

Oceania Care Company Limited - Elderslea Rest Home

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: Elderslea Rest Home

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 17 October 2019 End date: 18 October 2019

Proposed changes to current services (if any): To reconfigure the certified services provided at Elderslea Rest Home by refurbishing the 'Redwood wing' which is currently certified for 13 dual purpose beds to 13 occupation right agreement care suites.

Total beds occupied across all premises included in the audit on the first day of the audit: 100



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.

General overview of the audit

Oceania Healthcare Limited - Elderslea Rest Home can provide services for up to 124 residents requiring rest home, hospital or dementia level of care.

This partial provisional audit was undertaken to establish the provider's level of preparedness for the conversion of the 13 dual purpose beds to 13 care suites. This was conducted against the relevant Health and Disability Service Standards and the service contract with the district health board.

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

There were no areas requiring improvement at the last audit. There were areas requiring improvement at this audit relating to hoist competencies and communal areas.

Consumer rights

N/A

Organisational management

Oceania Healthcare Limited is the governing body responsible for the services provided at Elderslea Rest Home. The mission, goals and values of the organisation are made know to residents and families.

The facility implements the Oceania Healthcare Limited quality and risk management system. The quality and risk management plan supports the provision of clinical care and quality improvement at the facility. Policies are reviewed. There is ongoing reporting to the national support office.

The facility is managed by an appropriately qualified and experienced business and care manager and supported by a clinical manager who is responsible for the oversight of clinical service provision. The clinical manager is a registered nurse and is supported by the regional clinical quality manager.

Oceania Healthcare Limited's human resource policies and procedures are implemented. Recruitment and employment practices are aligned with legislative requirements. Newly recruited staff undertake orientation appropriate to their role. Practising certificates for staff who require them are validated annually. An annual training plan is implemented to ensure ongoing training and education for all staff members.

Staffing levels are appropriate across the facility. Registered nurses are on duty 24 hours a day, 7 days a week. The registered nurses are assisted by care and support staff. Service delivery staff, resident and family interviews reported that there is adequate staff available. Proposed rosters reflect the staffing requirements for the 13 care suites.

Continuum of service delivery

The business and care manager has the primary responsibility for managing entry to the service with support from the clinical manager and a registered nurse.

There is an activity programme developed for the service. The activity programme includes meaningful activities that meet the recreational needs and preferences of the residents.

Medication policies and practice are in line with legislation, protocols, and guidelines. Registered nurses and senior healthcare assistants are responsible for administration of medicines and complete annual education and medication competencies.

All meals are prepared on-site. Residents' individual food preferences, dislikes and dietary requirements are catered for.

Safe and appropriate environment

There is a current building warrant of fitness. A planned, preventative and reactive maintenance programme is in place that complies with legislative requirements. An existing 13 bed dual purpose wing has been remodelled and repurposed to accommodate 13 care suites. There is a certificate of public use for the proposed new care suite wing. Residents and their families/visitors are provided with accessible and safe external areas with shade.

Bathroom and showering facilities are provided throughout the facility and are accessible. Some resident rooms and the proposed care suites have ensuite bathrooms. All rooms, including new care suites, are spacious enough to allow for resident cares and ease of movement.

Policies and processes are in place for waste management, cleaning and laundry.

The facility has a monitored call bell system for residents to summon help when needed, in a timely manner. Essential emergency and security systems are in place. Six monthly trial evacuations undertaken.

Restraint minimisation and safe practice

Policies and procedures comply with the standard for restraint minimisation and safe practice. The restraint minimisation programme defines the use of restraints and enablers. Restraint minimisation is practiced and overseen by the clinical manager. The service has a restraint register, should they need to implement restraint. There were no residents using restraint or enablers in use on audit days.

Infection prevention and control

The infection control programme, content and detail are appropriate for the size, complexity and degree of risk associated with the service. The clinical manager is the infection control coordinator. The service provides an environment which minimises the risk of infections to residents, staff and visitors.

Documentation evidences 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. Staff demonstrated adherence to accepted good practice principles around infection control.

