

Oceania Care Company Limited - Otumarama Home and Hospital

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:	Otumarama Home and Hospital
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 14 January 2020 End date: 15 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:	30



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Otumarama Home and Hospital is a facility within Oceania Healthcare Limited that can provide care for up to 38 residents requiring rest home or hospital level of care. Occupancy on the first day of the audit was 30.

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, and a nurse practitioner.

There were no areas requiring improvement at the partial provisional audit in 2019 and 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.

Residents, family and the nurse practitioner interviews confirmed that the environment is conducive to communication, including identification of any issues, and that staff are respectful of residents' needs.

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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Oceania Healthcare Limited is the governing body responsible for the services provided at Otumarama Home and Hospital.

The facility is managed by an appropriately qualified and experienced business and care manager. A clinical manager, who is a registered nurse with a current practicing certificate, is responsible for the oversight of clinical service provision. The facility management team is supported by the regional clinical quality manager and the regional operations manager.

The facility has implemented Oceania Healthcare Limited's 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 are monitored through the organisation's reporting systems and includes benchmarking reports. Risks and controls to manage risks are clearly documented. 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.

Oceania Healthcare Limited's 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 implemented annual training plan ensures 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 and completed within the required timeframes. The general practitioner or nurse 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. In all 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.

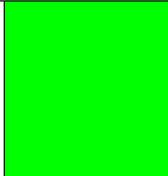
Short-term care plans are in place to manage short-term issues or problems as they arise. Handovers between shifts guide continuity of care and team work is encouraged.

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 activity programme is managed by an activities coordinator and overseen by a diversional therapist from another Oceania facility. 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.

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

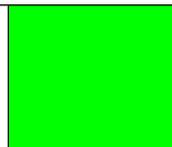
Safe and appropriate environment

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.

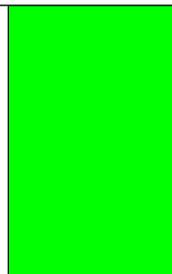


Standards applicable to this service fully attained.

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 had one resident using an enabler. 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.

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. There have been no outbreaks 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	16	0	0	0	0	0
Criteria	0	39	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 and procedures are in line with right 10 of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and include the timeframes for responding to a complaint. The complaints process is included in the admission agreement and explained to each resident and their family on admission to the facility by the BCM. Complaint forms and a box to deposit completed forms are available at the entrance of the facility.</p> <p>The BCM is responsible for managing complaints. An up-to-date complaints register is in place that includes: the date the complaint is received; the category of complaint and a summary of the complaint; the date the complaint was reviewed; and the date the complaint was closed/resolved. Evidence relating to each lodged complaint is held in the complaints folder with the register. The initial communication in response to a complaint, advises the complainant of the Nationwide Health and Disability Advocacy Service contact details and includes a brochure. The complaints documentation reviewed indicated that complaints are investigated promptly, and issues are resolved in a timely manner.</p> <p>Resident interviews confirmed that they were aware of 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. Corrective actions raised from these meetings demonstrate that resident concerns are acted upon.</p> <p>There had been no complaints made to external agencies since the previous audit.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<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. Completed incident forms and residents' records reviewed demonstrated that family are informed if the resident has an incident/accident. 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>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 advertised on the resident notice board. Family are welcome to attend residents' meetings. Minutes from the residents' meetings showed evidence that a range of subjects and issues are discussed, including: new staff; food service; laundry; activities; upcoming events; entertainment and health information updates.</p> <p>Residents and family stated that they were able to raise and discuss any issues or concerns directly with the clinical manager (CM). They also stated that the CM was readily available and that they were satisfied with responses 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 with the business and care manager (BCM) confirmed that in the event that interpreter services are required they would be accessed through the district health board (DHB). There were no residents requiring an interpreter at the time of the audit.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>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 and displayed within the facility. Staff receive this information at their orientation and in annual training. Oceania has an overarching business plan.</p> <p>Otumarama Home and Hospital (Otumarama) 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 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 has four years' experience in age related residential care (ARRC) as a care giver and in an administration role at Otumarama and another ARRC facility. The BCM has a diploma in business enterprise, a master of business administration and overseas registration as a chartered accountant. The CM, who has been in this current role for five years provides clinical support to the BCM. The CM is a registered nurse (RN) with a current annual practising certificate and is supported by the Oceania clinical quality manager (CQM). The management team have completed appropriate induction and orientation to their roles.</p>

