

# Oceania Care Company Limited - Woodlands Rest Home and Village

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Oceania Care Company Limited
<b>Premises audited:</b>	Woodlands Rest Home and Village
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 18 July 2019    End date: 19 July 2019
<b>Proposed changes to current services (if any):</b>	The closure of ten secure dementia beds (in the dementia unit) and the closure of six rest home beds. Followed by the refurbishment of these areas and the development of 10 care suites/license to occupy rooms certified for dual purpose (hospital/rest home) services. This reconfiguration will reduce overall bed numbers from 56 to 50.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	40



# 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.

## General overview of the audit

This partial provisional audit was undertaken to establish the level of preparedness to provide services in a reconfigured facility with a reduction in total beds from 56 to 50. The ten secure dementia beds (in the dementia unit) and six rest home beds have been closed. These areas have been refurbished and replaced with 10 dual purpose occupational right agreement care suites.

The facility has available beds to accommodate all current residents and no residents were displaced throughout the reconfiguration. Occupancy on the day of the audit was 40.

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

Previous requirements for improvement relating to care planning, medication management and firefighting equipment, have been implemented.

There are two new requirements for improvement relating to early recognition and management of signs of serious injury; and the environment in the new units to be ready for residents to move in.

## **Consumer rights**

N/A

## **Organisational management**

Oceania Healthcare Limited is the governing body for the services provided at Woodlands Rest Home and Village. The facility implements the organisational business plan which documents the scope, direction, goals, values and mission statement of the facility.

The business and care manager is a registered nurse who is suitably qualified and experienced and has been in the role for two years. The business and care manager is supported by a clinical manager. The clinical manager is a registered nurse and is responsible for clinical management and oversight. The facility management team is supported by the regional clinical quality manager and national support office.

A review of staff files and training records confirmed that policies and procedures to guide human resource management are implemented. Recruitment and employment practices are in line with legislative requirements. Orientation and induction of new staff occurs. Registration with professional bodies is verified annually for all staff who require this. The training plan is implemented and in-service education is provided for all staff. Training includes mandatory topics around clinical service delivery. Staff competency is routinely assessed.

Staffing levels met resident needs across the facility. Registered nurses are on duty 24 hours a day, 7 days a week and are supported by adequate levels of care and allied health staff. There are at least two staff on duty with a current first aid certificate on

each shift. Review of rosters and interviews with management and staff confirmed there has been no need for employing more staff relating to the reconfiguration.

## **Continuum of service delivery**

Registered nurses complete the required interRAI assessments. The person-centred care plan is developed and implemented from the information gathered in assessments. In the files reviewed residents' relatives were notified regarding changes in a resident's health status. The general practitioner completes the required medical assessments on admission and regularly thereafter.

Medicine management policies and procedures are documented, and residents receive medicines in a safe and timely manner. The electronic medication system, processes and practices are in line with the legislation and contractual requirements. Medication electronic records were reviewed. The general practitioners complete regular and timely medicine reviews. Medicines reconciliation occurs when a resident is admitted to the facility. There is evidence of pharmacist input. Medication competencies are completed annually for all staff that administer medicines. No changes will be required for the service in relation to the current treatment/medication rooms sighted.

Provision of food services at Woodlands Rest Home and Village is overseen by the kitchen manager. There is a current food control plan. The facility utilises four weekly rotating summer and winter menus which has been reviewed by a dietitian. The kitchen manager and their team are prepared for any future residents who will reside in the proposed new care suites.

## **Safe and appropriate environment**

Policies and procedures are in place for cleaning and waste management. Staff receive training to ensure the safe handling of waste and hazardous substances.

The service currently has a certificate of public use.

A planned, preventative and reactive maintenance programme is in place that complies with legislation and includes equipment and electrical checks.

The service has 10 existing occupational right agreement care suites with 1 additional room in the hospital wing with full ensuite facilities. The 10 proposed occupational right agreement care suites also have full ensuite facilities. There are two rooms which share an ensuite bathroom. The service has 27 other rooms sharing shower and toilet facilities. All residents' rooms are spacious and allow for staff to assist using hoists as well as residents using aids when required.

