

Oceania Care Company Limited - Gracelands Rest Home and Hospital

Introduction

This report records the results of a Certification 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:	Gracelands Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 June 2021 End date: 9 June 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:	85



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

Gracelands Rest Home and Hospital is one of five facilities owned and operated by Oceania Healthcare in the Hawkes Bay region. They purchased this facility in 2008. Gracelands provides hospital and resthome level care for up to 88 residents. The facility holds DHB contracts for Aged Related Residential Care (including; respite and day care, and restore) and long term support chronic health conditions. The business is managed by a business care manager (BCM) and a clinical manager, both of whom have been with the service for a number of years. There has been no major changes to the service since the last audit. Residents and family members spoke highly of the services being provided and the approachability of the managers and staff.

This certification audit was conducted against the Health and Disability Services Standards, the district health board (DHB) service's contract and areas requested by the DHB. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff including allied health providers and a general practitioner.

The organisations strengths are the sector knowledge of the BCM, commitment to quality improvement and their residents. No areas for improvement were identified 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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The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents of Gracelands rest home and hospital. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

Services at Gracelands Rest Home and Hospital are provided in a manner that respects the choices, personal privacy, independence, individual needs and dignity of residents. Staff were noted to be interacting with residents in a respectful manner.

Care for residents who identify as Māori is guided by a comprehensive Māori health plan and related policies.

There was no evidence of abuse, neglect, or discrimination. Staff understood and implemented related policies and professional boundaries are maintained.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required.

The service has linkages with a range of specialist health care providers, which contributes to ensuring services provided to residents are of an appropriate standard.

Complaints received are detailed with and reported to the governing body where appropriate. A register of these is maintained.

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 provide the governance structure and processes for business, quality and risk management included the scope, direction, goals and mission statement for their organisation. The electronic monitoring of the services provided allows timely effective reporting to managers and up to the governing body with regular meetings with the BCM. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies issues and leads to improvements where required. Feedback is sought from residents and family members. 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 and were current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. Orientation occurs for new staff. 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.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained using integrated electronic and hard copy files.

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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Graceland Rest Home and Hospital works closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is appropriate and efficiently managed. When a vacancy occurs, relevant information is provided to the potential resident/family/whānau to facilitate the admission.

Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers and communication sheets guide continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that arise. All residents' files reviewed demonstrated that needs, goals, and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

The planned activity programme is provided by a diversional therapist, activities assistant and a physiotherapist assistant. The programme provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses, enrolled nurses or care staff, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified overall satisfaction with 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.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen, and equipment are safely stored. Laundry is undertaken offsite and evaluated to ensure an effective laundering process is maintained.

Staff are trained in emergency procedures, use of emergency equipment, and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation has implemented policies and procedures that support the minimisation of restraint. Three enablers were consented and in use at the time of audit. Use of enablers is voluntary for the safety of residents in response to individual requests. One resident had a restraint in use. A comprehensive assessment, approval and monitoring process with regular reviews occurs. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection prevention and control programme, led by an experienced and appropriately trained infection control nurse, aims to prevent, and manage infections. Specialist infection prevention and control advice is accessed from the Hawkes Bay District Health Board.

