

Oceania Care Company Limited - Middlepark Rest Home & Village

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:

Legal entity: Oceania Care Company Limited

Premises audited: Middlepark 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: 25 July 2019 End date: 26 July 2019

Proposed changes to current services (if any): The reconfiguration of 15 existing bedrooms becoming 9 care suites. This reduces the total number of beds from 61 to 55.

Total beds occupied across all premises included in the audit on the first day of the audit: 43



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

General overview of the audit

This partial provisional audit was undertaken to establish the level of preparedness to provide services in a reconfigured facility. The reconfiguration regards 15 existing bedrooms becoming 9 dual purpose care suites. This reduces the total number of beds from 61 to 55. The new care suites are fit for purpose.

The audit process included the review of policies and procedures, review of staff files, observations and interviews with management and staff.

The previous requirement for improvement relating to interRAI assessments and the long-term care plans not regularly being completed within the required 21 days post residents' admissions to the facility is now implemented.

There were no requirements for improvement resulting from the partial provisional audit.

Consumer rights

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Organisational management

Oceania Healthcare Limited is the governing body responsible for the residential care services that will be provided at Middlepark. Oceania Healthcare Limited's mission, vision and values of the organisation are documented, displayed at the facility, included in admission packs for new residents and in orientation packs for staff.

The facility is managed by an appropriately qualified and experienced business and care manager, who is also a registered nurse. The business and care manager is supported in their role by a clinical manager. The clinical manager is a registered nurse, responsible for clinical management and oversight. The management team is supported by the regional clinical quality manager and Oceania management team members.

Human resource policies and procedures guide practice. Recruitment and employment practices are in line with legislative requirements. Review of staff files and training records confirmed that policies and procedures to guide human resource management are implemented. Orientation and induction of new staff occurs. Registration with professional bodies is verified annually for staff who require this.

Training includes mandatory topics around clinical service delivery. The training plan is implemented and in-service education is provided for all staff. Staff competency is routinely assessed.

There have been no changes to the staffing structure or systems since the previous audit. There is a documented rationale based on best practice for determining staffing levels and skill mix. This policy forms basis for safe service delivery. Staffing levels met

resident needs across the facility. Registered nurses are on duty 24 hours a day, 7 days a week. The clinical services 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.

Continuum of service delivery

Residents' clinical records evidenced that interRAI assessments, other risk assessments, initial care plans, long-term care plans and evaluations are completed by registered nurses within the required timeframes. Interviews confirmed residents and their families are informed and involved in assessments, care planning and the evaluation of care.

Medication is managed in a safe and appropriate manner, in line with legislation, protocols, and guidelines. Medications are administered by staff who have been assessed as competent to do so. Policy on self-administration of medicines is documented. There were no residents self-administering medication during the on-site audit.

The food service is provided on site. Nutritional needs of residents are assessed on admission and additional requirements and/or modified needs of residents are met. The menu is reviewed by a dietitian at organisational level. Residents interviewed confirmed satisfaction with the food service.

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 has a current building warrant of fitness. A planned, preventative and reactive maintenance programme is in place that complies with legislation and includes equipment and electrical checks. There are three lounges and two courtyards providing seating and shade.

The service has 12 existing ORA care suites, 9 new ORA care suites and 8 other rooms with full en-suite facilities. There are 10 rooms with shared en-suite bathroom facilities. The service has 16 other rooms with their own toilets and sharing showers.

The service has 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.

There is a monitored call bell system for residents to summon help, when needed. Security systems are in place to ensure resident safety. Trial fire-evacuations implemented six monthly.

Restraint minimisation and safe practice

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Infection prevention and control

The infection prevention and control policies, procedures and the programme comply with legislative requirements and current best practice. The programme is evaluated annually. Staff interviewed demonstrated understanding of infection control principles and practice in line with the standard.