There are several lounges and dining areas. The service has external areas providing seating and shade for all residents. There is a monitored call bell system for residents to summon help when needed.

There are appropriate sluice facilities, cleaning and safe storage of chemicals and equipment. Staff use protective equipment and clothing. Laundry services are undertaken off site. Cleaning and laundry services are monitored through the internal audit programme.

Security systems are in place to ensure resident safety. Six-monthly trial evacuations are undertaken.

## **Restraint minimisation and safe practice**

N/A

## **Infection prevention and control**

There is an infection control programme that complies with current best practice at Woodlands Rest Home and Village. It's content and detail are appropriate for the size, complexity and degree of risk associated with the service. The clinical manager is the infection control nurse. The infection control programme is reviewed annually for its continuing effectiveness and appropriateness. Staff education relating to infection prevention and control was conducted according to the education and training programme and was recorded in staff files reviewed.

## 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	14	0	1	1	0	0
<b>Criteria</b>	0	35	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)
<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 1.2.1: 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>Woodlands Rest Home and Village is part of the Oceania group with the executive management team providing support to the service. The organisation has values, goals and a mission statement in place. Interview with the business and care manager (BCM) confirmed these are communicated to residents, staff and family through information in booklets, in staff orientation/training and at resident and staff meetings. The facility specific mission statements are displayed in frames on the walls.</p> <p>The service has a BCM supported by a clinical manager (CM) and the regional clinical quality manager. The BCM is a registered nurse (RN) with a current practising certificate who has been in the position for two years. The BCM has previous experience in a clinical management role in aged care. The clinical care at the facility is overseen by the CM. The CM is a RN and has been in this position for two years and has previous experience in another Oceania facility.</p> <p>The service is currently certified to provide aged related residential rest home, hospital and dementia care. There were 40 beds occupied at the time of the audit. Occupancy included 30 residents requiring rest home level of care and 10 requiring hospital level of care. There were no residents receiving dementia care.</p>

		<p>The facility also holds five contracts with the DHB to provide respite care, long-term support for chronic health conditions (LTSCHC) and residential non-aged, community residential services within aged care facilities for eligible people who are chronically/medically ill, and age-related residential care. There were no residents under the respite contract, one resident under the LTSCHC contract under the age of 65, no residents under the residential non-aged contract, three residents participating in the day activities programme and 39 residents under the age-related care contract.</p> <p>The facility is certified for 56 beds and submitted a reconfiguration request to HealthCERT to reduce the total number of beds from 56 to 50. The 56 beds comprised of 10 dementia beds, 32 dual purpose beds (including 10 previously approved occupational right agreement (ORA) dual purpose care suites) and 14 rest home beds.</p> <p>The facility converted 10 dementia beds and 6 rest home beds into an additional 10 ORA dual purpose care suites, resulting in 20 ORA dual purpose care suites, 22 dual purpose beds and 8 rest home beds. All the rooms, including the rest home rooms, are spacious enough to allow for hospital level of care.</p> <p>Prior to the decommission of the dementia unit the facility discussed changes with family and resident representatives. Families were supported in finding appropriate care for loved ones. Three residents were re-assessed as rest home level of care and stayed at the facility. The files reviewed evidenced needs assessment service coordination assessments had been completed prior to the transition and confirmed all three residents have been assessed as requiring rest home level of care. Interviews with staff (including BCM, CM, RNs, health care assistants and diversional therapist) confirmed appropriateness of rest home level of care for these residents.</p> <p>With the reconfiguration there have been no changes to key personnel. Review of rosters and interviews with management and staff confirmed there has been no need for employing more staff. Key services such as food, activities and hospitality services do not require a change in capacity to meet the requirements of the Health and Disability Services Standards.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of</p>	<p>FA</p>	<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. During a temporary absence of the BCM, the CM is responsible for the day to day operation of the</p>

