

Oceania Care Company Limited - Elmwood Rest Home and Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Elmwood Rest Home and Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 4 October 2018 End date: 5 October 2018
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	136

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Elmwood Rest Home and Village provides rest home and hospital level of care for up to 160 residents and there were 136 residents residing at the facility during the audit days.

This surveillance audit was conducted against a subset of the Health and Disability Service Standards and the service contract with the district health board.

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

The previous surveillance and partial provisional audit identified six areas requiring improvement relating to: adverse event reporting; service provision timeframes; evaluation; changes to person centred care plans; medication management; and safe/appropriate environment. All but part of one of the previous requirements for improvement were fully implemented. The requirement for improvement relating to service provision timeframes remains partially open. All other requirements for improvement were fully implemented. There are no new requirements for improvement resulting from this audit.

The audit confirmed suitability for care suite beds reviewed to be used as dual purpose as required from the previous partial provisional audit.

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 all accessible for residents and their family.

Residents and their families confirmed they are informed and have choices relating to the care they receive. Residents and family members confirmed their rights are being met. Staff are respectful of the needs of residents and communication is appropriate.

Policy and procedures relating to the complaints management process comply with the Right 10 of Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights.

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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Elmwood Rest Home and Village is part of Oceania Healthcare Limited. The mission statement and the values of the organisation are documented and communicated to staff, residents and visitors. Oceania Healthcare Limited has a documented quality and risk management system that supports the provision of clinical care.

The quality management system includes: an internal audit process; complaints management; resident and relative satisfaction surveys; incident and accidents; and infection control data analysis. Quality and risk performance is monitored by the management

team and communicated monthly to Oceania Healthcare Limited support office. Policies and procedures are reviewed at Oceania Healthcare Limited support office and are current.

The facility is managed by an experienced and suitably qualified business and care manager. The business and care manager is a registered nurse with aged care experience and is supported by a newly appointed clinical manager, the regional clinical and quality manager, and the national operational manager. The clinical manager is responsible for the oversight and implementation of the clinical services in the facility with the support of a clinical leader who is also new to their role. The position of a second clinical leader is currently vacant.

There are human resource policies in place to guide recruitment, selection, orientation, and staff training and development. Staff files were reviewed with validation of annual practising certificates for staff who were employed. An in-service education programme ensures ongoing education and training opportunities for staff. Staff training registers are maintained. New staff complete orientation and induction programmes.

Interviews with family and residents confirmed that staffing levels are adequate and there is adequate access to staff to support residents when needed. Staff are allocated to support residents as per their individual needs. Current staffing levels allow for a registered nurse to be appointed to the care suites once a resident requiring hospital level of care is admitted to the wing.

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 low risk.
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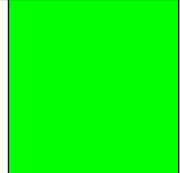
Initial assessments, care plans, and evaluations are completed by a registered nurse. Residents and families interviewed confirmed they were involved in the care planning and review process.

There is a group activity programme developed and implemented in the service. Participation is encouraged and is voluntary. Activities are planned that are meaningful to the residents and the programme ensures the interests of residents are included. Community outings are arranged with entertainers and speakers invited to participate in the programme. Special consideration is given to younger people with disabilities when planning the activities programme.

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

All meals are prepared on-site. The menu plans have been reviewed by a dietitian at organisational level and are suitable for older people and/or residents with disabilities. Resident's individual food preferences and dietary requirements are catered for.

Safe and appropriate environment

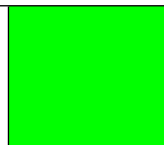
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility has a current building warrant of fitness. There has been no alteration to the building since the last audit.

Preventative maintenance and compliance monitoring ensures that the physical environment meets the needs of the residents and health and safety requirements. Electrical and medical equipment, furniture and fittings are maintained in safe working order.

Restraint minimisation and safe practice

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

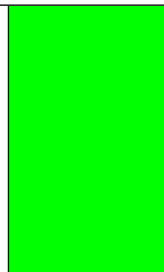


Standards applicable to this service fully attained.

The restraint minimisation and safe practice policies and procedures record the safe use of restraints and enablers. Restraint and enabler use complied with requirements. On the days of audit, there were five residents using restraints and no residents using an enabler at the facility. Staff interviewed demonstrated an understanding of restraint and enabler use and receive ongoing restraint education.

