

# Oceania Care Company Limited - The Bellevue

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## Introduction

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

The audit has been conducted by The DAA Group 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:** The Bellevue

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

**Dates of audit:** Start date: 11 March 2021 End date: 11 March 2021

**Proposed changes to current services (if any):** This partial provisional audit has been undertaken to establish the level of preparedness of The Bellevue to provide rest home and hospital level care to 95 dual purpose beds in 71 care suites. Some of which are single rooms and some double rooms for couples. This is the first audit for this facility for which construction has just been completed.

**Total beds occupied across all premises included in the audit on the first day of the audit: 0**

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

The Bellevue are newly built care suites where hospital and rest home services will be provided. The service is owned and operated by Oceania Healthcare Limited and will be managed by a facility manager with support from a clinical nurse manager.

This partial provisional audit was conducted against the Health and Disability Services Standard. The audit process included review of policies and procedures, review of staff files, observation and interviews with managers and staff. Neither residents nor relatives were interviewed as the facility is not yet open. All areas were assessed as suitable for the provision of rest home and hospital level care during this audit.

This audit has resulted in one area that requires improvement to meet the standards prior to occupancy.

## Consumer rights

Not applicable to this audit.

## **Organisational management**

Oceania Healthcare Limited is the governing body responsible for the services provided at The Bellevue. The mission, vision and values of the organisation are well established, documented and communicated.

The facility manager is appropriately experienced and qualified as is the clinical nurse manager who is responsible for the oversight of clinical service provision. The facility management team will be supported by the Oceania Healthcare limited regional operations and clinical management team.

Oceania Healthcare Limited has human resource policies and procedure that meet all legislative requirements. Newly appointed staff undertake orientation appropriate to their role. Annual training plans are implemented to ensure staff receive ongoing training and education. Practising certificates for those staff who require them are validated on commencement of their role and then annually.

There is a documented rationale for determining staffing levels and skill mix in order to provide safe service delivery. The proposed rosters reflect the staffing requirements for the new facility now and into the future.

## **Continuum of service delivery**

Safe medicine storage and management systems have been developed. An electronic system is in place.

The food service system utilises Oceania Healthcare Limited's national policies, processes and systems. Both kitchens within the facility are fit for purpose. There is a comprehensive assessment process to determine individual residents' nutritional needs and requirements. Annual review of the food plan is undertaken by a suitably qualified dietitian.

## **Safe and appropriate environment**

The facility has been specially designed to meet the needs of the intended resident group. Systems are in place to monitor the safety of the environment and equipment in the facility. Communal and individual spaces are spacious. External areas are accessible and provide optional environments.

A system for the management of waste and hazardous substances is in place, and personal protective equipment and clothing are available for staff use. Chemicals are stored safely. Laundry is to be laundered off site.

Civil defence emergency supplies are available and emergency plans are in place. A call bell system has been installed, as have security systems. Areas are well ventilated and heated, and all resident rooms have doors opening either onto patio areas or Juliet balconies.

## **Restraint minimisation and safe practice**

Not applicable for this audit

## **Infection prevention and control**

An infection prevention and control programme and associated policies are in place. The clinical nurse manager is the nominated infection control coordinator to help prevent and manage infections. There is access to specialist infection prevention and control advice when needed.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	14	0	1	0	0	0
<b>Criteria</b>	0	33	0	1	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The Bellevue, situated in Papanui, Christchurch is part of the Oceania Healthcare Limited (Oceania), and as such Oceania has planned the service in alignment with the wider organisation’s purpose, values, scope and goals. Oceania has documented vision, mission and values that are available to those concerned through information booklets, admission packs and staff orientation. There is a business plan in place for The Bellevue.</p> <p>Members of the executive leadership team have worked alongside the regional operations and clinical managers, the facility manager and clinical manager in preparing The Bellevue for opening. Regular communication and monthly reporting requirements are in place to monitor progress towards the business plan.</p> <p>Interview with the regional operations manager confirmed that the District Health Board (DHB) has been notified of the intention to provide rest home and hospital level care.</p> <p>The Bellevue has 71 care suites which can accommodate up to 95 residents, with 40 of the suites suitable for couples. This partial provisional audit has been undertaken to establish the level of preparedness of The Bellevue to be able to</p>