The programme is reviewed annually.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, analysed, trended, benchmarked and results reported through all levels of Oceania Healthcare. 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	50	0	0	0	0	0
Criteria	0	101	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Gracelands Rest Home and Hospital (Gracelands) has policies, procedures, and processes in place to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and care staff interviewed understand the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed show that informed consent has been gained appropriately using Oceania Healthcare's standard consent form including for photographs, outings, invasive procedures, and collection of health information.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented where relevant in the resident's file. Staff demonstrated their understanding by being able to explain situations when this may occur.</p> <p>Staff were observed to gain consent for day-to-day care on an ongoing basis.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Brochures related to the Advocacy Service were displayed and available at reception. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>Staff were aware of how to access the Advocacy Service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff. Family and friends were observed visiting freely during the audit.</p>
<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>Oceania Healthcare's complaints policy and associated form 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 knew how to do so. Staff interviewed were able to state how they would support residents and family members if they wished to make a complaint and dealing with issues when they occur to minimise the impact of negative feedback. Complaints forms are available at reception and in the nursing station.</p> <p>The complaints register reviewed showed that five complaints were received in 2020 and two year to date. There is a high number of compliments and thank yous received ongoing and these are shared with staff. Review of a sample of these showed investigation and corrective actions taken where required. The documented was completed within the timeframes of the Code. Action plans show any required follow up and improvements have been made where possible. The business care manager (BCM) is responsible for complaints management and follow up with assistance of the clinical manager where appropriate.</p> <p>One HDC complaint has been received in 2020. These complaints are managed by general manager nursing and clinical strategy with input from the BCM. The detailed response to the complaint was completed and sent to the HDC within the required timeframes and a response is yet to be received.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents and family members of residents when interviewed report being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussion with staff. The Code is displayed in common areas together with information on advocacy services, how to make a complaint and feedback forms.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and family members of residents confirmed that they receive services from Gracelands in a manner that has regard for their dignity, privacy, sexuality, spirituality, and choices.</p> <p>Staff understood the need to maintain privacy and were observed doing so throughout the audit, when attending to personal cares, ensuring resident information is held securely and privately, exchanging verbal information and discussion with families and the general practitioner (GP). All residents have a private room.</p> <p>Residents are encouraged to maintain their independence by participating in community activities, regular outings to the local shops or areas of interest and participation in clubs of their choosing. Each plan included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Care plan records reviewed confirmed that each resident's individual cultural, religious, and social needs, values and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for staff, and is then provided on an annual basis, as confirmed by staff and training.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There were four residents in Gracelands at the time of audit who identify as Māori. Interviews verify staff can support residents who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day-to-day practice, as is the importance of whānau to Māori residents. There is a current Māori health plan developed with input from cultural advisers.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's</p>	FA	<p>Residents and their family members verified that they were consulted on their individual culture, values and beliefs and that staff respect these. Resident's personal preferences required interventions and</p>

<p>Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>special needs were included in all care plans reviewed, for example, food likes and dislikes and attention to preferences around activities of daily living. A resident satisfaction questionnaire includes evaluation of how well residents' cultural needs are met, and this supported that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A GP also expressed satisfaction with the standard of services provided to residents.</p> <p>The induction process for staff includes education related to professional boundaries and expected behaviours. All registered nurses (RNs) have records of completion of the required training on professional boundaries. Staff are provided with a Code of Conduct as part of their individual employment contract. Ongoing education is also provided on an annual basis, which was confirmed in staff training records. Staff are guided by policies and procedures and, when interviewed, demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, physiotherapist, wound care specialist, gerontology nurse specialist, speech language therapist and mental health services for older persons, and ongoing education of staff.</p> <p>The GP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and access their own professional networks, such as on-line forums, to support contemporary good practice.</p> <p>Other examples of good practice observed during the audit included a commitment to ongoing education and an increase in the uptake of the training in care of the older adult, minimising the use of restraint and enabling staff the opportunities to provide quality palliative care. Care staff and RNs are supported to complete the 'Fundamentals of Palliative Care Training' by the Hospice.</p> <p>A number of clinical improvement initiatives have been undertaken at Gracelands. One initiative aims to reduce the number of falls, by using sensor pads in the resident's bed that activate the call bell when the resident moves off the bed. One sensor pad has been trialled and proven to be effective in reducing the falls for that resident. However a comprehensive programme that would include a number of residents has yet to be implemented. No evidence of evaluation was available at the time of audit. To allow for a</p>

		<p>continuous improvement in this area. Plans are in place to purchase more sensor pads and implement the alterations to the call bell system that will enable it to cope with this additional requirement to continue implementing this initiative.</p> <p>The organisation has implemented an electronic resident management system for clinical notes. Training has been undertaken, on the day to day use of the system, however additional training occurred to enable staff to complete clinical logs of that care directly after the care is provided to that resident. Portals to log care are located all around the facility. This has enabled an additional 30 minutes free time for care staff at the end of a duty, when previously they would be completing progress notes. This time is now used for staff to attend to additional resident requests. There has not, however, been a review that evidences the residents feedback to indicate an improvement in care has occurred to consider a continuous improvement for this initiative.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members of residents stated they were kept well informed about any changes to their own or their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code. Evidence of this occurring was sighted in the adverse events process.</p> <p>Interpreter services can be accessed via the Hawkes Bay District Health Board (HBDHB) when required. There are several staff from differing nationalities employed at Gracelands, and staff assist with interpreter services if needed. Staff reported interpreter services were rarely required at Gracelands as residents are generally able to speak English.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Oceania Healthcare set the strategic direction of the organisation. Each year the individual facilities complete an Oceania templated operational and business brief, Graceland's 2021 document was sighted. This sets out the how the facility will meet the purpose, values, mission and direction of the organisation. The business care manager (BCM) provides daily, weekly and monthly reports to the regional manager which then goes up to senior management and the board where appropriate. The electronic reporting system allows senior management to see the ongoing facility performance in real time and to seek additional information if required. This showed adequate information to monitor performance is reported including key clinical indicators, financial performance, emerging risks and issues.</p> <p>The service is managed by a business care manager (BCM) who has held various roles in the aged care sector and undertaken relevant courses related to management and has been in the role for over seven</p>