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.

Elmwood Rest Home and Village has an infection control programme that complies with current best practice. The content and detail of the programme are appropriate for the size, complexity, and degree of risk associated with the service. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

One of the registered nurses is the infection control nurse. Surveillance data is collected, collated, and analysed and trends are reported to staff.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	1	0	0	0
Criteria	0	40	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and procedure are in line with Right 10 of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and include periods for responding to a complaint.</p> <p>Complaint forms are available at the entrance to the facility. Residents and their family are informed about the complaints process on admission to the facility. Residents and family members interviewed stated that they would feel comfortable complaining.</p> <p>A complaints register is in place and includes: the date the complaint was received; the source of the complaint; a description of the complaint; and the date the complaint was resolved. A review of all the complaints since the previous audit was conducted. There are no open investigations by external agencies. The previous complaint to the DHB was signed off and requirements implemented.</p> <p>Policy and procedures identify that the organisation is committed to manage complaints effectively. Procedures are in place to show how the organisation supports a culture of openness and willingness to learn from incidents/accidents and complaints.</p>
<p>Standard 1.1.9: Communication</p>	FA	<p>Accident and incident management processes, the complaints procedure, and the open disclosure policy alert staff to their responsibility to notify family and/or enduring power of attorney of accidents and/or incidents that occur. Clinical files reviewed evidenced timely and open communication with residents and their families, as recorded in</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>progress notes. Interviews with family members confirmed they are kept informed.</p> <p>Residents and family receive an information pack on admission and this contains required information regarding the services provided. The information pack in large print could be sourced if needed. The admission agreement provides information around what is paid for by the service and by the resident. Resident files evidenced all agreements were signed within ten days of admission.</p> <p>Family meetings inform family members of facility activities and provide opportunity for family members to discuss issues and/or concerns with management. Interviews with residents and families confirmed their satisfaction with the services provided.</p> <p>The business and care manager (BCM) advised that interpreter services are able to be accessed from Counties Manukau District Health Board when required. There were no residents at the facility needing interpreter services during the on-site audit.</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>Elmwood Rest Home and Village is part of Oceania Healthcare Limited (Oceania). Oceania has the organisation's vision, mission, and values displayed at the facility. The business and care manager (BCM) is responsible for the overall management of the facility and has been in this role for nearly 16 months. The BCM is supported in their role by the Oceania support office staff.</p> <p>The clinical manager (CM) is a registered nurse (RN) supported by a clinical leader (CL). Both the CM and the CL previously worked at the facility as RNs and have been appointed to their new roles within the last three months. A second position for CL has been advertised.</p> <p>The facility can provide care for up to 160 residents at rest home and hospital levels of care. At the time of audit occupancy was 136. This included 63 residents receiving rest home level care, 63 residents at hospital level care and 10 independent residents.</p> <p>Additional contracts provided at the facility are for long-term support for chronic health conditions, respite and residential non-aged care. There were two residents under the respite contract at rest home level of care. There were 7 residents under 65 years; 5 at hospital level care and 2 in the rest home, all with physical disabilities. The facility is aware of the requirement to apply for physical disability to be added to the certificate due to the numbers of this service type on audit days. The care is person centred and the organisations' philosophy and strategic plan facilitate care of young people with disabilities.</p> <p>A partial provisional audit was undertaken in January/February 2018 to establish the level of preparedness for an additional 21 rooms as dual purpose care suites. The rooms were to be used initially for rest home only and could be extended to hospital level services upon the district health board closing out the corrective actions from the partial provisional audit. There are currently five rest home level residents residing in the new rooms. The observations, interviews and review of data confirmed management are taking steps to ensure the use of these</p>

