

Oceania Care Company Limited - Woodlands Rest Home and Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Woodlands Rest Home and Village
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 16 January 2020 End date: 17 January 2020
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	44

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Woodlands Rest Home and Village is a facility within Oceania Healthcare Limited that can provide care for up to 50 residents requiring rest home or hospital level of care. Occupancy on the first day of the audit was 44.

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

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

The previous requirements for improvement at the partial provisional in 2019 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, have been closed.

There were no areas identified as requiring improvement at this audit.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Information regarding the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, the complaints process and the Nationwide Health and Disability Advocacy Service is provided to residents on admission and available within the facility.

Staff communicate with residents and family members following any incident and this is recorded in the residents' files.

Residents, family and the general practitioner interviews confirmed that the environment is conducive to communication, including identification of any issues, and that staff treat residents respectfully.

There is a documented complaints management system and a complaints register is maintained. The business and care manager is responsible for managing complaints. Complaints are investigated and documented, with corrective actions implemented where required.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The facility is managed by an appropriately qualified and experienced business and care manager, supported by a clinical manager responsible for the oversight of clinical service provision. The clinical manager is a registered nurse and holds a current practicing

certificate. The facility management team is supported by the regional clinical quality manager and the regional operations manager.

The facility has implemented the Oceania Healthcare Limited quality and risk management system that supports the provision of clinical care and quality improvement at the facility. Policies are current and reflect good practice. Reports to the national support office allow for the monthly monitoring of service delivery.

Quality and risk performance is monitored through the organisation's reporting systems and includes benchmarking reports. An internal audit programme is implemented. Corrective action plans are documented from quality activity results, with evidence of the resolution of issues when these are identified. There is an electronic database to record risk in which risks and controls are clearly documented.

Oceania Healthcare Limited human resource policies and procedures are implemented. Newly recruited staff undertake orientation appropriate to their role. Practising certificates for staff and contractors who require them are validated annually. An annual training plan is implemented to ensure ongoing training and education for all staff members.

Registered nurses are on duty 24 hours a day, 7 days a week and are supported by care and allied health staff. A review of rosters and service delivery staff, as well as resident/family interviews confirmed that there is sufficient staff available.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after admission.

The interRAI assessment is used to identify residents' needs; these are completed within the required timeframes. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis.

Person centred care plans are developed and implemented within the required timeframes. Person centred care plans are individualised and based on an integrated range of clinical information, residents' needs, goals and outcomes are identified. Residents' files reviewed demonstrated evaluations were completed at least six-monthly. Residents and their relatives are involved in the care planning process and notified regarding any changes in a resident's health status.

Short-term care plans are in place to manage short-term issues or problems as they arise. Handovers between shifts guide continuity of care and teamwork is encouraged.

The activity programme is managed by a diversional therapist. The programme provides residents with a variety of individual and group activities and maintains their links with the community. The service uses its facility van for outings in the community. Family are able to participate in the activities programme.

There is an appropriate medication management system in place. Review of the electronic medication management system confirmed processes and practices are in line with the legislation and contractual requirements. Medications are administered by registered nurses and health care assistants who have completed medication competency requirements. Medicine management competencies reviewed for staff who administer medicines were current.

The food service meets the nutritional needs of the residents. Kitchen staff have food safety qualifications. The kitchen was clean and meets food safety standards. The food service has a food control plan that is current. Residents and family confirmed satisfaction with meals provided.

Safe and appropriate environment

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

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the clinical manager. On the day of the on-site audit, the service did not have any residents using restraints or enablers. Restraint is only used as a last resort when all other options have been explored. Enablers are voluntary.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The type of infection surveillance is appropriate to the size and complexity of the service. The clinical manager is the infection control nurse. Infection data is collated, analysed, trended and benchmarked. Monthly surveillance data is reported to staff and to the Oceania Healthcare Limited national support office. No outbreaks have occurred since the previous audit.