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	0	0	0	0
Criteria	0	36	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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 1.2.1: 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>Middlepark Rest Home is part of the Oceania Healthcare Limited (Oceania) group. The executive team provide 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.</p> <p>The service has a BCM supported by a clinical manager (CM) and the regional clinical quality manager (CQM). The BCM is a registered nurse (RN) with current practising certificate who has been in the position for 2 years. The BCM has previous experience as auditor for a designated audit agency. The clinical care at the facility is overseen by the CM. The CM is a RN and has been in this position for 3 years and has previous experience in other Oceania facilities.</p> <p>The service is currently certified to provide aged related residential care, for rest home and hospital levels of care. There were 43 beds occupied at the time of the audit. There were 26 residents at rest home level and 17 residents at hospital level.</p> <p>The facility holds four contracts with the district health board (DHB). Forty-one of forty-three residents were under the age-related residential care contract. There was one resident under the residential non-aged, young person with disability</p>

		<p>(YPD) services contract. There was one resident under the support, including end of life care contract. There were no residents under the long-term support for chronic health conditions contract.</p> <p>The facility is certified for 61 beds and submitted a reconfiguration request to HealthCERT to reduce the total number of beds from 61 to 55. The 61 beds comprised 57 dual purpose beds and 4 rest home beds. The facility has converted 15 beds into 9 occupational right agreement (ORA) dual purpose care suites. There are now 51 dual purpose beds and 4 rest home beds. One of the new care suites occupied at the time of audit and the resident had an ORA in place.</p> <p>Interviews with management and observation verified that the reconfiguration did not require a staffing transition plan and no residents have been displaced throughout the reconfiguration.</p> <p>With the reconfiguration, there was no changes to key personnel. Review of rosters and interviews with management and staff confirm there has been no restructure or need for employing more staff.</p> <p>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 the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The service has appropriate systems in place to ensure the day-to-day operations of the service continue 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 service and is supported by the regional CQM 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</p>	<p>FA</p>	<p>Oceania human resource management policies and procedures are documented and implemented and meet the requirements of legislation. The skills and knowledge required for each position is documented in individual job descriptions.</p>

<p>the requirements of legislation.</p>		<p>Staff files reviewed include: reference checks; a signed employment agreement; specific job description; police vetting; drug testing and identification verification. The skills and knowledge required for each position is documented in job descriptions which outlines accountability, responsibilities and reporting lines.</p> <p>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>Orientation processes are documented and cover the essential components of the service. Mandatory training is identified on a company-wide training schedule and occurs in the form of grow, educate and motivate (GEM) study days. Folders of attendance records and electronic documentation of all training is maintained. It requires new staff to demonstrate competency on several tasks, including but not limited to emergency and security systems. Staff complete in-service training around a variety of clinical topics. Health care assistants (HCAs) confirmed their role in supporting and buddying new staff.</p> <p>New staff complete orientation in relation to palliative care, the service and their role within the service. There are no volunteers working in the service. Staff are encouraged and supported in gaining skills and competencies within their roles as part of their professional development. Interviews with staff confirmed they are supported in maintaining self-care, resilience and engagement. The CM completed a fundamentals of palliative care course and all the other RNs are in the process of completing the course. All the RNs completed syringe driver competencies. No HCAs completed training around palliative care, however, 18 of the 19 full time staff have commenced a fundamentals of palliative care course, meeting requirements of the service specifications of the palliative care contract with the DHB.</p> <p>Six of the seven RNs are interRAI trained, including the CM. All staff have undertaken at least eight hours education and training hours per annum.</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 at that specific point in time. The staffing policy forms the basis for workforce planning. Rosters for RNs are six weekly rollover rosters. The HCAs have a weekly rollover roster. Rosters evidence the appropriate skill mix to provide the care required at this facility. The rosters reviewed confirmed staffing is</p>

