programme is reviewed annually. Infection control education is provided at orientation and incorporated into the annual training programme. Training records were sighted. Education provided includes an evaluation of the session and content delivered. Records of all infections are kept and provided to the support office for 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)
<b>Standards</b>	0	44	0	1	0	0	0
<b>Criteria</b>	0	92	0	1	0	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Staff receive training in the Health and Disability Commissioner’s Code of Health and Disability Services Consumers’ Rights’ (the Code) at least annually as confirmed in records sighted. Care staff were observed interacting respectfully and communicating appropriately with residents.</p> <p>Examples were provided on ways the Code is implemented in their everyday practice, including maintaining residents' privacy, providing choices, encouraging independence and ensuring residents can continue to practise their own personal values and beliefs.</p> <p>Residents and family members were able to verify that services are provided with dignity and respect, privacy is maintained, and individual needs and rights are upheld.</p> <p>Education relating to the Code, including the complaints process, is provided by Health and Disability Advocacy services and as part of the grow, educate and motivate (GEM) study days.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with</p>	FA	<p>There is an informed consent policy and procedure to guide staff in relation to gathering of informed consent. Staff ensure that all residents are aware of treatment and interventions planned for them, and the resident and/or significant others/EPOA are included in the planning of that care. Residents’ files identified that informed consent is obtained. Staff confirmed their</p>

<p>the information they need to make informed choices and give informed consent.</p>		<p>understanding of informed consent processes.</p> <p>The service information pack includes information regarding informed consent. The BCM and CM discuss informed consent processes with residents and their families during the admission process. The policy and procedure includes guidelines for consent for resuscitation/advance directives and resuscitation orders are completed for residents when applicable.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Information on advocacy services through the Health and Disability Commissioner's Office is provided to residents and families. Information on advocacy services is available at the entrance to the service along with nationwide advocate details. The admission pack reviewed included advocacy, complaints and Code of Rights information as well as advanced care planning.</p> <p>There are policies regarding advocacy/support services in place that specify advocacy processes and how to access independent advocates when needed. The role of advocacy services is included in training on the Code which is provided annually to staff.</p> <p>Discussions with families and residents identified that the service provides opportunities for the family or EPOA to be involved in decisions. Resident files included information on residents' family/whānau and chosen social networks. Residents and family interviewed confirmed that advocacy support is available to them if required, including information on how to access a Health and Disability advocate.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>The service has an open visiting policy and residents may have visitors of their choice at any time. The facility is secured in the evenings. Visitors can access the facility to visit after doors are locked using the bell at the entrance. Families confirmed they could visit at any time and are always made to feel welcome. Residents, including YPDs, are encouraged to be involved in community activities and to maintain networks with family and friends. Residents' files reviewed and handover demonstrated that progress notes and the content of care plans include regular outings and appointments.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and</p>	<p>FA</p>	<p>The organisation's complaints policy and procedures are in line with the Code and include periods for responding to a complaint. Complaint forms are available at the entrance of the facility. A complaints register is in place and the register includes: the date the complaint is received; the source of the complaint; a description of the complaint; and the date the</p>

<p>upheld.</p>		<p>complaint is resolved.</p> <p>Evidence relating to each lodged complaint is held in the complaints folder and register. Complaints reviewed indicated complaints are investigated promptly and issues are resolved in a timely manner. Staff, residents and family confirmed they knew the complaints process.</p> <p>The BCM is responsible for managing complaints. Residents and family stated that complaints 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>There have been no complaints lodged with the Health and Disability Commissioner or other external authorities since the previous audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The business and care manager (BCM) and the clinical manager (CM) discuss the Code with residents and their family during the admission process. Discussion relating to the Code is also included on the agenda and discussed at the residents' meetings.</p> <p>Resident and family interviews confirmed their rights are being upheld by the service. Information on the Code is given to next of kin or enduring power of attorney (EPOA) to read and discuss with the resident in private. The posters identifying residents' rights and advocacy services are displayed in the facility in te reo Māori and English.</p> <p>The completed resident and family surveys indicated residents are aware of their rights and are satisfied with this aspect of service delivery. Residents and family interviewed received copies of the Oceania handbook. Families and residents are informed of the range of services including information included in the service and admission agreements.</p> <p>Residents interviewed confirmed they had access to an advocate when needed.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The service has a philosophy that promotes dignity, respect and quality of life. The service ensures that each resident has the right to privacy and dignity. Conversations of a private nature are held in the resident's room and there are areas in the facility which can be used for private meetings.</p> <p>A policy is available for staff to assist them in managing resident practices and/or expressions of sexuality and intimacy in an appropriate and discreet manner. Policy and guidelines provide strategies for the management of inappropriate behaviour.</p> <p>Healthcare assistants report that they knock on bedroom doors prior to entering rooms, ensure</p>