		<p>commence admitting residents into this new purpose built facility. There were no resident's onsite during this audit. The facility will offer all care suites with an occupation right agreement.</p> <p>The facility manager is an experienced manager who has previously been responsible for the management of four other healthcare facilities along with other business operations. The facility manager is supported by a clinical manager. Both managers have recently been appointed to Oceania and have undergone much of their orientation to the organisation, evidence of this was sighted. The clinical manager will be responsible for the oversight of clinical care and is well qualified and experienced to hold this position. There is a guest service manager who has recently been appointed but has not commenced employment as yet. They will be responsible for household staff and facilities activities.</p> <p>The facility has been assessed as suitable to provide Hospital services - Geriatric services, (excl. psychogeriatric); Hospital -Medical; Rest home care (excluding dementia care). A staged transition plan is in place that describes how the facility will commence opening the facility. The ground floor will be opened at commencement of the service, once at a certain level of occupancy the second floor will be opened. Both areas are ready to occupy and were assessed for suitability of care provision during this audit.</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>	FA	<p>When the facility manager is absent, the clinical manager will carry out all the required duties under the delegated authority. There are support systems in place to support the facility as required by the regional operations and clinical managers.</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>	PA Low	<p>Human resources management policies and processes are in place and are based on good employment practice and relevant legislation. The initial recruitment processes have commenced and a review of five staff files demonstrated that formal application processes were required, individual interviews undertaken, referee checks made, police vetting had occurred for those staff offered positions and validation of qualifications and practising certificates (APCs) for registered nurses. In addition to the registered nurses, annual practising certificates were also checked as current for the house</p>

		<p>general practitioner (GP) and the pharmacists contracted to provide service. These are maintained in a register and there are systems in place to ensure that these are checked annually.</p> <p>The skills and knowledge required for each position are documented in job descriptions. The staff files reviewed demonstrated that staff who had received offers of employment were already employed in older persons' residential care positions and therefore able to meet the need of the residents. The facility's staffing rationale informs recruitment processes to ensure that sufficient, suitable staff are appointed and available to meet the needs of all residents.</p> <p>A four day orientation programme is in place and the first programme is booked to commence at the beginning of April. This will ensure that all staff will have received orientation prior to the facility's first residents being admitted. The programme includes all elements of Oceania's mandatory training requirements along with orientation to the facility. It requires new staff to demonstrate competency on, and/or understanding of, a number of specific functions and tasks, including health and safety and personal cares. The clinical nurse manager has already completed all required competencies, as sighted in their personal file. Specific orientation booklets for registered nurses and care givers were sighted.</p> <p>The organisation has a system in place to identify, plan, facilitate and record ongoing education needs of the care staff. This plan is documented and recorded in the GEM (grow, educate and motivate) system that is in place and is the responsibility of the clinical manger to ensure the required needs of staff are met.</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>Oceania has a staffing policy in place and staffing levels are variance managed related to occupancy numbers, resident dependency and resident acuity. These policies provide guidance to ensure staff levels within the facility are sufficient to meet the residents' needs. These staffing levels provide safe service delivery, 24 hours a day, seven days a week. The facility has planned to staff the facility to meet the needs of hospital level care residents at all times. An afterhours on call roster is in place, with escalation up the management levels to ensure that appropriate assistance is given as and when required. Agency/ Bureau nurses will be contracted if necessary, additionally the opportunity to utilise staff from other Canterbury sites is an option should it be required.</p>

		<p>There are registered nurses from another area in New Zealand already employed in other Oceania facilities ready to transfer to Canterbury when resident numbers increase. A manager interviewed described the staffing ratio in place for opening the facility and this demonstrated that there will be one registered nurse(RN) and one healthcare assistant (HCA) on duty each shift, that will be sufficient to cover the proposed initial resident numbers. There is a proposed 'ramp up' roster, sighted, that has a planned increase in staff numbers to accommodate subsequent growth in resident numbers.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Oceania has comprehensive medicines management policies and procedures that refer to all relevant legislation including the Medicine Care Guide for Aged Residential Care 2011. These documents cover multiple aspects of medicine management from prescribing, delivery and receipt, storage to missed medicines and medication errors, medication administration, alternative therapies and self-administration.</p> <p>An electronic system is in place - MediMap to meet the needs of the proposed residents. The clinical manager has already completed the Oceania medication competency required to be able to administer medications. Two HCA staff commencing employment are competent in medication management in their current role and will undertake Oceania's competencies prior to the residents being admitted. All staff once competent will have annual medication updates. Medications are to be supplied to the facility in a pre-packaged format from a contracted pharmacy. The pharmacy has access to MediMap so as the GP makes any changes this is visible and can be dispensed as soon as possible. Daily deliveries will be available.</p> <p>There is a well documented system in place to reconcile resident's medication on admission.</p> <p>Storage areas are spacious, free from light and heat and temperature controlled. Medication refrigerators are in place and there are systems for monitoring these daily.</p> <p>The clinical nurse manager was aware of the need for controlled medicines to be stored securely in accordance with requirements, for each administration to be checked by two staff for accuracy and for weekly stocktake checks to be completed. The process of completing quantity stock accounts at the due dates as per legislative requirements has also been negotiated with the contracted</p>