<p>the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		<p>service and is supported by the regional clinical and quality manager and/or a relief manager from Auckland.</p> <p>In the absence of the CM, the BCM or a senior RN with the support and help of the regional CQM, ensures continuity of clinical services. Support is also available from another Oceania facility in the region. Oceania national support office provides additional assistance when needed.</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>	<p>FA</p>	<p>Woodlands Rest Home and Village have human resource management policies and procedures available which are implemented and meet the requirements of legislation. The skills and knowledge required for each position is documented in job descriptions which outline accountability, responsibilities and reporting lines. Review of staff files evidenced; employment agreements, reference checks, criminal vetting, drug testing, and completed orientation and competencies. Current copies of annual practising certificates were sighted for staff and contractors that require them to practise. An appraisal schedule is in place and current staff appraisals were in the staff files reviewed.</p> <p>The organisation has a mandatory orientation, ongoing education and training programme with an annual training schedule documented. Orientation requires new staff to demonstrate competency on several tasks, including but not limited to emergency and security systems. Health care assistants (HCA) confirmed their role in supporting and buddying new staff.</p> <p>Review of staff files and attendance records evidenced orientation, ongoing mandatory and ad-hoc training.</p> <p>Nine of ten registered nurses, including the BCM and the CM, have completed interRAI assessments training and competencies. Annual competencies are completed by all staff, for example: hoist use; infection control; hand washing; wound management; medication management; as well as moving and handling.</p> <p>Staff complete in-service training around a variety of clinical topics. All staff have undertaken at least eight hours education and training hours per annum. 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>	<p>FA</p>	<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. Review of service provider availability such as rostering, including skill mix, and electronic payroll system verified the needs of residents are safely met.</p> <p>Six HCAs have left the facility since the decommissioning of the dementia unit, five did so by choice and one was on a fixed term contract which was not renewed. Staff numbers decreased from 60 plus the BCM an CM, to 54 plus the BCM and CM.</p> <p>Observation of service delivery confirmed that resident needs were being met in a timely manner. Residents and family interviews stated that staffing is adequate to meet the residents' needs and staff confirmed that they have enough time to complete their scheduled tasks and resident cares. The residents who are receiving care in the existing ORA dual purpose suites have their needs met in accordance with the aged related residential care agreement.</p> <p>A review of rosters demonstrated that there is an RN on night shift. The BCM and CM share on call duties after hours, seven days a week.</p> <p>Observation identified there are two nursing stations, one in the hospital/rest home area and one located close to the existing and proposed ORA rooms.</p> <p>With the reconfiguration there is no further changes required to staffing. The proposed ORA care suites are located within the existing building with 24-hour staffing. There are sufficient RNs and HCAs rostered, as sighted on audit, to accommodate fluctuating workloads and acuity of residents, such as hospital level residents, with the proposed increase in the number of ORA dual purpose beds.</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>Oceania Healthcare Limited has policies and processes describing medication management that align with legislation and guidelines. Medications are checked against the resident's medication profile on arrival from the pharmacy by an RN. Medicine reconciliation is completed by the GP on admission. All staff authorised to administer medicines have current competencies. Staff education in medicine management is provided.</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</p>

		<p>original dispensed packs. The medication fridge is checked weekly and records evidenced temperatures within the recommended range. The drug register is maintained and evidenced weekly checks and six-monthly physical stocktakes. An electronic medication management system is used at the facility and meets the current legislative requirements and safe practice guidelines. Electronic administration records are maintained, as are specimen signatures. General practitioners review medicines as required. There are current special authorities documented for nutritional supplements. The medication round was observed at lunch time and evidenced safe practice.</p> <p>The area requiring improvement from the previous audit relating to review of medication charts within the required timeframes and special authorities not being current has been addressed.</p> <p>There were no standing orders in use at time of audit. There was one resident self-administering medicine at the time of audit. Current self-medication competencies were completed for this resident. Younger persons under 65 are supported to self-medicate where appropriate.</p> <p>The current implemented medication system is satisfactory to meet the needs of the proposed new care suites. Interview with the CM and a tour of the reconfigured rooms confirmed the existing medication room is in close proximity to the care suites.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>A kitchen manager (KM) oversees food provision at Woodlands. The KM is supported by two part-time cooks/kitchen assistants across seven days. The service has a large commercial kitchen. There is a current food control plan. There is a current four weekly seasonal menu reviewed by a dietitian at organisational level. All aspects of food procurement, production, preparation, storage, delivery and disposal comply with current legislation and guidelines.</p> <p>All meals are prepared and cooked on-site. The residents' individual food, fluids and nutritional needs are met. A dietary assessment is completed by the RNs on admission. This information is shared with the KM to ensure all needs, food allergies, likes, dislikes and special diets are catered for. The facility provides modified texture diets to meet the dietary need of residents if needed.</p> <p>Meals are plated in the kitchen and delivered to the main dining room adjacent to the kitchen and to the hospital wing dining room via covered trays. A tray service is</p>