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	15	0	2	0	0	0
Criteria	0	35	0	2	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>Oceania Healthcare Limited (Oceania) has a documented vision, mission and values statement. These are displayed on the wall in the main foyer and are also communicated to residents, staff and family through information in booklets and in staff training. In addition to the overarching Oceania business plan, the facility has a current business plan specific to Elderslea Rest Home that includes a service plan and goals for the facility.</p> <p>Elderslea Rest Home is part of the OceaDnia group with the executive management team providing support to the facility. Communication between the facility and executive management occurs at least monthly with the regional clinical and quality manager providing support during the audit. Monthly management reports generated from online data entry, provide the facility and executive management with progress against identified key quality indicators.</p> <p>The facility is managed by a business and care manager (BCM) supported by a clinical manager (CM). The BCM is a registered nurse (RN) with a current practising certificate who has been in this position for nine months. The BCM has over 12 years' experience in facility and village management and previous experience in mental health service delivery. The clinical care at the facility is overseen by the CM, who is a RN and has been in this role for 17 months. The CM</p>

		<p>has previous experience in the facility as a RN and charge nurse (CN). The management team is supported in their roles by the Oceania executive and regional teams and have completed induction and orientation appropriate to their respective roles. The BCM attends three monthly regional BCM cluster meetings.</p> <p>The facility is certified to provide rest home, hospital and dementia level of care for up to 124 residents. There were 100 beds occupied at the time of the audit. There were 41 residents at rest home level care, 39 hospital level residents and 20 residents in the dementia unit.</p> <p>The service also has contracts with the district health board (DHB) for the provision of care for long-term chronic conditions and respite care. There were four residents included in the total occupancies numbers who had been admitted under the long-term chronic condition contract and were under 65 years of age. Two of whom had been assessed as requiring dementia level care, and two assessed as requiring hospital level.</p> <p>There are currently no residents with occupational right agreements (ORA).</p> <p>The proposed changes include utilising a wing of 13 dual purpose rooms located on the ground floor, that have been converted into 13 dual purpose care suites. Interview with the BCM identified that these suites would be made available to residents under an ORA.</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>During a temporary absence of the BCM, the CM is responsible for the day to day operation of the service and is supported by experienced CNs, RNs, the regional clinical and quality manager, and the regional operations manager.</p> <p>In the absence of the CM, the CNs stand in with support from the regional clinical and quality manager to ensure continuity of clinical services.</p> <p>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>PA Low</p>	<p>Human resource management policies and procedures are implemented that are aligned with good employment practices and meet the requirements of legislation. The skills and knowledge required for each position is documented in job descriptions. Staff files reviewed demonstrated that recruitment processes for all staff include but are not limited to: reference checks; a signed employment</p>

		<p>agreement; a position specific job description; and police vetting.</p> <p>Professional qualifications are validated and there are systems in place to ensure that annual practising certificates and practitioners' certificates are current. Current certificates were evidenced for staff and contractors that require them.</p> <p>An orientation/induction programme is available that covers the essential components of the services provided. It requires new staff to demonstrate competency in, and/or understanding of, specific functions and tasks, including health and safety and personal cares. Staff interviews and documentation confirmed that new staff are supported to complete orientation.</p> <p>The organisation has a documented role specific mandatory annual education and training module. There are systems and processes in place to ensure that all staff complete their required mandatory training modules and competencies. Annual competencies are completed by care staff, for example: medication; wound care; hand hygiene; infection control; moving and handling; hoist use; and restraint. The CM and 10 other RNs have completed interRAI assessments training and competencies. Eleven of sixteen staff working in the dementia unit have completed the required dementia standards training and the remaining five are in the process of completing the training programme. Training logs sighted, and staff interviews confirmed that all staff had completed the required mandatory training and competency assessments had been undertaken for those staff that required these. Training on the use of the overhead hoists in the new care suites has been scheduled, however, has not yet been undertaken.</p> <p>Staff interviews identified that they were supported to access to ongoing training relevant to their roles. Interviews and training records reviewed confirmed that all staff, including RNs undertake at least eight hours of relevant education and training hours per annum.</p> <p>An appraisal schedule is in place and staff files reviewed evidenced a current performance appraisal for all staff employed for one year or more.</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>The facility has 18 RNs, including the CM and 3 CNs, and is supported by a team of health care assistants (HCA), activities staff, maintenance and household staff. Household staff include: laundry assistants; cleaners; and kitchen staff; who provide services seven days a week.</p> <p>The organisation's staffing policy provides guidance to ensure staffing levels within</p>

