

# Oceania Care Company Limited - Gracelands Rest Home and Hospital

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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>	Gracelands Rest Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 23 May 2018    End date: 24 May 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>	86



# 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

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	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

Gracelands Rest Home and Hospital (Oceania Healthcare Limited) can provide care for up to 92 residents. On the day of this audit there were 86 residents residing at the facility. This surveillance audit was conducted against the relevant Health and Disability Services Standards and the service contract with the district health board.

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

There was one area identified as requiring improvement from the last certification audit relating to care plans not being evaluated in a comprehensive manner. This is now fully implemented.

There were two areas requiring improvement identified at this audit relating to the recording of the corrective actions processes and medicines management.

## 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.

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.

Some standards applicable to this service partially attained and of low risk.

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.

The quality and risk management system and processes support safe service delivery. Policies are reviewed. Monthly reports are sent to the national support office, which allows for benchmarking and the monitoring of service delivery. Benchmarking reports

include clinical indicators, incidents/accidents, infections and complaints. An internal audit programme implemented. There is an electronic database to record risks.

The facility has an incident and accident management system that records and reports all adverse, unplanned or untoward events, including appropriate statutory and regulatory reporting. Documentation confirmed that staff communicate with residents and family members about incidents.

The business and care manager is responsible for the overall management of the facility. The business and care manager is supported by a clinical manager and the regional and executive management teams.

Human resource policies and processes are current, in line with good practice and include appointment of appropriate staff, orientation and induction processes for new staff, a system to identify, plan and implement training and education through the use of an in-service education programme. Staff competencies are also assessed.

Staffing levels are adequate across the service. Registered nurses are on duty seven days per week and are supported by appropriate levels of care and allied health staff.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Residents' records sampled, provide evidence that all residents have been assessed appropriately prior to admission to this facility by the needs assessment service coordinators. Registered nurses assess residents on admission. Residents' records sampled

demonstrated their needs, outcomes and/or goals have been identified in the assessments. Person centred care plans are reviewed six-monthly or more often as required. Short-term care plans are in place to manage short-term problems. Interviews confirmed residents and their families are informed and involved in care planning and the evaluation of care. Handovers guide continuity of care.

The activities programme is developed and implemented by a diversional therapist. The programme provides residents with a variety of individual and group activities. Special consideration and additional activities are provided for younger persons. Community outings are arranged, entertainers and community groups are invited to participate in the programme.

There is an appropriate medication management system in place. Staff responsible for medication management have attended annual education and completed annual medication competencies. Residents, including younger persons, are supported to self-administer medicines as appropriate.

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 and additional requirements/modified needs are met. The menu is reviewed annually at organisational level by a dietitian. Residents interviewed confirmed 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.

There is a current building warrant of fitness.

## **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.

Oceania Healthcare Limited implement policies and procedures to support restraint minimisation. Restraint minimisation is overseen by the clinical manager. There is a restraint register and an enabler register. There were five residents using restraint and four residents using enablers at time of audit. Restraint is only used as a last resort when all other options have been explored. Enabler use is voluntary. Staff interviewed were knowledgeable about the correct use of restraint and 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.

Oceania Healthcare Limited undertakes infection control surveillance which is appropriate to the size and complexity of this service. Infection surveillance is conducted and collated monthly. This data is analysed, trended and reported to staff and management. Results are reported to the Oceania Healthcare Limited support office on a monthly basis. Benchmarking occurs.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	14	0	1	1	0	0
Criteria	0	37	0	1	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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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
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The organisation's complaints policy and procedures are in line with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). The complaints process records a summary of the complaints, the investigation, outcome and other processes of complaints management. Complaints reviewed demonstrate resolution and documentation to support closure.</p> <p>Systems are in place to ensure residents and their family are advised of the complaint process and the Code. The complaint process is readily accessible and complaints forms are displayed for easy access. Residents and family interviewed confirmed having an understanding and awareness of these processes.</p> <p>Resident meetings are held bimonthly and meeting minutes confirmed that residents and their families are able to raise any issues they have during these meetings (refer to 1.2.3.8).</p>
Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment	FA	<p>Information is provided to residents and their families as part of the admission pack to new residents. The resident admission agreement, signed by residents or their representative on entry to the service, details information about services provision. Monthly resident and family meetings provide opportunity for resident feedback, family input into service delivery and having the opportunity to raise concerns if required.</p> <p>The service has an open disclosure policy with procedures in place to ensure staff maintain open, transparent communication with residents and families. The residents' files reviewed provided evidence that communication</p>