		<p>years. Their job description and employment agreement were current and defined the responsibilities and accountabilities as well as in delegated authorities documents. The BCM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through sector associations and attending relevant external conferences and meetings within Oceania.</p> <p>The service holds contracts with the Hawkes Bay DHB and has facilities for a maximum of 88 residents, with 6 beds identified as rest home, due to their size limitations, 71 as dual service beds and 11 occupational right agreement units. On the day of the audit there was an occupancy of 85. This was made up of 47 residents requiring rest home level of care and 35 residents requiring hospital level of care, two young people with physical disabilities (YPD), and one respite. Residents who require palliative care are supported by the hospice services, no resident was identified as requiring this service during the audit. Premium rooms are available and negotiated prior to arrival and discussed with residents ongoing as described by the BCM and meeting the requirements of the DHB contract.</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 BCM is absent, the clinical manager carries out all the required duties under delegated authority and following a briefing of the clinical manager.</p> <p>During absences of key clinical staff, the clinical management is overseen by one of three senior registered nurses (RNs) who are experienced in the sector and able to take responsibility for any clinical issues that may arise. There is also managers from the other Oceania facilities in the area and regional managers to support staff when required. Staff reported the current arrangements work well.</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>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes annual audit cycle, monthly and two monthly meeting schedule, management of incidents including sentinel events and complaints, a regular patient satisfaction survey, monitoring of outcomes, clinical incidents including infections (urinary tract infections, wound infections), abuse, falls, choking, medication, food safety weight loss. Clinical indicators are used to track events and allow for benchmarking with other Oceania facilities. There are Oceania templates used and information is mostly gathered electronically which allows for internal benchmarking.</p> <p>Graceland meeting calendar identifies the regular meetings which include, quality improvement/restraint /health and safety (QRHS) being the main committee which brings together the areas of quality and risk including clinical for discussion, oversight and review. Other meetings include health and safety, infection control, RN, staff and kitchen.</p> <p>Minutes reviewed of the various meetings confirmed regular review and analysis of quality indicators and</p>

		<p>that related information is reported and discussed with relevant corrective actions being identified and implemented then signed of when completed. Staff reported their involvement in quality and risk management activities through being representatives on meetings such as health and safety and undertaking projects, example given related to individualization of the use of slings on hoists.</p> <p>Oceania Healthcare undertake an electronic resident and family satisfaction surveys, six monthly, this allows for benchmarking with other facilities by the organisation. New resident's relatives, are contacted after six weeks to seek feedback. Two examples of this showed that there was a high degree of satisfaction with the admission process and that their relatives were settling in well. The most recent resident/family member survey showed 75 surveys were sent out with 38 respondents. A high degree of strongly agree and agree were recorded for all areas. The BCM stated Gracelands results showed a consistent rating, where areas of concern were identified corrective actions were taken. The results are presented at the residents meeting and this was confirmed in the minutes.</p> <p>Gracelands use the Oceania policy documents and the BSM manager stated they had no facility specific policies. These were observed to cover all necessary aspects of the service and contractual requirements, residents needs such as YPD and including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>Oceania has an organisational risk register, which the BCM would feed into when required. They described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The organisation is familiar with the Health and Safety at Work Act (2015) and a new organisation wide health and safety manager has been appointed and is undertaking a review of the present systems. The maintenance person who chairs the health and safety committee, has undertaken appropriate training (Level 2), they described the process for identification of risks to add to the facility hazard register. This was sighted as current, reviewed and being added to as required.</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</p>	<p>FA</p>	<p>Staff document adverse and near miss events electronically as part of the electronic record management 'log an incident' system. The BCM stated they receive approximately 60 logged incidents a month. There is also a Hazard Reporting form which are used to identify and eliminate hazards. This then sends an automatic email alert to the relevant managers. This process was sighted and a sample of incidents reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. The system allows for collection of events related to a list of clinical indicators to be collated, analysed and available to manager within the organisation. Reports sighted showed the ability to benchmark with other facilities.</p> <p>The BCM is aware of the process for essential notification reporting requirements, including for pressure</p>