		<p>doors are shut when cares are being given and do not hold personal discussions in public areas. This was observed on the days of the audit. Residents and families confirmed that residents' privacy is respected.</p> <p>The service is committed to the prevention and detection of abuse and neglect by ensuring provision of quality care. Staff receive annual training on abuse and neglect and can describe how to recognise this. There are no documented incidents of abuse or neglect in the business status reports or on the incident/accident forms reviewed in residents' files. Residents, staff, families and the general practitioner confirmed that there was no evidence of abuse or neglect. Staff interviewed were aware of the need to ensure residents are not exploited, neglected or abused and staff can describe the process for escalating any issues.</p> <p>Resident files reviewed, including files for young persons with disabilities (YPD), confirmed that cultural and/or spiritual values and individual preferences are identified.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The service implements cultural safety policies and procedures to eliminate cultural barriers. There are processes in place to ensure residents who identify as Māori, have access to appropriate services.</p> <p>The rights of the residents/whānau to practise their own beliefs are acknowledged in the Māori health plan, which forms part of the quality plan. The Māori health plan includes the principals of the Treaty of Waitangi: partnership, participation and protection and the holistic view of Māori health is incorporated into the service delivery through care planning. Residents have access to Māori support and advocacy services if required.</p> <p>Cultural training for staff is provided as part of the annual training programme. Healthcare assistants confirmed an understanding of cultural safety in relation to care. The activities coordinator (AC) completes cultural assessments on admission and reviews activity plans six monthly.</p> <p>There was one resident identifying as Māori living at the facility at the time of the on-site audit. Family/whānau importance and their involvement with Māori residents is recognised and supported by service providers.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p>	<p>FA</p>	<p>Residents and families confirmed they are involved in the assessment and the care planning processes. Information gathered during assessments on admission includes the resident's cultural values and beliefs. The service has residents from other cultures and they confirmed</p>

<p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>during interview that their cultural needs are met.</p> <p>Documentation reviewed provided evidence that appropriate culturally safe practices are implemented and maintained.</p> <p>Residents' files reviewed demonstrated that admission documentation identifies the ethnicity, cultural and spiritual requirements for the residents as well as family/whānau contact details. Residents interviewed confirmed their spiritual needs are met. Healthcare assistants confirmed an understanding of cultural safety in relation to care.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The facility implements the Oceania Healthcare Limited (Oceania) policies and procedures which are based on good practice, current legislation and guidelines. Interviews confirmed awareness of how to identify and manage discrimination, abuse and neglect, harassment and exploitation.</p> <p>Staff training includes discussion of the staff code of conduct and prevention of inappropriate care. There were five complaints recorded in the complaints register for 2018 and none related to discrimination, abuse or neglect.</p> <p>Job descriptions include the responsibilities of position including ethical issues relevant to the role. Staff complete orientation and induction include recognition of discrimination, abuse and neglect.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>There is a staff education programme. Staff interviews described sound practices based on policies and procedures, care plans and information given to them on care. Staff have access to information on good practice provided by governing bodies and specialists in the region.</p> <p>Policies include current good practice and are aligned with legislative requirements and guidelines.</p> <p>Training is provided by specialist educators as part of the in-service education programme. Registered nurses (RN) attend compulsory education at the district health board (DHB) and complete the professional development and recognition programme through the DHB.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively</p>	<p>FA</p>	<p>Accident and incidents, the complaints procedure and the open disclosure procedure alert staff to their responsibility to notify family/enduring power of attorney of any accident/incident that</p>