		<p>pharmacist. A controlled drug register is available.</p> <p>Processes are in place for self-administration of medicines, including assessment of resident competencies which will include the GP. Each resident will be reassessed every two to three months to ensure they are still competent to continue to self-administer.</p> <p>With no residents it was not possible to assess the level at which medicine management information is recorded or communicated to residents.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a food safety plan in place that is Oceania wide and is registered with Ministry of Primary Industry (MPI) due to expire 28 March 2022. There is a national menu that has a four week cycle with seasonal changes. A chef has been employed and has completed his orientation and training on safe food handling.</p> <p>There are policies in place related to food procurement, production, preparation, storage, transportation, delivery and disposal of food that complies with current legislation and guidelines.</p> <p>Documentation for a nutritional assessment to be undertaken for each resident on admission to the facility and a dietary profile developed was in the policy and procedures. This will enable the staff to ensure personal food preferences, any special diets and modified texture requirements are able to be accommodated.</p> <p>The main kitchen situated on the ground floor is well appointed and spacious. The kitchen was well stocked with equipment required to prepare and cook all food types. Refrigerators and Freezers were also in place with external temperature gauges. A detailed internal auditing plan is in place (sighted) to ensure all aspects of food hygiene and preparation are monitored along with cleaning schedules. External audits are also planned to be undertaken bi-annually.</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</p>	<p>FA</p>	<p>There are documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary and material safety data sheets are on the wall in areas where required. An external company has been contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Education</p>

<p>hazardous substances, generated during service delivery.</p>		<p>plan for staff includes training in safe and appropriate handling of waste and hazardous substances.</p> <p>Protective clothing and equipment including face masks, face shields, gloves, plastic aprons and hand sanitiser have been purchased and were in boxes stored in one of the empty rooms.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The Bellevue is a well-designed and modern new aged care facility. There is a Certificate of Public Use in the foyer due for expiry June 2021. Equipment is available to support residents including wheelchairs, hoists, shower chairs. The facility also has furniture for all care suites and this includes beds, chairs, dining room tables and chairs and lounge room furniture.</p> <p>There is an Oceania facility maintenance person who is responsible for the ongoing maintenance needs for the facility along with other facilities in the area. The maintenance person has been involved with the facility from the beginning of the project and so is very aware of the requirements of the facility. There are agreements with the building contractors for the first year to replace, repair and maintain the building and fixture and fittings if required. Thereafter there is an annual test and tag programme and there is an implemented planned and reactive maintenance schedule.</p> <p>Access to the facility meets the mobility and equipment needs of the residents. There are rails and ramps in place to assist mobility if required. Outside areas are completed with the courtyard surfacing made of a non-slip aggregate concrete finish and lawns and gardens landscaped. Outdoor seating is also in place. There is access to outdoor areas from the ground floor units and lounge areas.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Each room has a full ensuite with a shower, toilet and basin. Each ensuite has a pull cord to summon assistance in an emergency, along with hand rails and a nurse call bell. There is ample space in each ensuite and wide doorways to manage mobility aides should they be required. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. There is a waterproof room that accommodates a shower bed should it be required for a resident to meet their hygiene needs.</p>