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	17	0	0	0	0	0
Criteria	0	41	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The organisation's complaints policy is in line with the Code and includes the timeframes for responding to a complaint. Complaint forms, and a post box to submit the complaint, are available at the entrance of the facility.</p> <p>Residents and their family members are provided the complaints process as part of the admission process. The complaints process is explained by the administrator to ensure understanding. A brochure is also provided detailing the contact details of an Oceania funded external agency that can be contacted anonymously to raise concerns or complaints. This information is also displayed on the resident notice board. Resident interviews confirmed that they were aware of opportunities and processes to raise any concerns and provide feedback on services. Staff and residents' interviews and residents' meeting minutes confirmed that residents can raise and discuss concerns and provide feedback on services at residents' meetings. Residents and family interviews confirmed that they were aware they could make a complaint. They stated in interviews that they were satisfied with how any issues raised had been dealt with.</p> <p>The business and care manager (BCM) is responsible for managing complaints. An up-to-date complaints register is in place and includes: the date the complaint is received; the category of complaint and a summary of the complaint; the date of meeting/discussion; and the date the complaint was closed/resolved. Evidence relating to each lodged complaint is held in the complaints folder with the register. There have been two complaints since the previous audit. A review of complaints identified that these had been investigated promptly and issues resolved in a timely manner.</p>

		There have been no complaints lodged with the Health and Disability Commissioner or other external authorities since the previous audit.
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There is an open disclosure policy that sets out the process to guide staff and ensure there is open disclosure of any adverse event where a resident has suffered unintended harm while receiving care. Completed incident forms and residents' records reviewed demonstrated that family are informed if the resident has an incident/accident; or a change in health status. Family and resident interviews confirmed that family are informed of any changes in resident status and that family are invited to the care planning meetings for the resident.</p> <p>Two monthly resident meetings inform residents of facility events and activities and provide attendees with an opportunity to: make suggestions; provide feedback; and to raise and discuss issues or concerns. Upcoming residents' meetings are included in the activities planner and residents are reminded close to the meeting. Family are welcome to attend residents' meetings. Minutes from the residents' meetings showed evidence that a range of subjects and issues are discussed, including: household services; infection control; the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code); the complaints process; facility changes such as renovations; evacuation procedures; and feedback from residents. Copies of meeting minutes are made available to residents and families on the notice board.</p> <p>Residents and family stated that they were able to raise and discuss any issues or concerns at resident meetings as well as directly with staff. They also stated that they were satisfied with the responses they received.</p> <p>There is a policy that provides guidance and procedures for staff to ensure that residents who do not use English as their first language are offered interpreting services. Interview confirmed that in the event that interpreter services are required they would be accessed through the district health board (DHB).</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Oceania Healthcare Limited (Oceania) has a documented strategic plan and mission, vision and values statement which reflect a person/family-centred approach to all residents. These are outlined in the information pack provided to residents and their families on admission. Staff receive this information at their orientation and in annual training. Oceania has an overarching business plan, applicable to this facility.</p> <p>Woodlands Rest Home and Village (Woodlands) is part of the Oceania group with the executive management team providing support to their facility. Communication between the facility and executive management occurs at least monthly. The facility provides ongoing electronic reporting of events and occupancy that provide the executive management team with monthly progress against identified indicators.</p> <p>The BCM who is responsible for the overall management of the facility has been in this role for two months. The BCM is also responsible for another Oceania facility approximately 40 minutes away, was not present at the time of the audit. The BCM is a registered nurse (RN) without a current practising certificate. The BCM has previous</p>

		<p>experience in age-related residential care (ARRC) management including five years' experience as a BCM with Oceania. The BCM is supported by a clinical manager (CM), who has been in this current role for two and a half years and has previous experience in another Oceania facility. The CM holds a current annual practising certificate and is supported by the Oceania clinical quality manager (CQM).</p> <p>The facility is certified to provide rest home and hospital level care. There were 44 beds occupied at the time of the audit. Occupancy included 29 residents requiring rest home and 15 requiring hospital level care.</p> <p>The facility holds contracts with the DHB for ARRC; respite care and long-term support for chronic health conditions; residential non-aged young people with a disability (YPD); and community residential services within aged care facilities for eligible people who are chronically/medically ill (day programme).</p> <p>Of the 44 residents, there was one resident under the respite contract assessed at rest home level of care. There were no residents under the YPD contract. On the days of the on-site audit there were eight participants in the day activities programme.</p> <p>The facility has 20 occupational right agreement (ORA) dual purpose care suites, included in the 50 certified beds. Included in the total occupancy numbers were fifteen residents in ORA dual-purpose care suites at the time of audit. Fourteen of fifteen residents were receiving rest home care and one was receiving hospital level care. These residents had a signed ORA in place.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The Oceania documented quality and risk management framework is accessed by staff to guide service delivery. Policies are current and align with the Health and Disability Services Standards and reflect accepted good practice guidelines. The Oceania management group reviews all policies with input from relevant personnel. New and revised policies are presented to staff at staff meetings and policy updates are also provided as part of relevant in-service education. New and revised policies are also made available on a noticeboard located in the staff room and staff sign to confirm that they have read and understood each new policy and/or update. Staff interviews confirmed that they are made aware of new and updated policies at meetings and also through the electronic sign in process at the start and end of each shift.</p> <p>Service delivery is monitored through the organisation's reporting systems utilising a number of clinical indicators such as: falls; infections; medication errors; weight loss; wounds; and implementation of the internal audit programme. Clinical indicators are collated monthly. There is evidence that the annual internal audit programme is implemented as scheduled. Reports show evidence that quality improvement data is being collected and collated with the identification of trends and analysis of data. Where required, corrective action plans from quality activities are developed, implemented, evaluated and closed out. Staff interviews confirmed that they are advised of any subsequent changes to procedures and practice through meetings and meeting minutes.</p> <p>All aspects of quality improvement, risk management and clinical indicators are discussed at monthly meetings. Copies of meeting minutes are available for review in the staff room. Staff interviews confirmed that they are kept</p>