<p>with consumers and provide an environment conducive to effective communication.</p>		<p>occurs. These procedures guide staff on the process to ensure full and frank open disclosure.</p> <p>An open disclosure policy and procedures are in place to ensure staff maintain open, transparent communication with residents and their families. Residents' files reviewed provided evidence that communication with family members is documented in residents' records. There is evidence of communication with the general practitioners (GP) and the nurse practitioner (NP). Interviews with YPDs by the consumer auditor confirm they are satisfied with how the service providers communicate.</p> <p>The BCM confirmed they have access to a speech therapist who can provide alternative modes of communication, should this be required for YPDs, and interpreting services are available from the DHB. Resident admission agreements provide information around what is paid for by the service and by the residents. Residents interviewed confirmed that they are familiar with the staff that are responsible for their care.</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>Otumarama Home and Hospital is part of Oceania Healthcare Limited. The Oceania Healthcare Limited vision, values, mission statement and philosophy are displayed. The organisation has systems in place documenting the scope, direction and goals of the organisation, including a business plan, a quality plan, risk register and the current budget.</p> <p>The BCM is a registered nurse with a business management background. The BCM is supported by the regional clinical quality manager. The CM is responsible for overseeing clinical matters. The CM has been in this role for three and a half years. The BCM has 25 years' experience in aged care, with 15 of those years in management, and 4.5 working for Oceania as a BCM. The BCM currently manages two facilities, including Otumarama, and has been in this dual role for a year. The BCM provides monthly status reports to the support office. Reports include quality and risk management issues, occupancy numbers, human resource issues, quality improvements, internal audit outcomes and clinical indicators.</p> <p>Otumarama is currently certified to provide aged related residential care (rest home and hospital level care), as well as care for physical and intellectual disabilities. The facility also holds contracts with the DHB to provide respite care, long-term support for chronic health conditions and care for young people with disabilities.</p> <p>Otumarama provides residential care for up to 51 residents. The service is currently in the process of changing all double rooms into single rooms, with the view of having a maximum capacity for up to 41 residents. The facility at the time of audit was yet to inform HealthCERT of the proposed changes.</p> <p>Occupancy was 34 residents of which 11 residents were receiving hospital level care (8 older</p>

		<p>persons, 1 under the intellectual disability service type (YPD contract) and 2 under the physical disability service type (YPD contract)). At rest home level, there were 23 residents (15 older persons, 3 residents under the physical disability service type (YPD contract), 1 under the intellectual disability service type (YPD contract), 1 resident under the Accident Compensation Corporation (ACC) contract and 3 residents under the long-term chronic illness contract).</p>
<p><b>Standard 1.2.2: Service Management</b></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>The service has appropriate systems in place to ensure the day-to-day operations of the service continues should the BCM or the CM be absent. The CM, with support from the clinical quality manager, stands in when the BCM is absent. The BCM stands in for the CM when away and there is support from an administrator.</p> <p>Both the BCM and CM are on call after hours if required. Oceania support office provides additional support when needed. Job descriptions and interviews with the BCM and CM confirmed their responsibility and authority for their roles.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Otumarama uses the Oceania Healthcare Limited quality and risk management framework. Organisational policies and procedures guide service delivery. Policies are subject to reviews. Policies are linked to the Health and Disability Sector Standards and are available to staff in hardcopy. New and revised policies are presented to staff to read and staff sign to say they have read and understood the policy. Staff interviewed stated they read new or revised policies. Staff interviewed reported they are kept informed of quality improvements.</p> <p>There are monthly joint staff and quality meetings. The service also holds health and safety, infection control and RN meetings. There are monthly resident meetings in the rest home and hospital including opportunity for families to attend. Template agendas are used during meetings.</p> <p>Service delivery is monitored through review of complaints, review of incidents and accidents with monthly analysis of data, surveillance of infections, and implementation of an internal audit programme. Corrective action plans are documented.</p> <p>Risks are identified, and there is a hazard register that identifies health and safety risks as well as risks associated with human resource management, legislative compliance, contractual risks and clinical risk. Resident/family satisfaction surveys are completed six monthly and results confirmed residents' satisfaction with the levels of care they receive. Consumer interviews with YPDs confirmed their participation in decision making, having access to technology and the equipment they may need.</p>



