

Oceania Care Company Limited - Victoria Place Rest Home/Hospital and Dementia Care

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 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:	Victoria Place Rest Home/Hospital and Dementia Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 27 April 2021 End date: 27 April 2021
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:	48



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

Victoria Place Rest Home, Hospital/and Dementia Care provides rest home, hospital and dementia level care for up to 51 residents. The service is operated by Oceania and managed by a Business and Care Manager (BCM) and a Clinical Manager (CM). Apart from the appointment of a new BCM in 2019 and a CM in 2020, there have been no other changes to the service.

This unannounced surveillance audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family, management, staff, and a general practitioner.

Residents and families spoke positively about the care provided.

This audit identified one area of improvement related to updating care plans following reassessment/evaluation. Improvements have been made to the timeliness of responding to maintenance requests which addresses the improvement raised at the previous 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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Implemented systems and the environment is conducive to effective communication. The complaints management system meets the requirements of the Code and is known by staff, residents and their families. Two complaint investigations are under investigation with the Office of the Health and Disability Commission. (HDC)

Residents and family members interviewed reported that the manager immediately responds to and addresses any concerns they raise.

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 annual business and quality risk management plans include the scope, direction, goals, values and mission statement of the organisation. Experienced and suitably qualified people manage the services being delivered.

The quality and risk management system includes monitoring service delivery and other operations through internal audits. Quality improvement data is collected, analysed for trends and leads to improvements. Staff are involved, and feedback is sought from residents and families.

Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery.

The appointment, orientation and management of staff is based on good employment practices. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review.

Staffing levels and skill mix meet the changing needs of residents.

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.		Some standards applicable to this service partially attained and of low risk.
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The registered nurses (RNs) and general practitioner (GP) assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular basis. Residents are referred or transferred to other health services as required.

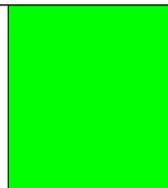
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

The medication management policy guides staff in safe medicine management.

The food service meets the nutritional needs of the residents, with special needs catered for. Food is safely managed. Residents confirmed satisfaction with the meals.

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.

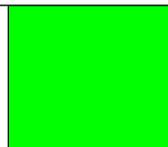


Standards applicable to this service fully attained.

There have been no changes to the structure of the buildings since the previous audit. A current building warrant of fitness is on display and planned and reactive maintenance is occurring.

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.

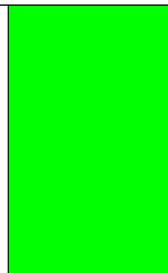


Standards applicable to this service fully attained.

The service meets the requirements of the restraint minimisation and safe practice standards. On the days of audit, three residents had restraint interventions in place and one resident was using bedrails voluntarily at their request.