	<p>the facility are sufficient to safely meet the needs of residents' acuity. Rosters are formulated at least two weeks in advance and staffing levels are reviewed to accommodate anticipated workloads, identified numbers, and appropriate skill mix, or as required due to changes in the services provided and the number of residents. There are casual and part time staff available to supplement rosters when needed to accommodate increases in workloads and acuity of residents. Rosters sighted reflected adequate staffing levels to meet resident acuity and bed occupancy. There are at least two RNs on each shift. The CM or experienced RNs are available on call after hours if required.</p> <p>The facility is spread over two levels. There is an upper level of 35 beds, accommodating residents assessed as requiring rest home level care. There is a CN covering the upper level who works five morning shifts a week and a RN who works seven days per fortnight. There is at least one RN on morning shift seven days per week on the upper level. In addition, there is a senior HCA on each afternoon and night who has current medication competencies and two HCAs on each morning, afternoon and night shift seven days per week.</p> <p>There is a 20-bed secure dementia unit on the ground floor. This unit has a dedicated CN who works 10 days per fortnight and an RN who works 6 shifts per fortnight, ensuring there is at least one RN on morning shift 7 days per week. On each afternoon and night shift there is a senior HCA on duty who has current medication competencies. In addition, there are three HCAs on each morning and afternoon shift, and two HCAs on each night shift seven days per week in the dementia unit.</p> <p>On the ground floor there are also two main interconnected wings consisting of 69 dual purpose beds and accommodating mainly residents assessed as requiring hospital level care. These two wings are staffed by one CN, covering the morning shift working five days per week and at least two RNs on each shift seven days per week, as well as a senior HCA on each morning and afternoon shift. Health care assistants are rostered on each shift at a ratio of one HCA to every 12 rest home residents and 1 HCA for every 5 hospital level residents.</p> <p>Observation of service delivery and resident/family interviews confirmed that residents' needs were being met in a timely manner. Staff interviews confirmed that they have sufficient time to complete their scheduled tasks and resident cares and are confident that staffing will be sufficient to cover the 13 care suite beds.</p> <p>The proposed 13 dual purpose care suites are part of one wing of dual-purpose beds on the ground floor. A proposed roster was sighted that indicates that in</p>
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		<p>addition to current staff, there will be one additional HCA resource allocated to cover the additional care suites beds each morning and afternoon shift. Interview with the BCM identified that rostering of additional staff will be subject to clinical demand and occupancy and incrementally increased as residents are admitted to these rooms, in line with the minimum staff to resident ratios.</p> <p>There is a dedicated nurses' station centrally located in each of the main wings of the facility. One of the nursing stations is located in close proximity to the care suites.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures that describe medication management that align with accepted guidelines. Medications reconciliation occurs on admission when medicines are checked against the doctor's prescription and when medicines arrive from the pharmacy. This safety check is performed by the RNs.</p> <p>All staff (RNs and senior HCAs) who administer medicines have completed medication competencies. Staff attend annual medicines management education. The medicines management round observed met legislative requirements. Three monthly medicines reviews by the general practitioner were completed in line with legislative requirements.</p> <p>Medication areas, including storage areas, evidenced an appropriate and secure medicine dispensing system, free from heat, moisture and light, with medicines stored in original dispensed packs. The fridge where medications are kept has required temperature checks completed. There was evidence six monthly pharmacy checks are completed.</p> <p>The service has a system for residents to self-administer medicines, should this be requested. The service does not use standard medicines orders.</p> <p>There are four dedicated medication rooms and two areas with additional security for the storage of medicines.</p> <p>The current implemented medication system is satisfactory to meet the needs of residents in the new care suites as proposed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	FA	<p>Food provision is overseen by the executive chef (EC). The food service is provided on site. The kitchen staff have completed all relevant food safety training.</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>There is a four weekly seasonal menu last reviewed by a dietitian at organisational level.</p> <p>At interview, the EC reported that the RN completes each resident's nutritional profile on admission with the aid of the resident and family. The kitchen can cater to specific needs as requested and diets are modified as required. The service encourages residents to express their likes and dislikes. The system for informing the chef about all residents' dietary needs was evidenced in the kitchen.</p> <p>Residents requiring extra support to eat and drink are assisted as observed at lunchtime during the on-site audit.</p> <p>Cleaning schedules are maintained, and chemicals used in the kitchen are stored appropriately. The kitchen and equipment were observed to be well maintained. Food temperatures are documented within accepted range. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines.</p> <p>Food audits are carried out as per the yearly audit schedule. The residents interviewed spoke highly about meals provided and they confirmed that staff ask them about their food preferences.</p> <p>The current food service is satisfactory to accommodate the needs of residents in the new care suites.</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>Elderslea employs a diversional therapist (DT), five activity coordinators (AC) and a physiotherapy assistant to ensure activities are implemented at this service. The programme includes activities for rest home, hospital and dementia residents from Monday to Sunday.</p> <p>Activities are available for the residents, developed monthly and displayed in large print. Activities provided are meaningful and reflect ordinary patterns of life, including for example, entertainers, arts and crafts, exercise, music therapy and pet therapy. There are van outings weekly. Residents have the choice to attend activities. Feedback from residents and their families was positive about activities provided at this facility.</p> <p>Each resident has an individual activities assessment completed on admission in consultation with family and the RNs. An individual activities plan is developed for each resident by the DT with support from the ACs. Individual activity plans are</p>