		<p>The facility is certified to provide aged related residential care (ARRC), rest home care, hospital level care and residential physical and intellectual disability services.</p> <p>There were 30 beds occupied at the time of the audit. Occupancy included 18 residents requiring rest home care and 12 requiring hospital level care. Included in these numbers were five younger persons with disabilities (YPD). Of the five YPD residents there was one resident with an intellectual disability assessed at rest home level care. There was one of the five YPD resident with both a physical and intellectual disability assessed at hospital level of care. Three of five YPD had physical disabilities, all at hospital level care.</p> <p>The facility holds contracts with the DHB for ARRC, residential non-aged care; respite care and long-term support for chronic health conditions.</p> <p>The facility has seven occupational right agreement (ORA) dual purpose care suites. Included in the total occupancy numbers was one resident in a care suite at the time of audit by a resident receiving rest home care. The resident had a signed ORA in place.</p> <p>In addition to the 30 residents there was one person (a boarder) not assessed as requiring care, who was sharing a room with their spouse who had been assessed as requiring rest home level care.</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 Sector 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 as part of relevant in-service education. New and revised policies are also made available 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.</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; food safety; 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 showed 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, and closed out.</p> <p>All aspects of quality improvement, risk management and clinical indicators are discussed at monthly meetings. Copies of meeting minutes are available for staff to review and sign to confirm that they have read these. Staff interviews confirmed that they are kept informed of quality improvements and any subsequent changes to procedures and practice through meetings. Residents and family are notified of facility changes and events through the facility's residents' meetings. Residents' meeting minutes, staff, resident and family interviews confirmed that all residents have the opportunity to have input into quality improvements and facility changes. Interviews with</p>

		<p>residents and family confirmed that residents, including YPD interviewed by the consumer auditor, are satisfied that the service meets their individual needs. Family and resident interviews also confirmed residents participate in decision making, are provided with choices and have access to technology, equipment and services that they may need.</p> <p>Satisfaction surveys for residents and family are completed as part of the annual 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. The maintenance person is the elected health and safety representative and has completed stage one and two New Zealand Qualifications Authority health and safety training. Interview with the health and safety representative confirmed understanding of the obligations and scope of this role. 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 that is reviewed at each health and safety meeting and updated at least annually or when a new hazard is identified.</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 CQM and BCM are aware of situations which require the facility to report and notify statutory authorities. These are reported to the appropriate authority via Oceania support office staff. The appointment of the BCM since the last audit had been reported to the Ministry of Health. Staff interviews confirmed an understanding of reporting processes.</p> <p>A review of documentation confirmed that staff document adverse, unplanned or untoward events on accident/incident forms which are signed off by the CM.</p> <p>Staff orientation and training records reviewed confirmed that staff receive education at orientation and as part of the ongoing training programme on accident/incident reporting processes. Staff interviews confirmed an understanding of the adverse event reporting process and their obligation to document all untoward events.</p> <p>Resident incident reports reviewed evidenced that an assessment had been conducted and observations completed. 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 when 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 occurs with other facilities. Corrective actions arising from accidents/incidents were implemented and 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>The organisation's 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; a current work visa where relevant; police vetting; identification verification; a position specific job description; drug screening and a signed employment agreement.</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 who required them.</p> <p>An orientation/induction programme is available that covers the essential components of the services provided. Health care assistants (HCAs) are buddied with an experienced staff member until they demonstrate competency on specific tasks.</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 or demonstrate awareness on specific tasks, for example: moving and handling; hand washing; assisting residents to the shower; cleaning dentures; and health and safety awareness. 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. An annual performance appraisal schedule is in place. All staff files reviewed evidenced that staff 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</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. Staffing is adjusted as residents' acuity changes. When required, additional staff are rostered on duty.</p> <p>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 nine morning shifts a fortnight between Monday and Friday each week, there is one RN on each morning, afternoon and night duty seven days per week. To support RNs, there are four HCAs on the morning and afternoon</p>