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 infection surveillance undertaken is appropriate for the size of the facility. Infection results are reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	1	0	0	0
Criteria	0	40	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)
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>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed said they understood the process and would not hesitate to raise concerns if they had any. Residents are encouraged and supported to raise issues and concerns at their monthly meetings. There was evidence their feedback was taken into consideration and changes were made as a result.</p> <p>Oceania have recently implemented a new process for complaints management. All new complaints will be notified to support office who will allocate responsibility for management and investigation. According to their job description the BCM is responsible for complaints management and follow up with input from the clinical manager for issues related to clinical care. There had been no complaints submitted since September 2019 when the BCM took up the role. Two complaints submitted to the Office of the Health and Disability Commission (HDC) in 2018, are still under investigation and are awaiting outcomes.</p> <p>All staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p>
<p>Standard 1.1.9: Communication Service providers</p>	FA	<p>The family members interviewed said they were kept well informed about any changes to their relative's status and were advised in a timely manner about any incidents or accidents. Communication about the outcomes of, and invitations to participate in regular or urgent medical reviews were forthcoming. This was supported in the</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>residents' records reviewed. Staff and the two managers interviewed understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>There were no residents on site for whom English was a second language. Policy describes procedures for accessing interpreters. The BCM advised this is provided by a local information/support service. A number of staff are fluent in Te Reo and Cook Island Māori which reflects the resident population.</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>The Oceania group develops an annual business plan with objectives and goals that each of its care facilities responds to. This is monitored for progress by the executive management team, from information provided by the each facilities monthly business status report on identified indicators. The organisations mission statement, vision and values are displayed at the entrance to the facility.</p> <p>Victoria Place is managed by a Business Care Manager (BCM) who is supported by a Clinical Manager (CM). The BCM was appointed in September 2019 having been employed as a healthcare assistant (HCA) at the facility since 2012. This person has completed the six month Oceania leadership and management course.</p> <p>The CM is very experienced in aged care having worked as a clinical manager with another provider for more than 10 years. They were employed as an RN at Victoria Place in 2018 and took up the CM role in March 2020. Responsibilities and accountabilities are defined in their job descriptions and individual employment agreements.</p> <p>The BCM and CM confirmed knowledge of the sector, regulatory and reporting requirements and maintain their currency through attendance at conferences and study days. The management team is supported in their roles by the Oceania executive and the regional teams who maintain regular communication and on site assistance.</p> <p>The facility is certified to provide rest home, hospital level and dementia care and currently provides care for up to 51 residents. There are 44 dual purpose beds and seven dementia beds. There were 48 beds occupied at the time of the audit. Occupancy included: 23 residents requiring rest home level care (two respite) 18 requiring hospital level care; and seven requiring dementia level care.</p> <p>The facility has contracts with the DHB for the provision of rest home and hospital level care; dementia care; respite care; and a contract with the Ministry of Health for residential non-aged care (YPD services). Included in total occupancy numbers were two residents assessed at hospital level care under the YPD agreement</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an</p>	<p>FA</p>	<p>Victoria Place follows the Oceania documented quality and risk management system which is well embedded in practice and reflects the principles of continuous quality improvement. The Oceania management group regularly reviews all its policies with input from relevant personnel. These were in the process of being reviewed during this audit. Policies cover all necessary aspects of the service and contractual requirements,</p>

<p>established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on currently known best practice. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>Service delivery is monitored through complaints, internal audit activities, regular resident and relative satisfaction surveys and the organisation's reporting systems which utilise a number of clinical indicators such as incidents and accidents; surveillance of infections; pressure injuries; falls and medication errors.</p> <p>Quality improvement data is collected, collated and analysed to identify trends. Where audits or quality data indicate the need for improvement, corrective action plans are developed, implemented, and evaluated before being closed out. There is communication with staff of any subsequent changes to procedures and practice through meetings and staff notices. A range of meeting minutes (quality, health and safety, and staff meetings) confirmed how this information is reported and discussed with all levels of staff. Residents and family are notified of relevant updates via resident meetings or newsletters.</p> <p>Staff reported their involvement in quality and risk management activities through their participation on committees and with internal audits.</p> <p>Resident and family satisfaction surveys are completed annually. The most recent survey results from August 2020 had a 44% return from respondents and revealed high satisfaction with services. This was confirmed by the residents and family members interviewed.</p> <p>The organisation has a risk management programme implemented which records management of risks in clinical, environment, human resources and other areas specific to the facility. Health and safety policies and procedures are documented along with a hazard management programme. The hazard register sighted was current and is kept updated.</p> <p>Staff interviews confirmed an awareness of health and safety processes and the need to report hazards, accidents and incidents promptly.</p> <p>The BCM described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager is familiar with the Health and Safety at Work Act (2015) and follows requirements. There have been no WorkSafe notifications since the previous audit.</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</p>	<p>FA</p>	<p>Staff document adverse and near miss events on an accident/incident form. Interviews and a sample of incident forms selected for review showed the resident's family had been notified where appropriate, an assessment had been conducted and observations completed. All incidents forms are reviewed and where necessary investigated by the CM. There was evidence of actions being implemented to prevent recurrence where possible. These are then signed off as complete by the BCM.</p> <p>Analysis of incident data occurs monthly to identify facility trends and then benchmarked nationally with other</p>