		<p>informed of quality improvements. Residents and family are notified of facility changes and events through the facility's resident meetings. Interviews with residents and family confirmed that they are able to have input into quality improvements and facility changes for residents; and are satisfied that the service meets resident needs.</p> <p>Satisfaction surveys for residents and family are completed twice each year as part of the internal audit programme. Surveys reviewed evidenced satisfaction with the services provided.</p> <p>The organisation has a risk management programme in place. Health and safety policies and procedures are documented along with a hazard management programme. Health and safety is monitored as part of the annual internal audit programme. Staff interviews confirmed an awareness of health and safety processes and their responsibilities to report hazards, accidents and incidents promptly. Accidents, incidents and corrective actions are discussed at staff meetings. There is evidence of hazard identification forms completed when a hazard is identified and that hazards are addressed, and risks minimised. A current hazard register is available and is updated annually, with a selection of hazards reviewed monthly at health and safety meetings.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The CM and CQM are aware of situations which require the facility to report and notify statutory authorities. These are reported to the appropriate authority via the Oceania support office staff. The appointment of the BCM since the last audit had been reported to the Ministry of Health. There was one unexpected death that had been referred to the coroner and was open at the partial provisional audit in 2019 which has subsequently been closed out.</p> <p>Staff training records reviewed confirmed that staff receive education on accident/incident reporting processes at orientation and as part of the ongoing training programme. Staff interviewed understood the adverse event reporting process and their obligation to document all untoward events. A review of documentation confirmed that staff document adverse, unplanned or untoward events on accident/incident forms which are signed off by the BCM.</p> <p>Accident/incident reports reviewed evidenced an assessment had been conducted and observations completed. Corrective actions arising from accidents/incidents were implemented. There is evidence of a corresponding note in the residents' progress notes and notification of the resident's family members where appropriate. Family and resident interviews confirmed that family are notified where the resident has had an accident/incident or a change in health status.</p> <p>Accident/incidents are graphed, trends analysed and benchmarking of data occurring with other Oceania facilities. Specific learnings and results from accidents/incidents inform quality improvement processes and are shared at monthly staff meetings.</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>Human resource management policies and procedures are implemented and meet the requirements of legislation. The skills and knowledge required for each position are documented in job descriptions, with accountabilities, responsibilities and reporting lines clearly identified.</p> <p>Staff files reviewed demonstrated that recruitment processes for all staff include: reference checks; police vetting; identification verification; a position specific job description; drug screening, a signed employment agreement and, where appropriate, a valid work visa.</p> <p>There are systems in place to ensure that annual practising certificates and practitioners' certificates are current. Current certificates were evidenced for all staff and contractors that required them.</p> <p>An orientation/induction programme is available that covers the essential components of the services provided. Interviews with health care assistants (HCA) confirmed that they are buddied with an experienced staff member until they demonstrate competency on specific tasks, for example: hand hygiene; personal cares and moving and handling.</p> <p>The organisation has a documented role specific mandatory annual education and training module/schedule that includes topics relevant to all services and levels of care provided. There are systems and processes in place to ensure that all staff complete their required mandatory training modules and competencies.</p> <p>The CM and six other RNs have completed interRAI assessment training and competencies. Care staff complete annual competencies and knowledge, for example: hoist use; fire; food control plan; and medication management. Education session attendance records evidenced that ongoing education is provided relevant to the services delivered. Interviews and training records reviewed confirmed that all staff, including RNs undertake at least eight hours of relevant education and training hours per year.</p> <p>An annual performance appraisal schedule is in place. All staff files reviewed evidenced that staff employed for greater than one year had completed a current performance appraisal</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 organisation's staffing policy provides guidance to ensure staffing levels within the facility are sufficient to meet the needs of residents' acuity and the minimum requirements of the DHB contract. Rosters are available to staff at least four weeks in advance. Staffing levels are reviewed to accommodate anticipated workloads, identified numbers of residents, and ensure that there is the appropriate skill mix of staff available. When required, additional staff are rostered on duty or an additional short shift is provided, for example: if occupancy increased.</p> <p>There are 53 staff, including the management team, administration, clinical staff, activities staff and household staff. There are sufficient RNs and HCAs available to safely maintain the rosters for the provision of care. Rosters sighted reflected adequate staffing levels to meet current resident acuity and bed occupancy. In addition to the CM who is on duty Monday to Friday, there is one RN on each morning, afternoon and night duty seven days per</p>