		Processes are in place to monitor hot water temperatures monthly. The maintenance manager confirmed that temperatures had recently been tested and confirmed that they were all within the recommended temperature ranges.
<p><b>Standard 1.4.4: Personal Space/Bed Areas</b></p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Resident rooms had adequate personal space to allow residents space to mobilise safely around their room and for easy movement of equipment around them. There is also sufficient space to accommodate furniture, equipment and staff. Each room has an inbuilt overhead system to facilitate the use of a hoist. The modular component if required can be fitted to remain in the room, there are enough components to supply all rooms. Residents are permitted to use their own furniture if they choose, otherwise this will be supplied, and examples of these items were sighted and confirmed as suitable. Each room has a door that is wide enough to allow a bed to pass through easily.</p> <p>There is room to store mobility aids and wheelchairs in parking bays in the corridors.</p> <p>There are elevators to facilitate access to the second floor.</p>
<p><b>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</b></p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Each floor of the facility has a separate dining room that is centrally located in the facility. There is also a smaller area off each dining room that can be used to feed those residents requiring assistance in a dignified manner or for family functions where a small more private area is required. For those residents who wish to eat in their room there is space for a small dining table.</p> <p>There are large lounge areas on each floor as well as smaller seating areas. The furniture is suitably appropriate for the residents with no sharp edges.</p> <p>Numerous quiet areas are available to sit with visitors if they choose, quietly read or relax and admire the garden areas or sit in their own private patio areas.</p>
<p><b>Standard 1.4.6: Cleaning And Laundry Services</b></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>The supply and laundering of all facility and residents' linen will be undertaken by an offsite central Oceania laundry located in Christchurch. Each resident will be provided with their own individual laundry bag. There is a designated area for clean laundry where incoming laundry arrives and is then distributed to storage areas or directly to the residents' rooms. Dirty linen is placed in another</p>

		<p>room where it is picked up by the laundry van once the clean linen has been dropped off. There are large, sealed pods for the transport of the linen.</p> <p>Cleaning duties and procedures are documented to ensure correct cleaning processes occur. The new facility has a designated key code lockable cleaning cupboard for the safe and hygienic storage of cleaning equipment and chemicals. Chemical safety data sheets are available in areas where cleaning chemicals are stored. Training in the safe use of cleaning chemicals is provided by the cleaning product supplier. There are cleaning trollies (sighted) for the safe storage of cleaning chemicals when cleaning.</p> <p>There are systems in place to monitor the laundry and cleaning processes via an internal audit.</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>Orientation and the annual training programme include emergency and disaster procedures and fire safety. Fire training and an evacuation has already occurred for those staff already employed. Further evacuations will be organised six monthly.</p> <p>A fire evacuation plan was sighted, approval was given by Fire and Emergency New Zealand (FENZ) on the 4 March 2021. The facility manager is the nominated fire warden. The facility has a monitored fire alarm system with cause and effect sequencing. There are smoke detector, manual call points and a sprinkler system throughout the building. Oceania has a comprehensive emergency management plan in place. There are emergency response flipcharts that are displayed throughout the facility to ensure they are accessible in the event of an emergency and describe in detail what to do in the event of an emergency.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets and portable gas BBQ's are in place and meet the Ministry of Civil Defence and emergency management recommendations for the region. The Bellevue is a priority client for the allocation of a generator from a local hire contractor should the need arise. There is emergency lighting, gas and water onsite should it be required. There are procedures in place to ensure the facility will have sufficient food supplies in store for each resident, for three days.</p> <p>A non-audible call bell system to alert staff when residents require assistance has been installed, in rooms, bathrooms and corridors. These default to staff</p>

		<p>paggers, and then to the clinical nurse manager, then escalated up to executive manager level until answered, with each stage occurring within logged timeframes. The system can be audited for response times.</p> <p>A security system is in place to protect the residents, visitors and staff. The facility has monitored security cameras at critical points in the building.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows and doors that open onto small patio areas. The facility is heated throughout by heat pumps, including the residents' rooms which they will be able to independently control the temperature.</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>A comprehensive infection prevention and control programme is in place appropriate to the size and scope of the service. The programme undergoes annual reviews incorporating best practice. There is a national team in place responsible for the programme. The clinical nurse manager is the infection control nurse (ICN) for Bellevue, and is qualified for the role.</p> <p>The reporting lines for infection prevention and control are established within the organisation. An infection control team will be established to support the ICN role which will be comprised of various team members.</p> <p>Resources are available to assist with the prevention of infections, such as hand gels, disposable dressing packs and paper towels. An outbreak kit is available. Should an outbreak occur there are guidelines as to how to manage the outbreak for both residents and visitors and who to advise. Personal protective equipment is stored appropriately and available if required.</p> <p>Policies clarify staff responsibilities and provide guidance for staff about how long they must stay away from work should they be unwell.</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 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	The orientation programme is a four day orientation that includes information on relevant topics and key competencies such as fire evacuation, manual handling. There are variations between registered nurse and care giver requirements. At the time of this audit the orientation days are confirmed and staff booked to attend.	An orientation programme for new staff has been planned; however, this has still to be delivered.	<p>All staff will have undertaken appropriate orientation and demonstrated relevant competencies prior to commencing in the new facility.</p> <p>Prior to occupancy days</p>

## Specific results for criterion where a continuous improvement has been recorded

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As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display
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End of the report.