<p>affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>Oceania facilities. Incidents/accidents are also discussed at quarterly regional cluster meetings. Specific learnings and results from incidents/accidents inform quality improvement processes. Meeting minutes confirmed that the CM shares the results of incident analysis and discusses the impact of these at RN, health and safety and staff meetings. Graphs which show month by month trends and how this compares nationally are displayed in the staff room.</p> <p>The BCM and the CM described essential notification reporting requirements, including for pressure injuries. Documents showed there have been four section 31 notifications made to the Ministry of Health, since the previous audit. These included notifying the change of clinical manager, a pressure injury, call bell failure and an internet and phone outage.</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 resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed show documentation of completed orientation and a performance review after a three-month period.</p> <p>Continuing education is planned on annual basis, including mandatory training requirements. Care staff have either completed or are progressing a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Of the 25 HCAs, 17 have achieved level 4, one is at level 3, four at level 2 and three are at level 1. The CM is the internal assessor for the programme. Only staff who have completed the required education (LTP-Dementia module) are rostered to work in the dementia care area. Records showed that 19 care staff have completed this. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Of the seven RNs employed five have current interRAI competency.</p> <p>The sample of staff records confirmed that staff engage in regular training and annual performance appraisals.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed.</p> <p>There are 44 staff, including: the management team; administration; clinical staff; diversional therapist; activities coordinator; and household staff. Household staff include cleaners, laundry staff and kitchen staff who</p>

<p>experienced service providers.</p>		<p>provide services seven day a week. A review of rosters demonstrated that there is at least one RN on each shift, plus the CM Monday to Friday 7am to 4pm. There is always another RN rostered on call.</p> <p>Care staff discussed the need for at least one other HCA to be rostered on in the mornings to compensate for the HCA delegated to administer medicines. The BCM is currently working on reinstating a short shift (6am to 2pm). Observations and review of a four-week roster cycle revealed six HCAs (three in hospital, two in rest home and one in dementia) on site in the morning and the same on afternoon shifts. One of these is always a short shift for example, 7am to 1pm and 3pm to 7pm.</p> <p>There are two HCA's and one RN rostered on each night.</p> <p>Two RNs are on long term leave and agency staff are being used when an RN is unexpectedly absent. The BCM said this happens at least once a week until the other RNs come back to work.</p> <p>Residents interviewed were happy with staff availability and said their call bells were answered in a timely manner.</p> <p>All RNs and 85% of care staff member have a current first aid certificate, so there is always at least staff member on duty who can provide first aid.</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 policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care and meets the legislative requirements.</p> <p>Victoria Place uses an electronic medicine management system. The electronic system is accessed using individual passwords. The HCA was observed administering medication correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency. The electronic prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines. The three-monthly medication reviews were consistently recorded on the electronic medicine charts sighted.</p> <p>The service uses pre-packaged medication packs which are checked by the RNs on delivery. The medication was stored safely, and medication reconciliation is conducted by RNs when resident is transferred back to service. All medications sighted were within current use by dates. Clinical pharmacist input is provided six monthly and on request.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room sampled were within the</p>