		<p>available for those residents wishing to dine in their rooms. Residents requiring extra support to eat, and drink are assisted, as observed at lunch during the on-site audit. Interviews with residents confirmed they are satisfied with the food service.</p> <p>The kitchen and the equipment meet food safety requirements. A kitchen manual is available in the kitchen. All staff working in the kitchen have completed food safety training. Food and fridge/freezer temperatures are checked and documented daily. Food in the chillers was observed to be covered and dated. The kitchen was observed to be clean and all food is stored off the floor. A cleaning schedule is maintained. Chemicals are stored appropriately.</p> <p>Food audits are carried out as per the yearly audit schedule.</p> <p>The current food service is satisfactory to accommodate future residents who may reside in the proposed new care suites.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Moderate</p>	<p>Registered nurses complete all interRAI assessments, associated risk assessments and person centred care plans (PCCP). Initial care plans document all needs as assessed on admission. Progress notes are documented each shift or when there is a change in condition. Reviews by the general practitioner (GP), nurse practitioner or specialists are documented in the progress notes in a timely manner. Short-term care plans were completed for all short-term problems and these were signed off once resolved or transferred to the PCCP if the problem was ongoing.</p> <p>Review of five PCCPs confirmed interventions reflect current needs of residents as assessed using interRAI data. The area requiring improvement from the previous audit relating to interRAI assessment informing PCCPs has been addressed.</p> <p>A file was reviewed for a resident who sustained a serious injury following two unwitnessed falls. However, review of the assessment and monitoring documentation supporting interRAI assessment data and PCCP interventions for this resident, evidenced a delay in timely transfer to hospital for further assessment and treatment of a fractured neck of femur.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous</p>	<p>FA</p>	<p>Documented policies and procedures provide guidelines for staff in the management of waste and hazardous substances. Policies and procedures specify</p>