conducive to effective communication.		<p>with family members is documented in residents' communication records. Following adverse events there is evidence of staff contacting the general practitioner (GP) and family being informed.</p> <p>Staff are familiar with how translating and interpreting services can be accessed. Residents in the service did not require interpreting services on audit days.</p>
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The Oceania Healthcare Limited's vision, values, mission statement and philosophy are displayed at the entrance to the facility and in information booklets. The organisation records their scope, direction and goals in their business, strategic and quality plans.</p> <p>The business and care manager (BCM) is supported by a clinical manager (CM), who is responsible for clinical matters, and the regional clinical quality manager. The CM has worked for the organisation in a variety of roles. The CM is a registered nurse (RN) with a current annual practising certificate, 15 years' experience in aged residential care and has been in this role for three years.</p> <p>The BCM has a business management background and has been in the role for five years. The BCM has also been the regional operations manager for Hawkes Bay since 2016. The BCM is also one of a team of people who are currently jointly managing another facility in the area. This team includes the oversight from the senior clinical quality manager as well as input from the regional clinical quality manager.</p> <p>The facility can provide support for a maximum of 92 residents with 36 beds identified as rest home and 56 hospital level of care beds. On the day of the audit there was an occupancy of 86. This was made up of 52 residents requiring rest home level of care and 34 residents requiring hospital level of care.</p> <p>The service includes contracts for respite care, with three residents currently in the service under this contract. There are young people with physical disabilities (YPD), with two residents in the hospital and one resident in the rest home. There is also a contract for care of residents with long-term chronic illness and palliative care although there were no residents receiving palliative care under this contract at the time of audit.</p> <p>The service has 69 of the 92 rooms as premium rooms. Of the 69 rooms there are 33 residents who are not paying premium rates as they were offered a waiver of the premium rate. This waiver applies until a standard room becomes available and the residents are required to move into the standard room. Residents are informed of this at admission. Residents are also given the choice to change their preference of room (standard or premium) at regular intervals.</p> <p>The service does not currently have occupational right agreement units, however, is in the process of re-carpeting the service and changing one bedroom into a unit which will provide the opportunity for an occupational right agreement. This unit is still in the process of being remodelled and refurbished.</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>	PA Low	<p>The facility uses the Oceania Healthcare Limited's (Oceania) documented quality and risk management framework to guide their practice. Gracelands implements organisational policies and procedures to support service delivery. All policies are subject to review and are current. Policy reviews are completed by the national support office, with input from BCMS. Policies are linked to the Health and Disability Sector Standards, current and applicable legislation, and evidenced based best practice guidelines. New and revised policies are presented to staff at staff meetings. There is a current interRAI policy in place.</p> <p>A quality improvement plan with quality objectives was reviewed and these are used to guide the quality programme.</p> <p>There is a detailed hazard register that identifies health and safety risks, as well as: risks associated with human resource management; legislative compliance; contractual risks; and clinical risk. A health and safety manual is available that includes relevant policies and procedures. Service delivery is monitored through: complaints; incidents and accidents; and implementation of an internal audit programme.</p> <p>There are monthly combined staff, quality, clinical and health and safety meetings. However, the corrective action plans for meeting minutes do not consistently include identification of the person responsible for implementation of the corrective actions and timeframes and/or sign-off is not consistently recorded. Clinical indicators and quality improvement data are recorded and staff are informed at staff meetings. Family/resident and staff satisfaction surveys are completed as part of the annual quality programme. Collated results are compared with previous surveys.</p> <p>Interviews with residents that are receiving care under the YPD contract, confirmed they have opportunity to contribute to and participate in quality improvement processes. This includes having choices regarding their care the use of technology, aids, equipment and preferences regarding their social activities.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The BCM and the CM confirmed their understanding of the circumstances/events that require the facility to notify statutory authorities. This includes police attending the facility, unexpected deaths, critical incidents and infectious disease outbreaks. Previous notices are documented and retained on files.</p> <p>Staff records demonstrated they receive education at orientation regarding the incident and accident reporting process. Staff interviews confirmed an understanding of the adverse event reporting process. Staff also understand their obligation to document untoward events. The service encourages an environment in which staff are able to report errors and/or mistakes.</p> <p>There is evidence of open disclosure for each recorded event. Information is regularly shared at monthly meetings with incidents graphed, trends analysed and benchmarking of data occurring with other Oceania facilities.</p>