of choice in an open manner.		injuries. They advised there have been no notifications of significant events made to the Ministry of Health, since the previous audit.
<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>	FA	<p>Oceania Healthcare staffing policy details a process based on current good human resources management practice and relevant legislation. The recruitment process includes visa checks, referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of 14 staff records (3RNs, 1 EN, care manager, 8 care assistants and kitchen staff) reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>All health professionals (RNs, EN, podiatrists, GPs, physiotherapist, diversional therapist, dietitian, and pharmacists) had a current APC.</p> <p>Staff orientation includes all necessary components relevant to the role and contract requirements. Staff reported, being buddied and that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation.</p> <p>Continuing education is planned on an ongoing basis, with reviews and additions based on identified areas of need. Mandatory training requirements including competencies for RNs are determined and annual RN study day to cover required areas. RN training included first aid certification and medication competencies with other age specific areas covered. The BCM provided evidence of care staff completion or commenced a New Zealand Qualification Authority education. Number provided were 10 at Level four, 16 at Level three. There has been difficulty getting a local assessor and Covid-19 has impacted on training. A clinical improvement initiative project commenced last year has seen a RN trained as an assessor, with 40 percent of health care assistants commencing the training. The RN is overseeing the Oceania training (GEM program), every two months to ensure training needs are met against the DHB contract. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments.</p> <p>Staff training records reviewed confirmed completion of the required training and completion of 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 experienced service</p>	FA	<p>The Oceania Healthcare staffing policy documents the process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). Four rosters were reviewed with the clinical manager demonstrated how the facility adjusts staffing to deal with sickness and leave. The clinical lead described the process to meet the changing needs of residents. The BCM, the clinical manager or a senior RN are on call after hours. Staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work</p>

providers.		allocated to them. Residents and family interviewed supported this. All RNs and some health care assistance have a current first aid certificate and there is 24/7 RN coverage in the hospital.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident's name, date of birth and National Health Index (NHI) number are used on labels as the unique identifier on all residents' information sighted. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. Records were electronic and legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely off site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Electronic resident records are stored in a secure portal.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents are admitted to Gracelands when they have been assessed by the local Needs Assessment and Service Coordination (NASC) Service as requiring the level of care provided by Gracelands. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the business care manager (BCM) or the clinical manager (CM). They are also provided with written information about the service and the admission process.</p> <p>Residents and/or family members of residents, when interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments, and signed admission agreements in accordance with contractual requirements.</p> <p>Six weeks following admission to Gracelands a person from the organisations head office follows up with the resident or their family member, by a phone call, to ensure they are happy with the admission process and the services being provided.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or</p>	FA	<p>Exit, discharge, or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the Oceania Healthcare's electronic transfer documentation. This captures the required information to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident, and the family. At the time of transition between services, appropriate information, including medication records and the care plan is provided</p>

transfer from services.		for the ongoing management of the resident. All referrals are documented in the progress notes.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff member observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by a RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. 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 reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review is consistently recorded on the electronic medicine chart.</p> <p>There was one resident at Gracelands who self-administers an inhaler medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the RN and CM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used at Gracelands.</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</p>	FA	<p>The food service at Gracelands is provided on site by a cook. The winter menu was revised in March 2021 based on feedback from residents and regional cluster meetings, against Dieticians New Zealand food services and the results of a nutrition audit 2020. The menu complies with the MOH nutritional guidelines for older people, and the International Dysphagia Diet standardisation initiative.</p> <p>An updated food control plan is in place at Gracelands, issued by the Ministry of Primary Industries</p>