		<p>Internal audit schedules and completed audits were reviewed. Clinical indicators and quality improvement data is recorded on various registers and forms and were reviewed. Review of the quality improvement data provided evidence the data is being collected, collated, evaluated, and analysed to identify trends and that this data is being reported to staff and to the governing body.</p> <p>The health and safety manual documents health and safety management systems including a health and safety plan, employee participation, audits, accident reporting, injury management, hazard management, contractor agreements, and an emergency plan. Meeting minutes are reviewed by management and provided evidence of discussion and reporting on accident/incidents; hazards; staff wellness programme, health and safety objectives and maintenance.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b> All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The BCM is aware of situations in which the service is required to report and notify statutory authorities, including unexpected deaths, police involvement, sentinel events, infectious disease outbreaks and changes in key management roles. The last notification to the Ministry of Health related to a gastro outbreak. There has been no essential notifications or adverse events reported to any of the external agencies.</p> <p>Accident/incident reports selected for review had corresponding corrective action plans. There is evidence of open disclosure for recorded events. Staff interviews and review of documentation evidenced that staff document adverse, unplanned or untoward events on accident/incident forms which are signed off by the BCM.</p> <p>Information is regularly shared at monthly meetings with accidents/incidents graphed, trends analysed and benchmarking of data occurring with other Oceania facilities.</p>
<p><b>Standard 1.2.7: Human Resource Management</b> Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Policies and procedures in relation to human resource management are available and implemented. The skills and knowledge required for each position is documented in job descriptions. These were reviewed on staff files along with employment agreements, reference checks, 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 complete in-service training around a variety of clinical topics.</p> <p>Individual staff attendance records and attendance records for each education session were reviewed and evidenced that ongoing education is provided. Eight RNs have completed</p>

		<p>interRAI assessments training and competencies.</p> <p>An appraisal schedule is in place and current staff appraisals were in the staff files reviewed.</p> <p>An orientation/induction programme is available and new staff are required to demonstrate competency on a number of tasks, including personal cares. The staff orientation covers the essential components of the service provided. Healthcare assistants confirmed their role in supporting and buddying new staff.</p> <p>Annual competencies are completed by care staff, for example: hoist; oxygen use; hand washing; wound management; medication management; moving and handling; and restraint. Education and training hours are at least eight hours a year for each staff member. The RNs' training records reviewed evidenced eight hours or more of relevant training. Registered nurses are supported to attend external training to ensure they are continuing to build upon existing knowledge and skills.</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>	FA	<p>Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. The staffing policy is the foundation for workforce planning.</p> <p>Rosters showed that staffing levels meet resident acuity and bed occupancy.</p> <p>There are 50 staff, including the management team, clinical staff, activity coordinators, and household staff. There is a RN on each shift. Residents and families confirmed staffing is adequate to meet the residents' needs.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The service retains relevant and appropriate information to identify residents and track residents' records. This includes information collected on admission with the involvement of the family.</p> <p>There are policies and procedures in place for privacy and confidentiality of residents' records. Staff described the procedures for maintaining confidentiality of residents' records. Resident care and support information can be accessed in a timely manner. Documents containing sensitive resident information is not displayed in a way that could be viewed by other residents or members of the public. Resident files are protected from unauthorised access by being locked away in an office. Archived records are securely stored and easily retrievable.</p> <p>All components of the residents' records reviewed include the resident's unique identifier. The clinical records are integrated, including information such as medical notes, assessment</p>