		<p>There has been no external complaints since the last audit.</p>
<p>Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>The service has human resource policies and processes in place and these are implemented. Registered nurses (RN) 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 and an annual appraisal process is in place. All staff employed for longer than one year having a current performance appraisal. Newly employed staff have interim appraisals at three and six months after employment.</p> <p>All staff have completed an orientation programme. Mandatory training is identified on a company-wide training schedule. The service has a training and competency file for each staff member. Records include attendance records for all training maintained. The service has a varied approach to ensuring that staff receive annual training, including attendance at training sessions and annual individualised training around core topics such as: medication; restraint; infection control; health and safety; manual handling and continence. Seven RNs and the CM have completed the interRAI assessment training.</p> <p>The training register and training attendance sheets demonstrate staff completion of annual medication and other competencies. Competencies include: hoist; moving and handling; hand washing; wound management and bi-annual first aid competency. The service is appropriate for the level of care provided.</p>
<p>Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The staffing policy forms the foundation for workforce planning. Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided. Rosters reflected staffing levels that meet resident acuity and bed occupancy. Rosters were checked to ensure that residents requiring either rest home or hospital level of care, were supported according to their individual need. Residents were encouraged to be as independent as possible. The CM provides 24-hour, on-call support for clinical matters.</p> <p>Residents and families confirmed that staffing is adequate to meet the residents' needs.</p>
<p>Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements</p>	PA Moderate	<p>There are policies and processes that describe medication management that align with legislation and guidelines. Medication reconciliation is completed. Any errors are documented on an incident and accident form and any pharmacy errors are referred back to the pharmacy. A computer based medication system is used. Weekly checks and six-monthly stocktakes are documented. A system is in place for returning expired medicines to the pharmacy. Storage of medication observed on audit does not meet requirements. The medication refrigerator temperatures are monitored and recorded weekly.</p> <p>Review of medication charts and two observed lunchtime medication rounds evidenced compliance with</p>

and safe practice guidelines.		<p>legislation and guidelines.</p> <p>The RNs, enrolled nurse and senior medication competent HCAs administer medications. All staff authorised to administer medicines complete an annual medication competency or when they contribute to a medication error. The RNs had completed current syringe driver competency and education.</p> <p>The medication policy supports residents, including young persons, to self-administer medicines if they wish. There is one rest home resident who self-administered medications on audit days. All checks and reviews are completed for this resident to ensure they are competent to self-administer medicines. There were no standing orders in use at time of audit.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The executive chef/area catering manager (EC) oversees food provision at the facility. There is a commercial kitchen with all food prepared and cooked on site. Food safety information and a kitchen manual are available in the kitchen. All kitchen staff have current food safety training.</p> <p>There is a four weekly seasonal menu which has been reviewed by a dietitian. A dietary assessment is undertaken for each resident on admission to the facility and a dietary profile developed. There were current copies of the residents' dietary profiles located in the kitchen. The personal food preferences of the residents, special diets/modified nutritional requirements are known to the EC and accommodated. Interview with the CM and EC confirmed high protein drinks are supplied for those residents identified as being at risk of weight loss. Review of residents' monitoring records confirmed residents weights are documented monthly and weights are stable. Special equipment, to meet residents' nutritional needs was sighted. Food is served via bain-marie to the dining rooms and a tray service is available if requested.</p> <p>The EC is working with residents to compile a book with residents' favourite recipes. Favourite recipes from residents are often catered at morning tea.</p> <p>All required aspects of food services comply with current legislation and guidelines. Food audits are carried out as per the yearly audit schedule. Records of temperature monitoring of food, refrigerators and freezers are maintained. Fresh and frozen food is checked on arrival and temperatures are documented. A cleaning schedule is maintained.</p> <p>Interviews with residents and their families confirmed their satisfaction with the quality of the food service.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and</p>	FA	<p>The residents' needs are assessed prior to admission. The RNs and HCAs follow the care plan and report progress against the care plan on each shift at handover. Care planning includes specific interventions for both long-term and the short-term problems. 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</p>