<p><b>Substances</b></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>		<p>labelling requirements in line with legislation, including the requirements for labels to be clear, legible and free from damage. The hazard register is available and current.</p> <p>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>Personal protective clothing and equipment is provided and available, such as aprons, gloves and masks, that is appropriate to the recognised risks. During a tour of the facility protective clothing and equipment was observed in high risk areas.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The service had a certificate for public use which was issued on the 16 July 2019 as evidence that the application for the code of compliance certificate has been submitted to the local council.</p> <p>The facility reconfigured 10 dementia unit beds and 6 rest home beds into 10 ORA dual purpose care suites. The 10 new ORA dual purpose care suites have room for mobility access and staff; an ensuite; a kitchenette; heating and external light and ventilation. There is an electrical certificate of compliance, including the connection of a new call bell system to the current call bell system. During the visual checks of the facility it was found that all but one unit was ready for occupancy.</p> <p>The service provides mobility access throughout the facility, meeting requirements of residents including YPD. There is access to external paved courtyards and garden areas with outdoor furniture and shade.</p> <p>An interview with the maintenance person confirmed there is a planned and reactive maintenance schedule in place. The medical equipment had been checked and calibrated for safe use. The service has a test and tag programme, and this is up to date, with checking and calibrating of clinical equipment annually. Hot water temperatures are monitored monthly and were noted to be maintained within recommended temperature range.</p> <p>Interviews with staff and observation of the facility confirmed there is adequate equipment. The one person under the age of 65 confirmed having equipment that met their needs.</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>There are accessible toilets provided close to the communal areas. Separate toilets are provided for visitors and staff. All the toilets have a system that indicates if it is engaged or vacant. Bathroom and showering facilities are provided throughout the facility and are easily accessible.</p> <p>The service has 10 existing occupational right agreement care suites with 1 additional room in the hospital wing with full ensuite facilities. The 10 proposed occupational right agreement care suites also have full ensuite facilities. There are two rooms which share an ensuite bathroom. The service has 27 other rooms sharing shower and toilet facilities.</p> <p>All shower and toilet facilities have call bells; approved handrails; and other equipment to facilitate ease of mobility and independence. Residents were observed being supported to access communal toilets and showers in a manner that was respectful and preserved resident dignity.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Residents bedrooms have sufficient space to allow them to mobilise safely around their personal space and bed area, with mobility aids and assistance, including the rest home rooms. The proposed ORA dual purpose care suites are spacious enough to provide hospital level of care.</p> <p>Resident interviews confirmed there is space to accommodate furniture; equipment and staff as required.</p> <p>Residents and their families are encouraged to personalise their rooms. Residents' rooms viewed were personalised with their own furniture; possessions and memorabilia.</p> <p>There are designated areas to store equipment such as mobility aids, wheelchairs and walking frames safely and tidily.</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</p>	<p>FA</p>	<p>The facility has large dining rooms; three communal lounges; a television room and a library. All the ORA dual purpose care suites have space enough to facilitate dining and lounge furniture.</p> <p>Furniture in residents' rooms includes residents' own personal pieces; is</p>

relaxation, activity, and dining needs.		<p>appropriate to the setting and is arranged in a manner that enable residents to mobilise freely. The lounge areas can be used for activities. Residents are encouraged to have meals with other residents in communal dining rooms and can choose to have their meals in their room if they wish.</p> <p>All areas are easily accessed by residents and staff. There are quiet areas throughout the facility for residents, including YPD, and their visitors to meet and there are areas that provide privacy when required.</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 including residents' personal items is undertaken off-site. There are processes in place for daily collection, transportation and delivery of linen. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities are available throughout the facility.</p> <p>There are cleaners on duty each day, seven days a week. Cleaning duties and procedures are clearly documented to ensure correct cleaning processes occur. The cleaners have specific guidelines, in the form of a flip-chart, to ensure appropriate cleaning processes. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. The cleaner stores chemicals on a trolley whilst cleaning. Cleaners know to keep the trolley with them at all times. Products are used with training around use of products provided throughout the year. The cleaners confirmed that they had training at least annually.</p> <p>The effectiveness of cleaning and laundry processes are monitored through the internal audit process with no significant problems identified. Residents and families stated they were satisfied with the laundry and cleaning service.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>The service has documented systems in place for essential, emergency and security services. Registered nurses, HCA, the diversional therapist, activities assistant 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 first aid training. Education relating to emergency situations, fire safety and security is provided at orientation and at the in-service education programme. Staff records sampled provided evidence of current training relating to fire, emergency and security.</p>

		<p>Interviews and documentation confirmed that fire drills are conducted at least six-monthly. Information in relation to emergency and security situations is readily available/displayed for staff and residents. The RNs on duty are the nominated fire wardens for the facility. The previous requirement for improvement relating to fire hoses being accessible, however, not evidencing a current check is now fully implemented. The fire hoses have been decommissioned and no longer being used.</p> <p>The services' emergency plan considers the needs of all residents, including YPD, in an emergency. 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. There is emergency lighting throughout the facility. Interview with the maintenance person confirmed there is a generator which can provide power for in excess of three days, if required.</p> <p>There are call bells to summon assistance in all resident rooms, including the new ORA dual purpose care suites, toilets and communal areas. Call bells are checked monthly by the maintenance person and the system will highlight in red on the display panel to alert staff if a call bell has not been responded to. Observation on the days of the audit and resident and family interviews confirmed that call bells are answered promptly.</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, as observed on audit.</p> <p>There are security systems in place to ensure the protection and safety of residents, visitors and staff. The facility is locked in the evenings and at night. External doors are checked by the staff at the beginning of the afternoon and night shifts. There is night time security lighting in place. Staff complete security checks at set intervals. Families and residents, including YPD, know the process of alerting staff when in need of access to the facility after hours. A security company completes two security checks per night.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light,</p>	<p>FA</p>	<p>Policies and procedures are in place to ensure the service is responsive to resident feedback in relation to heating and ventilation.</p>