		<p>information and reports from other health professionals. Medication charts are kept separate from residents' files and are accessible by authorised personnel only.</p> <p>Residents' progress notes are completed on every shift, detailing resident response to service provision and progress towards identified goals. Entries made by the service providers in the progress notes identify the name and designation of the person making the entry.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service. The service communicates with needs assessors and other appropriate agencies prior to the resident's admission regarding the resident's level of care requirements. There is a comprehensive information pack provided to all residents and their families prior to admission. Review of residents' files confirmed entry to service processes, ensuring compliance with entry criteria. Interviews with residents and family and review of records confirmed the admission process was completed by staff in a timely manner. Residents and family members interviewed stated that they had received the information pack and had received sufficient information prior to and on entry to the service.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There is a policy that describes guidelines for discharge, transfer documentation and follow-up. A record is kept and a copy is kept on the resident's file. This was sighted in one resident file. All relevant information is documented and communicated to the receiving health provider or service via the yellow envelope system. A transfer form accompanies residents to receiving facilities. Follow-up occurs to check that the resident is settled, or in the case of death, communication with the family is made.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and processes that describe medication management that align with accepted guidelines. Medications are checked against the resident's medication profile on arrival from the pharmacy by a RN.</p> <p>Review of the medication areas evidenced an appropriate and secure medicine dispensing system, free from heat, moisture and light, with medicines stored in original dispensed packs. The drug register is maintained and evidenced weekly checks and six-monthly physical stocktakes. There is a six-monthly review of medicine usage, by a pharmacist and recommendations for appropriate stock levels and management are made in consultation with the CM where necessary.</p>

		<p>A computerised medication management system is used at the facility and meets the current legislative requirements and safe practice guidelines.</p> <p>The medication round was observed at lunch time and evidenced practice was safe and met the requirements of the standard. All staff authorised to administer medicines have current competencies. Administration records are maintained, as are specimen signatures. Staff education in medicine management is provided.</p> <p>The fridge where medications are kept, has a weekly temperature check within the recommended range.</p> <p>Residents' who request to self-administer medicines are provided with secure storage for their medicines. Younger persons are supported to self-administer medicines where appropriate. An initial assessment to verify the resident's safety and competency to administer medicines is completed by the GP. Three-monthly competency assessments are recorded for two residents who are self-administering their medication.</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 food is prepared onsite in a large commercial kitchen. There is a food control plan expiring 28 March 2019. The kitchen and the equipment are well maintained. Food safety information and a kitchen manual are available in the kitchen. All kitchen staff had completed relevant food safety training.</p> <p>Food in the chiller was covered and dated. The kitchen was clean and all food was stored off the floor.</p> <p>There is a four weekly seasonal menu approved by a dietitian at organisational level. Diets are modified as required. At interview, the kitchen manager reported the RN completes each resident's nutritional profile on admission with the aid of the resident and family. The kitchen manager is made aware of any changes. Special diets are catered for and documented in the kitchen. Special equipment, to meet residents' nutritional needs, is readily available. Meals are plated in the kitchen and delivered to the main dining room. A tray service is provided via a hot box system to maintain correct food temperatures. Food temperatures are monitored. Residents requiring extra support to eat and drink are assisted, this was observed during lunch.</p> <p>Food audits are carried out as per the yearly audit schedule.</p> <p>The service encourages residents to express their likes and dislikes. The residents interviewed spoke highly about meals provided and they all stated that staff ask them about their food preferences.</p>