		rooms as dual purpose will not impact on the service's capacity to meet the requirements of the Health and Disability Services Standards and the contract with the district health board (DHB). Interviews with Oceania management and the BCM confirmed the plan is to begin using the care suites as dual purpose as they are able.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	In the absence of the BCM, the CM is delegated to perform this role, with support from the Oceania regional operations manager and the clinical and quality manager. During the CM's temporary absence, the replacement is arranged by the Oceania support office staff.
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Elmwood Rest Home and Village uses the Oceania quality and risk management framework that is documented to guide practice. There is a documented operational and business plan for the facility.</p> <p>Organisational policies and procedures support service delivery. All policies are subject to reviews as required, with all policies current. The policies are linked to the Health and Disability Services Standards, current and applicable legislation, and evidenced-based best practice guidelines. New and revised policies are communicated to staff.</p> <p>Service delivery is monitored through: complaints; review of incidents and accidents; surveillance of infections; clinical indicators; and implementation of an internal audit programme. Quality data evidenced: collection; collation; identification of trends; and analysis. The quality data reports are communicated to Oceania support office. Benchmarking reports are produced by the Oceania support office and provide comparisons with other Oceania residential care facilities.</p> <p>Meeting minutes provided evidence of communication with management and staff around all aspects of quality improvement and risk management. Interviews with staff confirmed they are informed about quality activities. There are planned resident and family meetings that keep residents informed of any changes and provide opportunity for discussions.</p> <p>There is a six monthly family and resident satisfaction surveys which evidenced residents and family are satisfied with care and can contribute quality improvement suggestions.</p>

		Oceania is a member of Site Safe New Zealand Limited with membership The Oceania health and safety annual plan records actions required to be carried out and there is evidence this is being implemented. Hazards are addressed and risks minimised or isolated. Health and safety is audited throughout the year with a facility health check completed by the clinical and quality manager. If any issues are identified in the health check, a corrective action plan is put in place and evidence of the resolution of issues documented.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The BCM is aware of situations in which the service would need to report and notify statutory authorities and that this may include police attending the facility; unexpected deaths; sentinel events; notification of a pressure injury; infectious disease outbreaks; and changes in key managers. There have been no notifications of uncontrollable events to HealthCERT or the DHB. The Ministry of Health and DHB were notified of the appointment of the new CM. There have been no deaths referred to the coroner.</p> <p>Staff interviews confirmed staff recognise and report errors or mistakes. Staff receive education at orientation and as part of the ongoing mandatory training programme on the incident and accident reporting processes. Incident reports documented had a corresponding note in the progress notes to inform staff of the incident. Information gathered around incidents and accidents is analysed with evidence of improvements put in place. There was evidence of open disclosure for each recorded event.</p> <p>The previous requirement for improvement concerning completing post falls assessments, falls management guidelines and staff training relating to falls, is implemented.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Written policies and procedures in relation to human resource management are documented and implemented. The staff files reviewed evidenced required employment documentation including but not limited to: appointment documentation; signed contracts; orientation programme; job descriptions; police checks; reference checks; and interviews. There is staff appraisal process in place and this is up to date.</p> <p>The CM, RNs and enrolled nurses (EN) have current annual practising certificates, along with other health practitioners involved with the service.</p> <p>New staff complete an orientation programme that includes the essential components of the services provided, confirmed at staff interviews. Staff complete mandatory education and training. Seven registered nurses completed InterRAI training.</p> <p>There is a buddy system for orientating new staff. Clinical staff are required to complete clinical competencies prior to delivering care to residents.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Rosters sighted reflected staffing levels meeting resident acuity and bed occupancy. The BCM prepares bi-weekly, roll-over staff rosters. The current and past rosters sighted evidenced there is RN cover twenty four hours a day, seven days a week. The BCM and the clinical quality manager stated staffing levels are reviewed for anticipated workloads and appropriate skill mix. Rosters are adjusted according to the resident numbers and their required care needs. Staffing has been organised to reflect the needs of hospital and rest home residents in varying wings of the hospital. Interview with the BCM confirmed staff rosters are prepared according to the Oceania rostering methodology policy taking the layout of the facility into account. The CM's, CLs' and BCM's offices are situated in different areas across the service to ensure clinical oversight for nurses throughout the facility. The staff working in the aged residential care facility work independently from the attached retirement village.</p> <p>Proposed roster templates were sighted for using the 21 additional beds (currently rest home only) reviewed in the January/February 2018 partial provisional audit as dual purpose beds. The staffing management plan currently includes an enrolled nurse and health care assistant (HCA) twenty four hours a day, seven days a week in the care suites with access to the RN in the hospital. There are currently five residents receiving rest home level of care. The plan provides for further employment of staff with every five residents admitted to the service. The plans states that as soon as a resident is admitted to the care suites needing hospital level of care, a RN will be employed to oversee the care in that area/wing. Employment of staff will also consider the acuity of care needed by residents. The staffing levels in the proposed rosters comply with the specifications outlined in the Aged Related Residential Care Services Agreement.</p> <p>The BCM and the CM work Monday to Friday on mornings and support additional RNs in service provision. The BCM and CM are on call after hours and weekends and staff are aware of this.</p> <p>All staff that are required to have first aid certificates hold current certificates. Care staff reported there are adequate staff available and that they are able to get through their work. Residents and families interviewed confirmed staffing is adequate to meet the residents' needs.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management system and policies and procedures comply with medication legislation and guidelines. Residents' medicines are stored securely. Weekly checks are completed. A six-monthly stocktake is conducted to confirm that stock levels are correct. The medication fridge temperatures are monitored weekly. A system is in place for returning expired or unwanted medications to the pharmacy.</p> <p>All medication charts reviewed were up to date and reviewed at least three monthly by the GP or NP. There was evidence of current photo identification on each medication chart and allergy status was recorded. As required medication had prescribed indications for use.</p> <p>Registered nurses, ENs and HCAs administer medications. Medication competencies are evident for all staff who administer medications. Annual medication education is provided.</p>