<p>service providers.</p>		<p>shifts and two on each night shift, seven days per week.</p> <p>The care suites are incorporated into the footprint of the facility, not separated from other rooms, and are accessible from the nurses' station.</p> <p>The BCM and CM are 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. Resident and family interviews stated that felt there were sufficient staff on each shift to meet the needs of residents. 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>	<p>FA</p>	<p>The medication management system is documented and implemented and complies with legislation, protocol and guidelines. An electronic medication system is used. Prescribing practices in line with legislation, protocols and guidelines were observed. The required three-monthly reviews by the GP or NP were recorded electronically.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. Weekly checks and six-monthly stocktakes of drugs are conducted and confirmed that stock matched expected levels. Pharmacy input was verified. All medications are stored appropriately. There are no standing orders used at the facility.</p> <p>The medication refrigerator temperatures are monitored. Review of the medication fridge evidenced that the service does not store or hold vaccines and interviews with the RN confirmed this.</p> <p>The staff observed administering medication demonstrated knowledge and had a clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. Current medication competencies were evident in staff files.</p> <p>There were four residents self-administering medication during the on-site audit. A process is in place to ensure ongoing competency of the residents and this is authorised by the GP.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs</p>	<p>FA</p>	<p>All meals are prepared on site. The seasonal menu has been reviewed by a dietitian, with the summer menu implemented at the time of audit. The food control plan's expiry date is May 2020. Kitchen staff have relevant food hygiene and infection control training.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal sighted at the time of the audit complied with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges, a freezer and cool store. Temperatures are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock</p>

<p>are met where this service is a component of service delivery.</p>		<p>containers are labelled and dated. The kitchen was observed to be clean and cleaning schedules were sighted. Food temperatures are monitored appropriately and recorded daily.</p> <p>A nutritional assessment is undertaken for each resident on admission by an RN to identify the residents' dietary requirements and preferences. The dietary profiles are communicated to the kitchen staff and updated when a resident's dietary needs change and when dietary profiles are reviewed six-monthly. Diets are modified as needed and the cook interviewed confirmed awareness of the dietary needs, likes and dislikes of residents. These are accommodated in daily meal planning. Supplements are provided to residents with identified weight loss problems as medically required.</p> <p>Residents were seen to be given sufficient time to eat their meal and assistance was provided when necessary. There were enough staff to ensure appropriate assistance was available. Residents and families interviewed stated that they were satisfied with the meals provided.</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 desired outcomes.</p>	<p>FA</p>	<p>Person centred 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 facility. Family communication is recorded in the residents' files. The nursing progress notes and observations are recorded electronically and maintained.</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>The residents' activities programme is implemented by the activities coordinator and overseen by a diversional therapist from another Oceania facility. An activities assistant works two days a week. Activities for the residents are provided five days a week, Monday to Friday and on alternate Saturdays. The activities programme was displayed on the resident noticeboards. The activities programme reviewed provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. Regular van outings into the community are arranged.</p> <p>The residents' activities assessments are completed within three weeks of the residents' admission to the facility in conjunction with the admitting RN. Information on residents' interests, family and previous occupations are gathered during the interview with the resident and their family and documented. The residents' activity needs are reviewed six-monthly at the same time the care plans are reviewed and are part of the formal six-monthly multidisciplinary review process.</p> <p>The residents and their families reported satisfaction with the activities provided. Over the course of the audit</p>

		residents were observed engaging and enjoying a variety of activities.
<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>Person centred care plans are evaluated every six months in conjunction with the interRAI re-assessments or 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.</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 and record goals and the required interventions for the identified short-term problems. The short-term care plans reviewed were signed, dated and closed out when the short-term problem had been resolved or added to the PCCP if ongoing.</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>The facility has a current building warrant of fitness. There have been no alterations since the last audit.</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</p>	FA	<p>The Oceania surveillance policy describes the requirements for infection surveillance and includes the process for internal monitoring. The CM is responsible for the infection prevention and control (IPC) in the facility and has a signed position description, which includes requirements of the role and responsibilities.</p> <p>Internal IPC audits are completed. 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.</p> <p>Interview with the CM confirmed there have been no outbreaks since the previous audit.</p>

in the infection control programme.		
<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 CM is the restraint coordinator and restraint is included in their signed position description. The Oceania national clinical and quality team are responsible for approving any form or type of restraint practice used at Oceania facilities nationally.</p> <p>Restraint is only used as 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. The restraint and enabler register is maintained and current. There were no restraints in use and one enabler (bedrail) in use at the time of audit. The required documentation relating to enabler use was recorded.</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.