		<p>week. There are five HCAs, and when required an additional HCA for a four-hours, on each morning shift; five on each afternoon shift and two on each night shift.</p> <p>The ORA care suites are located in two of the facilities four wings. The two remaining wings consist of a hospital wing and a rest home wing that include a mix of both hospital level and rest home level residents. There are two nurses' stations that are easily accessible to all wings.</p> <p>There are village units in close proximity to the facility. Interview with staff and document review confirmed that with the exception of telephone advice by an RN, RNs do not provide services to the residents in the village units. In an emergency situation only an HCA may attend a village resident.</p> <p>The CM is on call after hours seven days a week. In the absence of the CM, an RN is on call.</p> <p>Observation of service delivery confirmed that resident needs were being met in a timely manner. Resident and family interviews stated that staffing is adequate to meet the residents' needs. Staff confirmed that they have sufficient time to complete their scheduled tasks and resident cares.</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 processes that describe medication management that align with legislation and guidelines. Medicines are stored as per legislative requirements. A system is in place to safely receive prescribed medicines from the pharmacy and return medicines which are no longer required. The medication refrigerator temperatures are monitored and recorded weekly. There were no vaccines stored on site. Weekly checks and six-monthly pharmacy stocktakes are documented. Stock medicines are stored appropriately and were sufficient for the size and needs of the facility.</p> <p>A review of medication charts and an observed lunchtime medication round evidenced compliance with legislation and guidelines. The RNs and medication competent HCAs administer medications. All staff authorised to administer medicines complete an annual medication competency. Staff repeat medication competencies sooner if they contribute to a medication error. The RNs had completed current syringe driver competency and education. The medication policy supports residents to self-administer medicines as desired. There were two rest home residents who self-administered medications on audit days. All checks and reviews are completed for these residents to ensure they are competent to self-administer medicines. There were no standing orders in use at time of audit.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual</p>	FA	<p>The kitchen manager oversees food provision. Food services comply with current legislation and guidelines. A current food control plan is in place. All kitchen staff have completed food safety certificates or relevant training. The four-weekly seasonal menu was reviewed by a dietitian in September 2019. All food is stored in accordance with the standards. A regular cleaning schedule is implemented and was displayed in the kitchen. Refrigerator and freezer temperatures are maintained. Food audits are carried out as per the yearly audit schedule.</p>

<p>food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>Temperatures are taken of cooked food and of food about to be served.</p> <p>Meals are prepared and served to residents in two dining rooms; the main dining room and a smaller dining room adjacent to the kitchen. A tray service is provided as required.</p> <p>Residents' dietary profiles are completed by the RNs on admission, identifying the residents' dietary requirements, preferences and any food allergies. There were current copies of the residents' dietary profiles located in the kitchen. Diets are modified as required. Interview with the CM and kitchen manager confirmed high protein drinks are supplied for those residents identified as being at risk of weight loss. Review of residents' monitoring records confirmed residents' weights are documented monthly and weights are stable. Observation at lunchtime confirmed those residents requiring extra support to eat and drink are assisted by staff appropriately. Residents and families interviewed confirmed satisfaction with the food service.</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>FA</p>	<p>The residents' care plans are individualised, integrated and up to date. Care plans reflect current conditions and needs as identified through interRAI assessments. The care plan interventions reflect the risk assessments and the level of care required. Care plans were amended to reflect changes in health status and were reviewed on a regular basis. Short-term care plans are developed, when required and signed off by the RN when problems are resolved. In interviews, staff reported they receive adequate information to ensure continuity of residents' care.</p> <p>Regular GP/NP care is implemented. This was evidenced in current GP and NP progress reports and confirmed at GP and NP interviews. Family members interviewed confirm care delivery and support by staff is consistent with their expectations.</p> <p>The respite care plan contained all required information to inform care needs for this resident.</p> <p>The finding from the partial provisional audit relating to early recognition and management of signs of serious injury has been closed. The Oceania falls policy was updated in September 2019 to include the intervention that the GP is to be notified of all falls. Staff have received training in early recognition and management of signs of serious injury and the deteriorating resident.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and</p>	<p>FA</p>	<p>The residents' care plans are completed by the RN and based on assessed needs, desired outcomes and goals of residents. Care planning includes specific interventions for long-term and acute problems. Interventions are reviewed within required timeframes and updated if there are changes in the health status of a resident. The GP documentation and records reviewed were current. Interviews with residents and families confirmed that care and treatment met residents' needs. Staff interviews confirmed they are familiar with the needs of all residents in the hospital and rest home. Family communication is recorded in the residents' files. The nursing progress notes and observations are maintained as per Oceania policy.</p>