		<p>reviewed and evaluated at least six-monthly along with the person-centred care plans (PCCP).</p> <p>Residents in the dementia unit have 24-hour behavioural activity plans completed for the management of challenging behaviour.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented policies and procedures for the management of waste and hazardous substances are in place. Policies and procedures specify safety requirements that comply with legislation, including the requirements for clear labelling and disposal and collecting of waste. The hazard register is available and current.</p> <p>Current material safety data posters are available and accessible to staff in relevant places in the facility. Staff receive training and education in safe and appropriate handling of waste and hazardous substances as a component of the mandatory training programme.</p> <p>Interviews and observations confirmed that there is sufficient personal protective clothing and equipment provided, such as aprons, gloves and masks that is appropriate to the recognised risks. Protective clothing and equipment was observed to be used appropriately in high-risk areas.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness is displayed in the entrance to the facility and there is a certificate of public use for the care suite wing. The care suites were dual-purpose rooms that have been repurposed and refurbished. Buildings, plant and equipment comply with legislation.</p> <p>Interviews and observation confirmed there is equipment available to support residents including: wheel chairs; shower chairs; and hoists. This includes sufficient equipment and facilities for the proposed new care suites (refer to 1.2.7.5).</p> <p>There is an implemented planned and reactive maintenance schedule. Staff enter maintenance requests in a book and there was evidence that these are responded to and signed off promptly. The facility has an annual test and tag programme and this is up to date, with evidence that checking and calibration of biomedical equipment was current at the time of audit.</p> <p>Staff interviews and facility inspection confirmed there is adequate equipment to</p>

		<p>support care, including care for residents with disabilities.</p> <p>There are paved courtyards, landscaped lawns, and areas with shade and seating that are able to be accessed freely by residents and their visitors. There are ramps and rails to facilitate access for residents with disabilities. Outdoor areas are accessible from the new care suites.</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>The 13 proposed care suites and 7 other rooms have full ensuite facilities with a shower, toilet and a basin. The remaining rooms share an ensuite between two rooms. All ensuites sighted have: a call bell; room for manoeuvrability of resident and staff; approved handrails; wide doorways, hand basins, flowing soap and towel dispensers within reach to facilitate ease of mobility and independence.</p> <p>Communal toilets have a system to indicate vacancy and there is appropriate disability access. The care suites have two visitors' toilets located in close proximity to communal areas.</p> <p>Hot water temperatures are monitored monthly and were noted to be maintained within recommended temperature ranges. Interviews with the maintenance person confirmed that where these varied from the recommend range corrective actions were taken immediately to address this. Hot water urns in resident dining areas are clearly labelled and strategies to mitigate risk of accidental scalding are documented on the hazard register.</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>	FA	<p>Residents have their own room and those viewed, including the new care suites, were noted to allow residents to mobilise safely around their personal space and bed area, with mobility aids and assistance. Resident interviews confirmed that there was sufficient space to accommodate furniture; equipment such as hoists; and staff as required.</p> <p>Residents and their families are able to personalise their rooms. Furniture in residents' rooms includes: residents' own personal pieces and memorabilia; is appropriate to the setting; and is arranged in a manner that enable residents to mobilise freely.</p> <p>There are designated areas to store equipment such as: wheel chairs; commodes; walking frames; and hoists, safely and tidily as well as areas for residents to store</p>

		and charge their mobility scooters.
<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>	PA Low	<p>There are lounges with seating and garden views and smaller lounges throughout the facility. The dining rooms are situated in different areas of the facility, including one in the dementia unit. The care suite wing has two dedicated lounges and a dining area. There was furniture in place, however, not all communal areas in the care suite wing had curtains installed.</p> <p>There are a number of smaller areas with seating and views of gardens for residents to use. All areas can be easily accessed by residents and staff. There are also sufficient quiet areas for residents and their visitors to access if they wish, this includes areas where young people with disabilities (YPD) can find privacy.</p> <p>Observation and residents and family interviews confirmed that residents can move freely around the facility and that the accommodation meets their needs.</p> <p>Residents were observed to have their meals either with other residents in the communal dining rooms, or in their own room if they chose.</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>Laundering of all facility linen, including linen from another facility, is undertaken in an on-site laundry. This includes the laundering and ironing of residents' labelled personal clothing. There are three laundry assistants on duty each day, seven days a week. There are processes in place for the daily collection and distribution of facility linen and residents' clothing. Covered laundry trolleys and bags were observed to be used for transport. There is clear delineation and observation of clean and dirty areas in the laundry. There are areas for linen storage. Sufficient stocks of clean linen were sighted, including additional towels and bed linen purchased specifically for the 13 care suites.</p> <p>There are three cleaners on duty each day, seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cleaning cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Chemical data posters and data sheets are available and there is training provided about the use of products provided. Cleaners store dispensed and mixed chemicals on a trolley when cleaning and observation and interview confirmed that the trolley is with them at all</p>