<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The service has a process in place where access is declined, should this occur. When residents are declined access to the service, residents and their family, the referring agency, the GP and/or the NP are informed of the decline to entry. The residents would be declined entry if not within the scope of the service or if a bed was not available.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The initial nursing assessment is completed within 24 hours of admission and the initial care plan is completed. Assessments are recorded, reflecting data from a range of sources, including: the resident; family; GP/NP; and specialists as applicable. Review of wound care documentation evidenced all wounds (including skin tears) are recorded on short-term care plans. Resident assessments inform PCCPs (refer to 1.3.5.2). Policies and protocols are in place to ensure continuity of service delivery. Assessment tools are reviewed at least six monthly including, but not limited to, falls, dietary, continence and pain. Residents interviewed confirm assessments are conducted according to their needs and in a private manner.</p> <p>Review of environment and interviews with staff confirmed resources and equipment available meet the needs of residents. Interviews with residents and family confirmed their involvement in the assessments, care planning, review, treatment and evaluation of residents' care.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Low	<p>Person Centred Care Plans are developed with the resident, and family/whānau involvement is included where appropriate. Short-term care plans are developed for the management of acute problems, when required, and signed off by the RN when problems are resolved. Not all files sampled had an individualised PCCP that covered all areas of identified need. For those areas of identified need not documented, interview with residents and staff; review of nursing progress notes, specialist and GP progress notes; and monitoring records confirmed continuity of service delivery.</p> <p>Interviews with residents confirmed they have input into their care planning and review and that the care provided meets all their needs.</p>
<p>Standard 1.3.6: Service</p>	FA	<p>In files sampled wound care plans, nutrition management, skin integrity management, medical specific plans, pain management and falls prevention plans were evident. All files sampled</p>

<p><b>Delivery/Interventions</b></p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>evidenced at least six monthly care plan reviews were completed. The use of short term care plans was evident. The care being provided is consistent with the needs of the residents. This was also evidenced by discussions with residents, family and staff. The GP interviewed stated the facility applied changes of care advice immediately and was complimentary about the quality of the service delivery provided. Residents' needs are assessed prior to admission and residents' primary care is provided by their own GP.</p> <p>There is evidence of referrals to specialist services such as podiatry, physiotherapy, nutritional and specialist nurses. There were sufficient supplies of products and equipment seen to be available that complied with best practice guidelines and met the residents' needs.</p> <p>Staff interviews confirmed they are familiar with the needs of the residents they are allocated to. Family communication is recorded in the residents' files. Nursing progress notes and observation charts are maintained.</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>Interviews with the AC and review of resident files confirmed an individual activities plan is developed for each resident. The service has diversional therapist input into activity plans.</p> <p>All recreation/activities assessments and reviews are up to date. On the day of audit, residents were observed being actively involved with a variety of activities in the main lounge. Residents have an activities assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career and family. The AC interviewed also stated that they participate in six monthly multidisciplinary meetings and conduct monthly residents' meetings for the younger residents where activities are planned to meet the needs of these residents.</p> <p>Younger person specific activities include, but are not limited to, involvement with local community, accompanying and assisting staff with projects and accompanying maintenance staff to purchase supplies and tools. Personalised exercise equipment is available for a younger person with disabilities.</p> <p>Activities are age appropriate and have been comprehensively planned. Activities provided are meaningful and reflect ordinary patterns of life. There are also visits from community groups. Some residents attend activities of interest in the community and the facility provides a weekly van outing. Residents who prefer to stay in their room can have one-on-one visits including, for example, reading, hand massage and music. There is a theme allocated monthly and activities are planned around the theme.</p> <p>The residents' activity needs are evaluated regularly and as part of the formal six-monthly care plan review. The residents' attendances and participation in activities are monitored and</p>