<p>component of service delivery.</p>		<p>(MPI) and has an expiry date of 28 March 2022.</p> <p>A verification audit of the food control plan took place on day two of this audit, 9 June 2021. All areas were fully attained with no areas requiring corrective action.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. Food temperatures, including for high-risk items, are monitored appropriately, and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken 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. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals is verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There are sufficient staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</p> <p>A signed MPI agreement with an external provider for food waste to be collected and used to feed pigs, is sighted.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>If a referral is received, but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the CM. There is a clause in the access agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>On the day of admission to Gracelands residents are assessed by an RN, using a range of nursing assessment tools such as pain scale, falls risk, skin integrity, nutritional screening, and depression scale to identify any deficits and to inform care planning. Within three weeks of admission residents are reassessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI assessment tool, in conjunction with additional assessment data, occurs every six months or more frequently as residents changing conditions require.</p>

		<p>In all files reviewed initial assessments are completed as per the policy and within 24 hours of admission. InterRAI assessments are completed within three weeks of admission and at least six monthly unless the resident's condition changes. Interviews, documentation, and observation verifies the RNs are familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing need levels.</p> <p>All residents have current interRAI assessments completed by twelve trained interRAI assessors (including the CM) on site. InterRAI assessments are used to inform the care plan.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed reflected the support needs of the residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular, the needs identified by the interRAI assessments are reflected in the care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professional's notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</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>Documentation, observations, and interviews verified the provision of care provided to residents of Gracelands was consistent with their needs, goals, and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs. The physiotherapist reported any request for additional equipment is responded to promptly by the BCM.</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</p>	FA	<p>The activities programme at Graceland is provided by a trained diversional therapist, an activities assistant and a physiotherapy assistant six days a week.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities, and social requirements. A lifestyle profile is created entitled 'About Me' and includes residents present needs, goals and aspirations. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal six monthly care plan review.</p>

<p>the service.</p>		<p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Examples included 'move and groove', visiting entertainers, quiz sessions, housie, men and womens group activities and daily news updates. A 'Get Active' programme is run by the physiotherapist assistant Tuesday, Friday and Saturday. The activities programme is discussed at the bi-monthly residents' meetings. The meeting is run by the diversional therapist, and the BCM attends for a short time to give feedback on any areas of concern or any updates. Minutes of the meetings indicate feedback from residents in regards to activities is sought and responded to at the meeting. Resident and family satisfaction surveys demonstrated a high degree of satisfaction with the activities provided. Residents interviewed confirmed they find the programme meets their needs.</p> <p>A range of activities is provided for residents under sixty five years. Van outings occur three times a week, and include outings to community events or to places the residents have requested to visit. A number of community groups visit Gracelands ie local high school students, the local primary school students and the local kindergarten children.</p> <p>Entertainers visit weekly, and there are frequent walks by residents to the café in the Graceland Village. Special activities for men and woman are provided to address their differing needs identified in the assessment data.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Short-term care plans are implemented for short term problems, ie infections, pain and weight loss. Progress is consistently reviewed and progress evaluated as clinically indicated. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or</p>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services is indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to older persons' mental health services. Referrals are followed up on a regular basis by the CM/RN or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and</p>