		<p>Medication administration practice complies with the medication management policy, as observed on lunchtime medication rounds. Medicines are signed for once administered. Two signatures are documented for specific medicines where this is required.</p> <p>There was one resident self-administering medication at the time of audit. The resident has been assessed and is reviewed three monthly as competent to do this by the GP. Locked drawers are provided. Young persons are supported to self-medicate if required. There were no standing orders at time of audit.</p> <p>The previous requirement for improvement relating to medications being used within expiry dates, weekly drug checks being maintained and documented in the drug register, and drugs requiring two signatures being documented as required, has been closed out.</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>Elmwood Rest Home and Village has a large commercial kitchen. The kitchen manager/executive chef oversees food provision. They are supported by three cooks and five kitchen assistants. There is a food control plan last reviewed in August 2018. The four weekly seasonal menu has been reviewed by a dietitian annually at organisational level. Food services comply with current legislation and guidelines. All food is stored correctly and safely as required. A regular cleaning schedule is implemented.</p> <p>All kitchen staff have completed food safety certificates or relevant training.</p> <p>Temperatures of food, refrigerators and freezers are maintained. Meals are prepared, transported on covered trolleys and served from a bain-marie in each of the seven different dining rooms. Temperatures are taken of end cooked food and of food upon arrival in the bain-maries prior to serving.</p> <p>The RNs complete residents' dietary profiles on admission and identify the residents' dietary requirements and preferences. The kitchen manager/executive chef confirmed awareness of individual resident dietary needs and stated diets are modified as required. The RN communicates any changes in resident needs daily to the kitchen manager/executive chef. Residents with identified weight loss problems are provided with supplements. Residents requiring extra support to eat and drink are assisted, this was observed during lunch.</p> <p>Residents and families interviewed confirmed satisfaction with the food service.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in</p>	<p>FA</p>	<p>The residents' care plans are completed by the RN and based on assessed needs, desired outcomes, and goals of the residents. In review of documentation and interviews with RNs, CM, NP, residents and families there is evidence a pressure injury prevention and management programme is in place for all residents at risk. Care planning includes specific interventions for both long-term and the short-term problems as assessed, including but not limited to; skin integrity, activities of daily living, nutrition and hydration and mobility. Wound assessment monitoring and wound management plans are in place for residents with wounds. Monitoring forms, including but</p>