		<p>recommended range. There was no food stored in the medicine fridge. There were no vaccines kept on site.</p> <p>There were three residents who were self-administering inhalers at the time of audit. Appropriate processes and documentation were completed.</p> <p>The clinical manager reported that a comprehensive analysis of any medication errors is completed when required as guided by the medication management policy.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is provided on site by three cooks and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns on a four weekly cycle and has been reviewed by a qualified dietitian in March 2021.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with a current food safety plan and registration issued by the ministry of primary industries. The food control plan expires in March 2022. Food temperatures, including for high-risk items, are monitored appropriately and recorded as part of the plan. The cooks have completed relevant food handling training.</p> <p>Nutritional assessments were completed for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Nutritional supplements were provided for residents with loss of weight issues. Residents in the secure unit always have access to food and fluids to meet their nutritional needs. Special equipment, to meet resident's nutritional needs, was available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family/whānau interviews and satisfaction surveys. The food was served in the respective dining rooms and residents were offered extra servings if desired. Residents were seen to be given enough time to eat their meal in an unhurried fashion and those requiring assistance had this 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>	FA	<p>The interventions documented in the long-term care plans reviewed were adequate and appropriate to address residents' assessed needs and desired outcomes (Refer to 1.3.8.3). Observations and interviews with residents and family/whānau verified that care provided to residents was consistent with their needs, goals, and the plan of care. The attention to meeting a diverse range of residents' individualised needs was evident in all areas of service provision. The GP confirmed that medical input was sought in a timely manner, and care was provided as prescribed. Adequate equipment and resources were available to meet the residents' needs.</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 activities programme is provided by a diversional therapist (DT) and an activities coordinator (AC). The AC completes the activities assessments for all residents with input from residents and family/whānau or EPOA. A social history assessment is completed on admission to ascertain residents' needs, interests, abilities and social requirements. A monthly activities programme is completed and posted on the notice boards around the facility and in each resident's room. The family/whānau are welcome to participate in activities with their family/whānau.</p> <p>The planned activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Residents can participate in individual or group activities as desired. Residents below 65 years have one-on-one activities planned to meet their individual needs and can join the activities on the programme with the above 65 age group if desired. Residents were observed participating in various activities on the day of the audit. The activities on the programme include celebration of monthly themes, birthday celebrations, external entertainment, van outings, church services, bowls, quiz, puzzles, exercises, pet therapy and manicure.</p> <p>Residents' participation in activities were recorded daily and activity needs were evaluated as part of the formal six monthly interRAI and care plan review. The satisfaction survey and residents' meeting minutes verified residents' and family/whānau involvement in evaluating and improving the activities programme. Residents and family/whānau interviewed confirmed satisfaction with the programme.</p> <p>Activities for residents from the secure dementia unit are specific to the needs and abilities of the people living with dementia. The residents had free access to the secure garden. Activities are offered at times when residents are most physically active and/or restless. This includes short walks in the secure garden, van outings, colouring, and arts and crafts. The residents in the secure unit can join the activities group for the hospital level and rest home level residents with an escort. The DT reported that the activities are flexible and can be changed to meet the needs of the residents.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>PA Low</p>	<p>Resident care is evaluated on each shift and reported in the progress notes by the health care assistants (HCAs). If any change is noted, it is reported to the RNs. The RNs review and document in the progress notes at least weekly and more frequently when indicated as determined by the resident's condition.</p> <p>The reviewed records showed that formal long-term care plan evaluations occur every six months following the six-monthly interRAI reassessments. However, one of the five care plans reviewed was not updated following a significant change in care. The evaluations indicated the degree of achievement or response to the interventions and/or support provided, and progress towards meeting the desired outcome.</p> <p>Short-term care plans were consistently reviewed, and progress evaluated as clinically indicated. Short term care plans sighted were for urinary tract, chest infections and wound infections. The RN reported that unresolved conditions are added to long-term care plans. Residents and families/whānau interviewed</p>

		confirmed their involvement in evaluation of progress and any resulting changes.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness (expiry date 26 August 2021) is publicly displayed. There have been no changes made to the structure of the building since the 2019 certification audit.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting.</p> <p>An improvement identified at the previous certification audit related to the time being taken to action repairs and maintenance has been corrected. The maintenance request book showed between one to three days from the date a repair is reported to when remedial action occurs. Maintenance personnel are employed for 32 hours a week.</p> <p>Residents confirmed they know the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned and that they are happy with the environment.</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>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, skin, oral, multi-resistant organisms, COVID-19, eye, and the upper and lower respiratory tract. The infection control coordinator reviews all reported infections, and these are documented. New infections and any required management plans are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the current year, and this is reported to the business care manager and clinical governance group. Recommendations to assist in infection reduction and prevention were acted upon. Infection control measures recommended by the ministry of health for the management of COVID-19 pandemic were implemented. There was no reported infection outbreak reported since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p>	FA	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator who is the CM,</p>

<p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her/his role and responsibilities.</p> <p>On the day of audit, three residents had bedrails in place as restraints which were the least restrictive, and one resident was using a bedrail voluntarily at their request as an enabler. A similar process is followed for the use of enablers as is used for restraints.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident on review of the RN, quality and staff meeting minutes, files reviewed, and from interviews with staff.</p>
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Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.8.3</p> <p>Where progress is different from expected, the service responds by initiating changes to the service delivery plan.</p>	PA Low	<p>InterRAI assessments are completed for significant change in resident’s condition. Four of the five care plans reviewed demonstrated that where progress was different from expected, interventions were changed as per interRAI assessment outcomes and documented in the long-term care plans. However, one care plan was not updated following a significant change in resident’s condition and change in level of care. Nursing observations, monitoring charts, documentation in progress notes, resident, family and staff interviews confirmed that interventions implemented were adequate to address the resident’s needs.</p>	<p>One out of five residents’ files reviewed did not have an updated long-term care plan to reflect their current care needs a month after reassessment and a change in level of care.</p>	<p>Provide evidence that all care plans are updated and reflect the current care needs of residents.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.