<p>disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. Infectious waste and sharps are collected by an external provider. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment, and staff were observed using this.</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>A current building warrant of fitness (expiry date 17 January 2022) was publicly displayed.</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 was current (expires November 2022) as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. The environment was hazard free and resident safety was promoted. There is a smoking shed for residents, and an allocated area for staff off site.</p> <p>External areas are safely maintained and were appropriate to the resident group and setting.</p> <p>The facility van is leased and compliance is the responsibility of the leasing company. Compliance is overseen by the BCM and the maintenance person, and checked monthly. The van has an up to date WOF and registration. The hoist in the van is serviced yearly. The village manager ensures all staff driving the van are competent to drive, are competent to use the hoist and have an up to date first aid certificate. A fire extinguisher and first aid kit is sighted in the van.</p> <p>Staff confirmed they know the processes they should follow if any repairs or maintenance are required and that requests are actioned. Residents and family members were happy with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other</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>equipment/accessories are available to promote residents' independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheelchairs and mobility scooters. Staff and residents reported the adequacy of bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. The dining and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Laundry is undertaken off site by the Oceania Healthcare's laundry based at another facility. Laundry processes are evidenced to be compliant with the NZ laundry standards. The organisations national laundry manager audits the laundering process every six months. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner. A laundry assistant onsite receives, reviews and distributes laundry. They stated there was sufficient laundry for the facility and report any issues to the BCM.</p> <p>There is a small, designated cleaning team who have received appropriate training. These staff undertake the New Zealand Qualifications Authority Certificate in Cleaning (Level 2), as confirmed in interview of cleaning staff and training records. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. Safety data sheets are available.</p> <p>Cleaning processes are monitored through the internal audit programme, by the BCM.</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>Policies and guidelines for emergency planning, preparation and response were displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency.</p> <p>The current fire evacuation plan was approved by the New Zealand Fire Service on the 21 June 2007. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being in 23 December 2020. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones, and gas BBQs were sighted and meet the National Emergency Management Agency recommendations for the region. Water storage tanks are located around the complex, and includes the village swimming pool. There is an arrangement with a local hiring company to prioritise Gracelands need if a generator is required. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. There is a monitoring system at Gracelands that records and alerts the appropriate people when bells are not answered in a timely manner. Call system audits are completed on a regular basis and residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and alarms are activated if the doors are opened without it being deactivated. Gracelands is in the process of installing security cameras to cover the main entrances of 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>	<p>FA</p>	<p>All residents' rooms and communal areas are heated and ventilated appropriately using gas central heating. In the event of disruption in gas supplies, electric oil heaters are available. Rooms have natural light and opening external windows. Most communal areas have doors that open onto outside garden or small patio areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises</p>	<p>FA</p>	<p>Gracelands provides a managed environment that minimises the risk of infection to residents, staff, and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual, developed at organisational level. The infection control programme and manual are reviewed annually.</p>

<p>the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>The RN with input from the CM is the designated infection control nurse (ICN), whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the CM, and tabled at the quality/risk, staff, infection control and RN meetings. Infection control statistics are entered into Oceania Healthcare’s electronic database and benchmarked within the organisation’s other facilities. The organisations regional manager is informed of any IPC concern.</p> <p>Signage at the main entrance to the facility requests anyone who is or has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities.</p> <p>Covid–19 preparedness and process.</p> <p>There are questionnaires at the front entrance to be filled out by all visitors, seeking information regarding any possible exposure to Covid-19. Any “yes” responses are requested not to visit. An Oceania Healthcare Covid-19 management document will guide staff in the required actions needed during a change in alert level. There is sufficient personal protective equipment (PPE) available to manage isolation. Staff Covid-19 testing register is in place, as well as vaccinations for residents and staff in line with the DHB programme. The BCM informs all staff by text message of any urgent actions required at Gracelands. During level 4, family members were kept in touch with Gracelands processes and their family members through emails and texts by an RN weekly.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The ICN has appropriate skills, knowledge, and qualifications for the role. The ICN has undertaken on-line training in infection prevention and control and attends bi-monthly study days at HBDHB as verified by interviews and in training records sighted. Well-established local networks with the infection control team at the HBDHB are available and expert advice from Oceania Healthcare’s infection control team at their support office. The ICN has access to residents’ records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The ICN and CM confirmed the availability of resources to support the programme and any outbreak of an infection, in addition to adequate supplies of personal protective equipment (PPE) gear onsite, should it be required.</p> <p>The Covid-19 immunisation programme at Gracelands has just been completed, with all consenting staff and residents now having received both vaccinations.</p>

<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The IPC policies reflect the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last year and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand washing technique, and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Priorities for staff education are outlined in the infection control programme annual plan. Interviews, observation, and documentation verified staff have received education in IPC at orientation and ongoing yearly education sessions. Education on IPC is provided by the ICN or someone qualified in IPC. Content of the training was documented and evaluated to ensure it was relevant, current, and understood. A record of attendance was maintained. When an infection outbreak or an increase in infection incidence has occurred, there is evidence that additional staff education has been provided in response. An example of this occurred when there was a recent increase in eye infections, in one area of the facility.</p> <p>Education has been provided to staff on the use of PPE gear. The HBDHB provided a video for staff to watch prior to practice sessions being held. An annual quiz on staff's knowledge of Covid-19 was undertaken in May 2021, and verifies staff are well informed.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather.</p> <p>The ICN has monthly Zoom meetings with the infection control team at support office to be kept up to date with the companies IPC.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with</p>	<p>FA</p>	<p>The surveillance of infections undertaken by Gracelands is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower</p>