		<p>activities monthly progress reports are entered in the residents' clinical files.</p> <p>The activities are discussed at the residents' meetings and indicate residents' input is sought and responded to. Residents interviewed confirmed they find the programme meets their needs.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>There are three-monthly reviews by the GP. There was documented evidence that RN evaluations were current and completed for all care plans sampled. Resident care is evaluated on each shift and reported in the residents' progress notes. If any change is noted it is reported to the RN or the CM.</p> <p>A short-term care plan is initiated for short-term concerns, such as infections and wound care. Interviews verified residents and family/whānau are included and informed of all changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>The service facilitates access to other medical and non-medical services. If the need for other non-urgent services are indicated or requested, the GP, RN or CM sends a referral to seek specialist service provider assistance from the DHB. Referral forms and documentation are maintained on resident files. There is information available pre-admission and in the admission documentation on the Code, advocacy, health practitioners code of conduct and informed consent.</p> <p>Referrals are followed up on a regular basis by RN, CM or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and interviews.</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>Documented policies and procedures provide guidelines for staff in the management of waste and hazardous substances. Incidents and accidents are reported on in a timely manner. Policies and procedures specify labelling requirements in line with legislation, including the requirements for labels to be clear, accessible to read and free from damage.</p> <p>The hazard register is current. Material safety data sheets are available and accessible for staff. Staff receive training and education in safe and appropriate handling of waste and hazardous substances.</p> <p>Protective clothing and equipment that is appropriate to the recognised risks is provided. During a tour of the facility, protective clothing and equipment was observed in high-risk areas.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness is displayed. There have been no building modifications since the last audit.</p> <p>Interview with the BCM and the maintenance person confirmed there is a planned and reactive maintenance schedule in place. The service has an annual test and tag programme and this is up to date, with checking and calibrating of clinical equipment annually. Interviews with staff and observation of the facility confirmed there is adequate equipment.</p> <p>Corridors are wide, providing space for residents, including resident using wheelchairs, to safely pass one another. The service provides mobility access throughout the facility, meeting requirements for YPDs.</p> <p>There are quiet areas throughout the facility for residents and their visitors to meet and there are areas that provide privacy when required. There are internal courtyards, lawns, areas with shade and outdoor table and chairs.</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>	<p>FA</p>	<p>Visual observation provided evidence that toilet; shower and bathing facilities are of an appropriate design and number to meet the needs of the residents. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. Visitors' toilets and residents' toilets are located close to communal areas. All the toilets have a system that indicates if it is engaged or vacant.</p> <p>Residents' toilets and bathing areas have handrails and other equipment/accessories to enhance and promote residence independence. Residents and family members reported that there are sufficient toilets and showers. Auditors observed residents being supported to access communal toilets and showers in ways that are respectful and dignified.</p> <p>Hot water temperatures are monitored at monthly intervals and is delivered in line with the recommended temperature range. Interviews with the maintenance person confirmed that if the hot water temperatures exceed the recommended temperatures, corrective action is taken to address the issue.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to</p>	<p>FA</p>	<p>There is adequate personal space in bedrooms to allow residents and staff to safely move around in rooms.</p> <p>Equipment was sighted in hospital rooms with sufficient space for both the equipment and at</p>



the consumer group and setting.		<p>least two staff and the resident. The residents' rooms are personalised with their own furnishings, photos and other personal possessions. Residents and families are encouraged to make the room their own.</p> <p>There were no residents sharing rooms at the time of the audit.</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>	FA	<p>The service has lounge/dining areas including areas that can be used for activities. All areas are easily accessed by residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and arranged in a manner which enables residents to mobilise freely. One of the lounges was changed into an activities room specifically with the needs of the YPDs in mind. This area includes a pool table, games area and set-up for watching movies.</p> <p>The dining areas have space for residents and staff to move around easily.</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>	FA	<p>All laundry is completed off-site. There are processes in place for daily collection, transportation and delivery of linen and residents' personal clothing.</p> <p>The effectiveness of the cleaning and laundry services is audited as part of the internal audit programme.</p> <p>There are cleaners on site during the day, seven days a week. The cleaners have a trolley to put chemicals in and the cleaners are aware that the trolley must be with them at all times. The cleaner has specific guidelines, in the form of a flip-chart, to ensure appropriate cleaning processes.</p> <p>There are safe and secure storage areas for chemicals and cleaning products. Staff have appropriate and adequate access to these areas, as required. Chemicals are labelled and stored safely within these areas. Products are used with training around use of products provided throughout the year. The cleaner confirmed that they had training at least annually.</p> <p>Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities are available throughout the facility.</p> <p>Residents and families stated they were satisfied with the cleaning service.</p>
Standard 1.4.7: Essential, Emergency, And	FA	The service has documented systems in place for essential, emergency and security services.