		<p>appropriate to the needs of residents, including YPD and residents with ORAs.</p> <p>There are 45 staff, including the BCM and the CM. A review of rosters demonstrated that there is a RN on each shift. The BCM and CM are taking turns to be on call after hours, seven days a week.</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 confirm that they have enough time to complete their scheduled tasks and resident cares.</p> <p>Nursing oversight is provided from the current nurses' station which is in close proximity to the new care suites. The resident in the new ORA dual purpose suite has their needs met in accordance with the aged related residential care agreement.</p> <p>The newly reconfigured rooms into ORAs has not required additional staffing. There are sufficient RNs and HCAs to accommodate fluctuating workloads and acuity of residents such as hospital care level residents.</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 policies, procedures and processes guide medication management in line with required legislation, protocols and guidelines. An electronic medication management system is used at the facility that meets the current legislative requirements and safe practice guidelines. The medication round was observed at lunch time and evidenced safe practice was conducted by staff.</p> <p>Medications are checked against their prescriptions by RNs on arrival from the contracted pharmacy. Medicines reconciliation is completed by the RNs and/or GP on admission.</p> <p>All staff authorised to administer medicines had current competencies. Education and training in medicine management processes is provided.</p> <p>Medication room is appropriate, secure, free from heat, moisture and light, with medicines stored in original dispensed packs. The existing medication room will continue to be used for the new ORA care suites. The medicines register is maintained, and weekly checks and six-monthly physical stocktakes are conducted.</p> <p>The medication fridge temperatures evidenced regular checks and temperatures</p>

		<p>within the recommended range.</p> <p>There were no residents self-administering medicines at the time of audit. There is a documented process to be followed for residents who wish 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>There is a current food control plan for the facility. This is a multi-site plan and is applicable to all Oceania facilities that produce or serve food. The food service is provided on site from a central kitchen. The kitchen services meet food safety requirements. Kitchen staff have completed food safety training.</p> <p>Food and fridge/freezer temperatures are checked and documented daily. Food in the chillers observed as covered and dated. The kitchen was clean and all food was stored off the floor. A cleaning schedule is maintained and chemicals are stored appropriately.</p> <p>Food temperatures are monitored and records reviewed evidenced they are within the required temperatures. A tray service is available for residents if this is preferred.</p> <p>There is a four weekly seasonal menu last reviewed by a dietitian at organisational level in February 2019. Each resident's nutritional profile is completed by RN on the resident's admission to the facility and reviewed six monthly or earlier if the resident's dietary needs change. The kitchen staff are notified of the new resident's dietary requirements and when they change. Residents requiring extra support to eat and drink are assisted, as observed at lunch during the on-site audit.</p> <p>Food audits are carried out according to the facility's annual internal audit schedule. Patient satisfaction surveys include food satisfaction. The service encourages residents to express their likes and dislikes. The residents interviewed stated that staff ask them about their food preferences and they complete surveys which include comments about the food service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected</p>	FA	<p>Documented policies and procedures provide guidelines for staff in the management of waste and hazardous substances. Policies and procedures specify labelling requirements in line with legislation, including the requirements for labels to be clear, legible and free from damage. The hazard register is</p>

<p>from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>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>There is the provision and availability of personal protective clothing and equipment, such as aprons, gloves and masks appropriate to the recognised risks. During a tour of the facility, protective clothing and equipment was observed to be in use where required.</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 service has a current building warrant of fitness. The facility reconfigured 15 rooms into 9 new ORA dual purpose rooms.</p> <p>There is an electrical certificate of compliance, including the connection of the new call bell system to the current call bell system. The service has installed internet access units in each of the new ORA care suites, however, the installation process did not consider the position of the bed and the units are positioned in a way that may cause them to break off the wall during resident cares. All internet access units were in place and unbroken at the time of audit.</p> <p>There are wall mounted, mirrored storage cabinets in the new ORA care suite bathrooms which overhang the basins. Access to the handbasin and the ability for residents to wash their face and brush their teeth was tested during the on-site audit and confirmed the resident was able to use the basin.</p> <p>The bedside tables in 2 of 9 new ORA care suites (rooms 17 and 18) are situated next to the beds, partially blocking the door/entrance to the rooms. Observation confirmed tables can be moved if required. In room 17 the sliding door which opens into the internal courtyard is situated behind a chair and will not be accessible to the resident without shifting the chair. Should the chair be moved to the only other space allowing for a chair, the resident will then not have access to the bathroom without having to move the chair. During the time of the on-site audit the auditors tested room 17 (the smallest room) for dual purpose use. The ceiling hoist allows for transferring a resident from a chair to their bed with two care staff, thus qualifying it as a dual-purpose room. The new ORA care suites all have built-in ceiling hoists. All new ORA care suites are suitable for dual purpose use.</p> <p>The service provides mobility access throughout the facility, meeting requirements of residents including YPD. Four of nine new ORA care suites have sliding doors</p>