appropriate services in order to meet their assessed needs and desired outcomes.		<p>required, this will be actioned by the GP.</p> <p>Medical records documented reviews were completed within required timeframes or sooner if needed. Nursing progress notes and observation charts are maintained. Assessments and monitoring around pain were completed as indicated in the care plans. Specialist recommendations were followed up.</p> <p>Staff interviews confirmed they are knowledgeable about the needs of the residents. Family communication is recorded in the residents' files. In interviews residents and family members reported residents' individual needs are 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>	FA	<p>The residents' activities programme is developed and implemented by the diversional therapist (DT). The activities programme provides a range of planned activities to maintain residents' strengths and interests which include the involvement of the community. Residents' social history and their preferred activities are identified on admission and documented in the residents' files. Review of the residents' files evidenced individual activity plans are developed by the DT and in consultation with the RNs. A memory lane booklet provides a profile and life journey for each resident. Evaluations are completed at the same time as the six monthly PCCP evaluations and there is evidence of resident and family participation.</p> <p>The service had three younger persons' with specific care plans including additional social activities and community links to meet their specific needs. Younger persons specific activities include, but are not limited to, activities of choice, attending external activities of interest, involvement with local community groups, and accompanying and assisting staff with various activities including preparation for special events.</p> <p>Residents are free to choose whether they wish to participate in the group activities. Participation is monitored. There are a wide variety of activities offered. There is a large print activities timetable on the residents' noticeboards throughout the facility. The physiotherapy assistant provides a daily get active programme across six days of the week. HCAs assist with some activities on the weekends. On the days of audit, residents were observed participating in a variety of activities. Residents who prefer to stay in their room are offered activities including but not limited to, one-on-one visits for reading, hand massage and music. The facility provides twice weekly van outings and residents can attend activities at other Oceania facilities. Entertainers visit regularly. Special events are celebrated. Some residents attend activities of interest in the community. Church services are provided and a local church group visits weekly to provide a service.</p> <p>The residents and their families reported satisfaction with the activities provided. Resident meetings are conducted bimonthly.</p>
Standard 1.3.8:	FA	<p>Interviews with the CM and two RNs confirmed six monthly evaluations are conducted by the RNs with input from the residents, family, HCAs, DT, physiotherapist and the GP. Residents are reviewed by a GP at least three</p>

<p>Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>monthly or more often as required.</p> <p>The PCCP and short-term care plan evaluations are completed in a timely manner. The evaluations reviewed are resident focused and document the degree of achievement towards meeting desired goals and outcomes. The PCCPs are updated when progress or achievement of goals were not as expected. The short-term care plans reviewed were signed, dated and closed out when the short-term problem had resolved. If the problem was ongoing this was identified in the PCCP.</p> <p>Families are notified of any changes in resident's condition. Residents and families interviewed confirmed their participation in care plan evaluations. Review of residents' files evidenced additional input from specialists and other health professionals.</p> <p>The previous requirement for improvement in relation to evaluations not being completed in a comprehensive manner has been addressed.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness is displayed in a visible location at the entrance to the facility.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy identifies the requirements around the surveillance of infections and includes the process for internal monitoring. Internal monitoring is completed via the internal audit programme. One of the RNs is the infection control nurse. Infection data is collated monthly by the CM and is submitted to Oceania national support office where benchmarking is completed. This data is analysed for trends and reported to the quality meetings, RN meetings and staff meetings.</p> <p>In interviews, staff confirmed they are made aware of any infections via the RNs, verbal handovers, short-term care plans and progress notes. Review of residents' files confirmed short-term care plans are in place for any infections.</p> <p>The CM confirmed in interview there had been no outbreaks since the previous audit.</p>
Standard 2.1.1:	FA	<p>The Oceania Healthcare Limited restraint minimisation and safe practice handbook and policies comply with</p>

Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	<p>legislative requirements. The restraint coordinator is the CM. A signed position description was sighted. The Oceania clinical and quality team are responsible for approving any form or type of restraint practice used at Oceania facilities nationally. Restraint is only used as last resort once all alternative strategies are considered. Enablers are voluntary and the least restrictive option is in use to maintain resident independence and safety. The restraint register and enabler register is maintained and current.</p> <p>There were five residents using restraint and four residents using enablers during the on-site audit days.</p>
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## 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.3.8  A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.	PA Low	The service implements quality improvement activities including meetings, internal audits, complaints management and incident/accident management. Meetings include: kitchen; staff and care; registered nurse; health and safety; quality improvement and residents' meetings. Meeting minutes were reviewed for all the different meetings over a period of three to five months. There is evidence that, where meeting minutes identify corrective actions, the processes are not consistently recorded.	Corrective action records, in meeting minutes, do not consistently identify the person responsible for implementation of changes, timeframes for changes or sign-off after implementation of the changes.	Corrective action plans, in meeting minutes, to record the person responsible for implementation of changes, timeframes for changes or sign-off after implementation of the changes.  180 days
Criterion 1.3.12.1  A medicines management	PA Moderate	Review of medication charts and medicines register evidenced medicines were documented correctly. All medications are labelled as required. However excessive	Safe medication management was not	Ensure safe and appropriate processes during

<p>system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>		<p>storage of medication was observed, including multiple containers of one type of pain medicine in use at the same time for one resident. The pharmacy was informed on the day of audit to remove the medicine to mitigate risk.</p>	<p>always observed.</p>	<p>medications management. 30 days</p>
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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 audit.

No data to display

End of the report.