<p><b>Security Systems</b></p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>Registered nurses, healthcare assistants, the AC and the people who drive the van with residents in it, are required to complete first aid training. There are at least two designated staff members on each shift with appropriate first aid training. Emergency and security management education is provided at orientation and at the in-service education programme. Staff records sampled provided evidence of current training regarding fire, emergency and security education.</p> <p>Security systems include security cameras and a system to ensure all entrances are locked after dark. Staff complete security checks at set intervals. Families and residents, including YPDs, know the process of alerting staff when in need of access to the facility after hours.</p> <p>A New Zealand Fire Service letter was sighted advising the fire evacuation scheme has been approved.</p> <p>Information in relation to emergency and security situations is readily available/displayed for staff and residents. Emergency equipment is accessible, current and stored appropriately with evidence of emergency lighting, torches, gas and barbeque for cooking, extra food supplies, emergency water and blankets.</p> <p>The service has a call bell system in place that is used by the residents, family and staff members to summon assistance. All residents have access to a call bell. Call bells are checked monthly by the maintenance person. Residents confirmed they have a call bell and staff respond to it in a timely manner.</p> <p>There are documented visitors' policy and guidelines available to ensure resident safety and well-being is not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</p>
<p><b>Standard 1.4.8: Natural Light, Ventilation, And Heating</b></p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents are provided with adequate natural light, safe ventilation, heating and an environment that is maintained at a safe and comfortable temperature. Families and residents confirmed that rooms are maintained at an appropriate temperature. There are designated smoking areas for the staff and residents.</p>
<p><b>Standard 3.1: Infection control management</b></p> <p>There is a managed environment, which</p>	FA	<p>Oceania Healthcare Limited has an established infection control programme. The infection control programme is reviewed annually with the last review in May 2018. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with this service. It is linked into the incident reporting system. Oceania infection</p>

<p>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>control policies and procedures manual provides information and resources to support staff. Visual information is located throughout the facility for visitors, staff and residents' awareness of infection control procedures to minimise the risk of infection.</p> <p>There is a signed infection control nurse job description outlining responsibilities of the position. The CM is the designated infection control nurse with support from the BCM, the regional clinical and quality manager, the Oceania infection control committee and infection control team. Meeting minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff at orientation.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The infection control nurse is aware of the need to analyse data and the reasons behind this. In the event of the infection control nurse requiring advice, this is available through the GP or the DHB.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training and education of staff. The infection control policies link to other documentation and uses references where appropriate. Infection control policies are reviewed as part of the policy review process by Oceania.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control nurse receives ongoing education and completed online training in June 2018. The infection control nurse ensures training is provided to staff. Staff completed formal education via Oceania grow, educate, motivate (GEM) study days. Informal education is provided and includes, but not limited to, hand hygiene and standard precautions. Training on infection control has been provided in 2018. Resident education is expected to occur as part of providing daily cares.</p>

<p><b>Standard 3.5: Surveillance</b></p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections and internal process monitoring is undertaken via the internal audit programme. The service submits data monthly to Oceania support office where benchmarking is completed.</p> <p>Infections are collated monthly, including urinary tract, upper respiratory and skin. This data is analysed for trends and reported to the quality, RN and staff meetings.</p> <p>A gastro outbreak in March 2018 had been appropriately managed. Regional public health was informed.</p>
<p><b>Standard 2.1.1: Restraint minimisation</b></p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Oceania Healthcare Limited has a philosophy around reducing the use of restraint. The definition of restraint and enabler is congruent with the definition in the standard. There were no residents using an enabler or restraint on the days of the audit.</p> <p>Staff and management interviews confirmed the approval process for enabler use is activated when a resident voluntarily requests an enabler to assist them to maintain independence and/or safety.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Low	Resident’s risk assessments and interRAI assessments are completed by RNs within the required timeframes for all resident files sampled. Four of six PCCPs reviewed did not document the required level of support/interventions to manage all health needs. This issue was addressed on the day of audit and the residents now have current PCCP interventions documented.	Person centred care plans do not consistently document the required support/interventions for specific health needs assessed.	<p>Ensure PCCPs document the required interventions/level of support to manage all health needs.</p> <p>90 days</p>

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

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

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

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

No data to display
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End of the report.