<p>order to meet their assessed needs and desired outcomes.</p>		<p>not limited to: weight; observations; repositioning and wounds; are in use as applicable and maintained. Staff have access to sufficient wound supplies and continence products.</p> <p>The RNs and the HCAs interviewed informed they follow the long-term care plan and report progress against the care plan each shift at handover. Observation charts and progress notes are documented as required. If external nursing or allied health advice is required, the RNs will initiate a referral (eg, to the wound nurse specialist). If external medical advice is required, this will be actioned by a GP or NP. There is evidence in files of wound specialist referrals, consultation with the NP and regular reviews by the GP or NP.</p> <p>Staff interviewed confirmed they are knowledgeable about the needs of the residents. Family/whānau records evidence communication is documented in a timely manner.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>Elmwood has an activity plan (provided across seven days) that meets the group and individual preferences of the residents. There are five activities staff including two diversional therapists (one is the team leader) and three activities coordinators. There is a guest customer service coordinator dedicated to supporting those residents residing in the care suites.</p> <p>Each resident has an individual activities assessment on admission. An about me assessment provides a profile and life journey for each resident. There is a separate additional activities assessment for young persons with disabilities. An individual activities plan is developed for each resident by the diversional therapist, in consultation with the RNs. The service had young persons with specific care plans including additional social activities and community links to meet their specific needs. Diversional therapists participate in six monthly multidisciplinary meetings at the same time as the long-term care plan evaluations.</p> <p>There is a diverse range of activities on offer, with resident's feedback provided via surveys highlighting the benefits gained. There are three large lounge areas and some smaller lounge areas where residents can enjoy activities and/or quiet time. Each resident is free to choose whether they wish to participate in group activities. Participation is monitored. There are large printed activities timetables on the residents' noticeboards throughout the facility.</p> <p>Resident meetings are conducted bimonthly. A separate meeting is held for younger residents where activities of their choice are planned to meet their needs.</p> <p>The residents and families interviewed reported satisfaction with the activities provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service</p>	<p>FA</p>	<p>The RNs evaluate the long-term care plan at least six monthly or earlier if there is a change in health status. All changes in health status were documented and followed up. The RN completing the plan signs care plan reviews which include the degree of achievement towards meeting desired goals and outcomes.</p>

<p>delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing. Where progress is different from expected, the service responds by initiating changes to the care plan. The previous requirement for improvement related to: timely completion of evaluations; documentation of progress towards goals; and long-term care plans being updated when changes in health status occur, have 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>	<p>FA</p>	<p>The building warrant of fitness is displayed.</p> <p>There is a preventative and reactive maintenance programme in place to ensure buildings, plant and equipment are maintained to an adequate standard. The maintenance person ensures maintenance issues are addressed in a timely manner. The testing and tagging of equipment and calibration of biomedical equipment is current.</p> <p>Staff confirmed they have access to appropriate equipment. Equipment is checked before use and staff are assessed as competent to use the equipment. There is sufficient space for the use and storage of mobility aids. Interviews with management confirmed additional equipment and supplies will be sourced if required for the inclusion of the 21 care suites to dual purpose beds.</p> <p>Bedrooms are large enough to provide adequate personal space for residents, and allow staff and equipment to move around safely, including the care suites proposed to be used as dual purpose.</p> <p>Residents/family satisfaction surveys and interviews confirmed general satisfaction with the environment.</p> <p>The previous requirement for improvement relating to an unsafe boiling water unit in the care suites has been closed out and the unit has been removed.</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>	<p>FA</p>	<p>Infection surveillance is part of the infection control programme and is described in the Oceania surveillance policy. One of the RNs is the infection control nurse (ICN). Surveillance of all infections is entered onto a monthly infection summary by the ICN. This data is analysed for trends and reported at the monthly RN meeting and at the monthly quality meetings to all staff.</p> <p>Review of resident files confirmed short-term care plans are in place for residents with infections. Review of monthly infection data confirmed numbers of infections remain low for this facility. Interviews with staff confirmed specific training is provided and they receive communication about infections at staff meetings, handovers, and documentation in short-term care plans and progress notes.</p> <p>The CM confirmed that there had been no outbreaks since the previous audit.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The definition of restraint and enabler is congruent with the definition in the standard. The restraint coordinator is the CM. A signed position description was sighted. Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. There were five residents using restraint and no residents using enablers during the on-site audit days. The restraint register is maintained and current. Required documentation relating to restraint is recorded.</p>
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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 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	All long-term resident files sampled evidenced an initial assessment, initial care plan, interRAI assessment and long-term care plan had been completed. Two of six resident files sampled did not have an initial interRAI assessment or long-term care plan completed within three weeks of admission. Registered nurses interviewed confirmed they are supported and are working to a plan to ensure interRAI assessments and long-term care plans are completed within the required timeframes. The plan includes; dates for assessments due are allocated to each RN and a further three RNs who have recently been trained in interRAI.	Not all initial interRAI assessments and long-term care plans were completed within three weeks of admission.	<p>Ensure all contractual timeframes for interRAI assessment and long-term care plans are met.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.