		<p>into the internal courtyard, with the floor of the courtyard being lower than that of the suite. During the on-site audit the BCM had a ramp placed at one of the ORA care suites to demonstrate access into the courtyard. The other ramps have been purchased, were at the facility and were in the process of being installed. The new ORA care suite which was occupied at the time of audit had an installed ramp in place.</p> <p>There are quiet areas throughout the facility for residents and visitors to meet and there are areas that provide privacy when required. There is access to external paved courtyards, garden areas with outdoor furniture and shade.</p> <p>The interview with the maintenance person confirmed there is a planned and reactive maintenance schedule in place. 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 resident 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>	FA	<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 12 existing ORA care suites, 9 new ORA care suites and 8 other rooms with full en-suite facilities. There are 10 rooms with shared en-suite bathroom facilities. The service has 16 other rooms with their own toilets and sharing showers. All residents' rooms have their own hand basins.</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</p>	FA	<p>Residents each have their own bedroom with space to allow safe mobilisation in their personal space and bed area.</p>

<p>space/bed areas appropriate to the consumer group and setting.</p>		<p>Resident interviews confirmed there is space to accommodate furniture; equipment and staff as required. The new ORA dual purpose care suites meet requirements in relation to dual purpose use.</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 relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>The facility has dining rooms and communal lounges of sufficient size to meet the needs of consumers.</p> <p>Furniture in residents' rooms includes residents' own personal pieces. 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. Residents, including YPD, can access areas for privacy, if 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>	<p>FA</p>	<p>Laundry, except for some of the residents' personal laundry, 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 and cleaning duties and procedures are clearly documented, to ensure correct cleaning processes occur. There are designated locked areas for the safe and hygienic storage of cleaning equipment and chemicals. The cleaner stores chemicals on a trolley whilst cleaning. Cleaners keep the trolley with them at all times. The cleaners have specific guidelines, in the form of a flip-chart, to ensure appropriate cleaning processes. Products are used with training around use of products provided throughout the year. The cleaners confirmed that they have training at least annually.</p> <p>The effectiveness of cleaning and laundry processes are monitored through the</p>

		internal audit process with no significant problems identified. Residents and families stated they were satisfied with the laundry and cleaning service.
<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. There are at least two designated staff members on each shift with first aid training. Emergency and security management education is provided at orientation and as part of the in-service education programme. Staff files and training records reviewed 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. The RNs on duty are the nominated fire wardens for the facility. Information in relation to emergency and security situations is readily available/displayed for staff and residents.</p> <p>There is a fire evacuation plan in place which includes the new ORA care suites and the needs of 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.</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. Families and residents, including YPD, know the process of alerting staff when in need of access to the facility after hours.</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 are night time sensor lights and security cameras in place.</p>

<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</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>All resident rooms and communal areas accessed by residents have safe ventilation and external windows providing natural light. The facility is heated by a combination of underfloor heating and heat pumps. The environment in all areas was noted to be maintained at a satisfactory temperature.</p> <p>There are systems in place to obtain feedback on the comfort and temperature of the environment. Resident and family interviews confirmed that their environment was maintained at a comfortable temperature and there were no issues identified with the temperature of the facility.</p> <p>There is a designated covered smoking area for residents and steps in place to ensure that smoking does not impact on other residents or staff. There are two residents who smoke of which one resident accepted treatment to address the habit. There were no staff who smoked.</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 infection prevention and control policies and procedures are implemented.</p> <p>The current infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service and is reviewed annually.</p> <p>The infection control nurse, who is also the CM, has completed relevant training and education for this role. The responsibilities of this position are outlined in a position description. The infection prevention and control committee consists of multidisciplinary staff.</p> <p>Infection control matters, inclusive of surveillance results, are reported monthly at the quality and risk meetings and staff meetings.</p> <p>Staff interviews confirmed their knowledge of the infection prevention and control practices. The internal audit schedule includes infection control audits.</p> <p>There was an infection outbreaks in December 2018 and in July 2019 at this facility. Review of both outbreak processes and evaluations confirmed the</p>

		appropriate infection prevention and control outbreak processes were followed.
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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.

No data to display

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.