desired outcomes.		
<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>	FA	<p>The residents' activities programme is managed by a diversional therapist and an activities assistant. The activities for the residents are provided Monday to Saturday and on alternate Sundays. The diversional therapist oversees the programme for both the rest home and hospital five days a week and the activity assistant oversees the programme on Saturdays and alternate Sundays.</p> <p>The activities programme was displayed on the residents' noticeboards. A range of activities are planned which incorporate education, leisure, cultural and community events. Van outings into the community are arranged twice a week.</p> <p>The residents' activities assessments are completed within three weeks of the residents' admission to the facility. Information on residents' interests, family and previous occupations are gathered during the interview with the resident and their family and documented on the 'about me' form.</p> <p>The activities plans are reviewed six-monthly at the same time the care plans are reviewed.</p> <p>There was evidence the activities staff are part of the interRAI assessment and care plan review process. The residents and their families reported satisfaction with the activities provided.</p> <p>Over the course of the audit residents were observed engaging in a variety of activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN or CM.</p> <p>Formal evaluation of the PCCPs every six months in conjunction with the interRAI re-assessments or more frequently if there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes. Goals and interventions in the PCCPs are updated to reflect changes identified by the evaluation process.</p> <p>Residents and families interviewed confirmed involvement in the evaluation process and any resulting changes. Contact with family was verified in the resident's records and documented on the family communication record in the individual resident files reviewed.</p> <p>Short-term care plans are developed for acute problems when needed. Short-term care plans record goals and the required interventions for the identified short-term problems. The short-term care plans reviewed daily and were signed, dated and closed out when the short-term problem had resolved or added to the PCCP if ongoing.</p>
Standard 1.4.2: Facility	FA	There is a current building warrant of fitness is displayed in the entrance to the facility. There had been no further

<p>Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>alterations to the building since the last audit. Buildings, plant, and equipment comply with relevant legislation.</p> <p>The service provides mobility access throughout the facility, with spacious corridors and sufficient space in resident rooms and bathrooms to mobilise with additional staff and equipment. Fixtures and fittings including double glazing and window seals, curtains and curtain rails are in place where required, including in the 20 ORA rooms. There is hand sanitiser available throughout the facility. The previous requirement for improvement relating to the physical environment not being ready for occupancy in the ORA rooms has been closed out.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Oceania's surveillance policy describes the requirements for infection surveillance and includes the process for internal monitoring. Internal infection control audits are completed. The CM is the infection control nurse. Infection data is collated monthly by the CM and is submitted to Oceania national support office where benchmarking is completed. Monthly surveillance data is collated and analysed to identify any trends, possible aetiology and any required actions. This data is reported at the monthly infection control meeting and at the monthly staff and quality meeting for all staff. Staff were observed maintaining appropriate infection prevention requirements.</p> <p>No outbreaks have occurred since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Oceania's restraint minimisation and safe practice handbook and policies comply with legislative requirements. The restraint coordinator is the CM. A signed position description was sighted. The Oceania clinical and quality team are responsible for approving any form or type of restraint practice used at Oceania facilities nationally. Restraint is only used as a last resort once all alternative strategies are considered. Enablers are voluntary and the least restrictive option is in use to maintain resident independence and safety. A restraint register was in place and used as required. There were no residents using restraint or enablers during the on-site audit days.</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.

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.