<p>agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>respiratory tract and skin infections. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The ICN and CM review all reported infections. 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 quality and staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Data is benchmarked internally within the group's other aged care providers. The incidents of infections at Gracelands is noted to be low, however an increase in eye and skin infections in May 2021 is being investigated and actioned at the time of audit.</p> <p>A scabies outbreak throughout the whole facility occurred three years ago and resulted in all staff and residents being treated for scabies. Advice was sought from the HBDHB to control the outbreak.</p> <p>There have been no Norovirus outbreaks at Graceland since the last audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Oceania Healthcare 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 process is overseen by a RN as the restraint coordinator and the clinical manager and provides support and oversight for enabler and restraint management. The clinical manager was interviewed as the RN was not available and they demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>On the day of audit, one resident was restraints and three residents were using enablers, which were the least restrictive and used voluntarily at their request. 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 restraint group minutes, files reviewed, and from interviews with staff.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint</p>	<p>FA</p>	<p>There is a national restraint committee and a facility restraint group, presently made up of the RN coordinator, clinical manager, BCM, cleaner, physiotherapy assistant, maintenance person. The clinical manager spoke of trying to extend the group membership and one meeting had been attended by a number of RNs. The clinical manager stated two restraints are approved for use and three staff must approve of the restraint use before implementing. It was evident from review of restraint approval group meeting minutes, residents' files and interviews with the clinical manager that there are clear lines of</p>

<p>processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>		<p>accountability, that all restraints have been approved, and the overall use of restraints is being monitored and analysed.</p> <p>Evidence of the family member with EPOA involvement in the decision making was sighted. Consent forms for the use of a restraint or an enabler is part of the process.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	<p>FA</p>	<p>Assessments for the use of restraint was documented and included all requirements of the Standard. The clinical manager stated that three staff usually an RN, restraint coordinator, clinical manager and GP undertakes the initial assessment and approval for the use of a restraint. The family/EPOA are always involved. The clinical manager interviewed described the documented process.</p> <p>There was evidence of the family members involvement with emails included in the files. The assessment process identified the underlying cause, history of restraint use, cultural considerations, alternatives and associated risks. The desired outcome was to ensure the resident's safety and security. Completed assessments were sighted in the records of residents who were using a restraint.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>The use of restraints is actively minimised, and the clinical manager described how alternatives to restraints are discussed with staff and family members (eg, the use of sensor mats).</p> <p>When restraints are in use, frequent monitoring occurs to ensure the resident remains safe. Records of monitoring had the necessary details. Access to advocacy is provided if requested and all processes ensure dignity and privacy are respected.</p> <p>A restraint register is maintained, updated every month and reviewed at each restraint group meeting. The register was reviewed for three years and contained all residents who had used a restraint and with the clinical record provided enough information to provide an auditable record.</p> <p>Staff have received training in the organisation's policy and procedures and in related topics, such as positively supporting people with challenging behaviours. Staff spoken to understood that the use of restraint is to be minimised and how to maintain safety when in use</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>Review of the resident's, with the agreed restraint use, files showed that the individual use of restraints is reviewed and evaluated during care plan and interRAI reviews, six monthly restraint evaluations and at the restraint group meetings. There was a documented trail of the family's involvement in the evaluation process and their satisfaction with the restraint process.</p> <p>The evaluation covers all requirements of the Standard, including future options to eliminate use, the</p>

		impact and outcomes achieved, if the policy and procedure was followed and documentation completed as required.
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>The restraint group undertakes an ongoing review of all restraint use which includes all the requirements of this Standard.</p> <p>Two monthly restraint meetings with reports going to the quality, staff meetings and to the national restraint committee. Minutes of meetings reviewed confirmed the limited use of restraint use in the facility, the measures being put in place to try to reduce the restraint use and the effectiveness of the restraint in use. A six-monthly internal audit also informs these meetings.</p> <p>Any changes to policies, guidelines, education and processes are implemented if indicated.</p> <p>The BCM and clinical manager spoke of the active approach to minimising the use of restraints. This was confirmed in the data on the use of restraint which showed a continued reduction; from five in 2019, two in 2020 and one this year.</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.