<p>safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		<p>Existing and new ORA dual purpose care suites have heat pumps to provide heat and ventilation. The other hospital and rest home rooms have under-floor heating.</p> <p>Residents are provided with adequate natural light, safe ventilation and heating. Families and residents confirmed that rooms are maintained at an appropriate temperature. Interviews with the maintenance person confirmed environmental temperatures are monitored quarterly.</p> <p>The facility has designated areas for residents and staff who still smoke.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The Oceania group infection control programme is implemented at Woodlands. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The CM is the designated infection control nurse.</p> <p>The infection control programme is reviewed annually at organisational level. The infection control committee has representatives in each department. This group meets monthly and infection control matters are discussed at the facility monthly quality meetings with all staff. Minutes are available for staff. Education is provided for all new staff in orientation/induction, at annual study days and ad-hoc if required.</p> <p>There are antibacterial gels and hand washing facilities for staff, visitors and residents (refer to 1.4.2.4). Spot audits have been conducted and include hand hygiene and infection control practices.</p> <p>The current infection control programme is suitable for future residents who may reside in the proposed new care suites.</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>	<p>PA Moderate</p>	<p>Review of nursing assessments, medical notes, incident forms and monitoring records for one of five files, identified the resident required transfer to hospital following two unwitnessed falls. The interRAI assessment identified the resident as having a high risk of falls. Interviews with staff confirmed their understanding of the resident's current needs. Review of the PCCP interventions for this resident identified that the resident is at high risk of falling and included falls prevention measures. Assessments and associated data documented signs of serious injury resulting in a fractured neck of femur.</p> <p>Review of vital signs and nursing assessment evidenced neurological observations were recorded as per falls policy. The observations identified a consistently recorded low blood pressure with associated altered cardiovascular signs and symptoms. Documented assessments</p>	<p>i) Timely transfer to hospital for further assessment and treatment was not facilitated for a resident with a serious injury resulting in a fractured neck of femur.</p> <p>ii) Discussion with staff identified not all staff understood early recognition and management of signs of serious injury.</p>	<p>i) Provide updated policies and processes relating to the early recognition and appropriate management of signs of serious injury.</p> <p>ii) Provide training to staff related to early recognition and management of signs of serious injury.</p> <p>90 days</p>

		<p>identified pain and resident unable to weight-bear since the initial fall. There was evidence of regular pain assessment, analgesia administered, and the effectiveness of the medication recorded. The medical notes documented reviews. The resident was transferred to the hospital two days post fall.</p> <p>Discussion with staff identified not all staff demonstrated understanding of clinical decision making and actions required for the resident identified with signs of serious injury to facilitate early transfer for further assessment or treatment options.</p>		
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	PA Low	<p>Corridors are wide and spacious to provide easy mobilisation. The size of new ORA dual purpose suites meets the requirements for dual purpose service delivery. During the auditors' visual inspection of the facility it was found that unit 14 had a window without a curtain or rail. During further inspection it was found that there were two windows in this new ORA care suite with broken window seals.</p> <p>Hand sanitation gels were not in place for use in the new ORA dual purpose care suites. These hand gels were provided at the time of the on-site audit, however, they were not fixed into place.</p>	<p>i) Two window seals were broken.</p> <p>ii) Curtains and curtain rails were not in place in one of the proposed care suites.</p> <p>iii) The hand gels provided during the onsite audit were not fixed or secured to walls.</p>	<p>i) Provide evidence the window seals have been repaired.</p> <p>ii) Provide a window rail and curtains for the window which had no rail or curtains.</p> <p>iii) Ensure hand gels are secure and available for the use during service delivery.</p> <p>Prior to occupancy 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.