		<p>times.</p> <p>Staff interviews confirmed that there is clear separation of: the roles of food service; cleaning; and laundry. There are sluice rooms available for the disposal of soiled water/waste.</p> <p>The effectiveness of cleaning and laundry processes are monitored through the internal audit process with no significant problems identified. Resident interviews and observation noted the facility to be clean, uncluttered, and tidy.</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>	<p>FA</p>	<p>Staff files and training records demonstrate that orientation and the annual training programme includes emergency and disaster procedures and fire safety.</p> <p>There is a New Zealand Fire Service approved fire evacuation plan. Evidence was sighted to confirm that the care suite conversion did not require changes to the existing fire evacuation plan. Interviews and documentation confirmed that fire drills are conducted at least six monthly. There is a monitored fire alarm and sufficient firefighting equipment and signage displayed. There is a nominated fire warden for each shift.</p> <p>The staff competency register evidenced that 17 RNs, 17 HCAs and 6 activities staff had current first aid certificates. There are at least two staff members on each shift with a current first aid certificate.</p> <p>There are supplies to sustain staff and residents in an emergency situation including alternative energy and utility sources that are available in the event of the main supplies failing. These include: an emergency generator; a barbeque and gas bottles; battery operated lighting; food, water, and continence supplies. The service's emergency plan includes considerations of all levels of resident need, including YPDs.</p> <p>There are call bells to summon assistance in all residents' rooms, toilets and communal areas. The 13 care suites sighted have call bells in: the bedroom (by the bed), the bathroom (by the lavatory) and the lounge and dining areas. Manual testing on the day of the audit confirmed that call bells were functioning. Call bells are checked monthly by the maintenance person. Observation on the day of the audit and resident and family interviews confirmed that call bells are answered promptly. Call bell response times are monitored and there are systems in place to immediately escalate to senior staff if there are delays in call bell response.</p>

		There are security systems in place to ensure the protection and safety of residents, visitors and staff. These include visitors signing in and out of the building, the facility being locked in the evenings and night time security lighting in place.
<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>	FA	<p>All residents' rooms and communal areas accessed by residents have safe ventilation and external windows providing natural light. The facility is heated by a water filled wall panel radiator system and heat pumps. There are heat pumps in each of the care suite resident rooms, lounges and dining areas. 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 external smoking area for residents who smoke and there was no evidence that smoking in this area impacted on other residents or staff. There were five residents who smoked at the time of audit.</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>	FA	<p>Elderslea implements the Oceania group infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection control programme is reviewed annually at organisational level. The current infection control programme is suitable to meet the needs of residents with the proposed changes to services.</p> <p>The infection control committee has representatives in each area of the service management team. This group meets monthly and infection control matters are discussed at the facility monthly quality meetings. Minutes are available for staff.</p> <p>The CM is the designated infection control coordinator (ICC). Interviews with the ICC confirmed their commitment to appropriate infection prevention and control processes. Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff in orientation and induction.</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 Oceania restraint minimisation and safe practice handbook and policies comply with this standard and relevant legislation. Forms relating to restraint and enabler use are available should the service need to implement restraint or enablers.</p> <p>The CM confirmed that when enablers are requested, enabler use is a voluntary. There were no residents using restraint or enablers during the on-site audit.</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 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	<p>There are systems and processes in place to ensure that all staff complete their required mandatory training modules, including dementia unit standards where required and competencies. Competencies completed by care staff include the use of mobile hoists. However, staff have not yet completed training in the use of the new care suite overhead hoist system. Training has been scheduled to occur on 30 October 2019.</p>	<p>Training in the use of the overhead hoist system is yet to occur.</p>	<p>Ensure that the planned hoist training is completed by care staff.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.5.1</p> <p>Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.</p>	PA Low	<p>The dining room and lounge areas in the care suite wing are furnished and furniture is arranged in a manner to facilitate ease of mobility and independence. However, the dining room and one lounge area did not have curtains in place at the time of audit. Suitable curtains were sighted that were awaiting installation.</p>	<p>The care suite dining room and one lounge do not have curtains.</p>	<p>Ensure curtains are installed in the care suite dining room and lounge.</p> <p>Prior to occupancy 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.