

# Oceania Care Company Limited - Green Gables

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## 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:

<b>Legal entity:</b>	Oceania Care Company Limited
<b>Premises audited:</b>	Green Gables
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 15 June 2021    End date: 16 June 2021
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	12

# Executive summary of the audit

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## Introduction

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

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

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

Green Gables provides rest home and hospital level care in a two storey building of care suites for up to sixty-one residents. The service, which opened in August 2020, is operated by Oceania Healthcare Limited and is managed by a business and care manager and a clinical manager. Residents and families spoke positively about Green Gables and the care provided.

This certification 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, allied health providers and a general practitioner.

This audit has resulted in one standard requiring improvement in relation to the civil defence kit and security cameras.

## 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 Green Gables. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

Services at Green Gables are provided in a manner that respects the choices, personal privacy, independence, individual needs, and dignity of the residents. Staff were observed and reported to interact 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 and staff understood and implemented related policies. 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.

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

Information about the complaints process is provided to residents and family members on entrance to the service and at the front entrance. There is a complaint register that records a summary of concerns and complaints raised.

## 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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A strategic plan for the organisation outlines a purpose, four driver, four value outcomes and three key goals with measures. Other business and strategic documents are available and include a clinical excellence strategy. Monitoring of the services involves


liaison between the facility and regional operations and clinical managers who link back to the support office. An experienced manager, who is supported by a competent clinical manager, manages the facility.

Quality and risk are managed according to a documented quality management system. This includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved, feedback is sought from residents and there is ongoing communication with families. Incidents and accidents are documented with corrective actions implemented. Actual and potential risks, including those related to health and safety, are identified and mitigated. Policies and procedures that guide service delivery are current and reviewed regularly.

Human resource processes, including the appointment of new staff, staff orientation processes and overall management of staff are based on current good practices. A training schedule has been developed and all staff are encouraged to participate in ongoing training opportunities, which support safe service delivery. Rosters demonstrate staffing levels and skill mix meet the rising occupancy and 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 in 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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Green Gables staff work closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is efficiently managed. When a resident requests admission to Green Gables and there is a vacancy, relevant information is provided to the potential resident/family 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 and an activities co-ordinator. Residents are provided 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 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.		Some standards applicable to this service partially attained and of low risk.
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The Green Gables facility is new and has been designed specifically for the purpose. It is light, open plan, warm and clean. A Code of Compliance certificate is on public display as the provider waits for a building warrant of fitness. Electrical equipment is tested as required and hot water temperatures are monitored for safety. External areas are accessible, safe and provide privacy, shade and seating.

Waste and hazardous substances are managed according to recommended safe practices. Personal protective equipment and clothing are available for staff use. Chemicals, soiled linen and equipment are stored appropriately. Laundry is undertaken offsite and evaluated via the service provider's internal audit system.

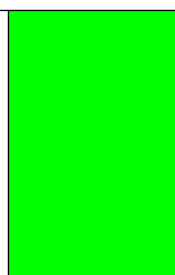
Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Suitable emergency response plans, including supplies and equipment, are in place. Call bell response times are monitored. Security is maintained.

## 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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Relevant policies and procedures support the minimisation of restraint. One person chooses to use an enabler and there is evidence of a comprehensive assessment, approval and monitoring process having occurred. Staff training on behaviour management and restraint use is provided. Those interviewed demonstrated a sound knowledge and understanding of restraint and enabler processes.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The 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 organisation's infection control expert or the infection control nurse at Nelson 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, and benchmarked. 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)
<b>Standards</b>	0	44	0	1	0	0	0
<b>Criteria</b>	0	93	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0



# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Green Gables has 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</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 the organisation'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>

give informed consent.		
Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters related to the Advocacy Service were also displayed in the facility. 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>
Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community.	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.</p>
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>A detailed complaint policy meets the requirements of Right 10 of the Code, defines the terms "concern and complaint" and notes all are taken seriously. On admission, residents and family members are informed about their right to make a complaint and how to do this. Residents and family members were aware of how to make a complaint. All complaints are recorded on an electronic recording platform. A complaint reporting severity matrix is used to assess the risk level of each complaint. Complaints are reviewed both individually and collectively with monitoring occurring through the quality and risk management system.</p> <p>Staff training on complaints is scheduled to attend at least every two years and staff interviewed were aware of what to do in the event of a person expressing dissatisfaction.</p> <p>The complaints register is currently blank with none having been received since the facility opened. One concern raised by a family member during discussion with the business and care manager several days earlier has been logged as a concern, albeit the issue has already been resolved. At present the business and care manager is responsible for complaints management and follow up.</p>
Standard 1.1.2: Consumer Rights	FA	<p>Residents and resident's family members, 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 around the facility, together with</p>

<p>During Service Delivery</p> <p>Consumers are informed of their rights.</p>		<p>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>	<p>FA</p>	<p>Residents and resident's family members confirmed that services at Green Gables are provided in a manner that has regard for resident's 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 resident's care plan included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>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>	<p>FA</p>	<p>There were no residents in Green Gables at the time of audit who identified as Māori. Interviews verify staff can support any 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. In the event additional advice is required this can be accessed from the local Māori Health organisation that represents five of the local Iwi.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture,</p>	<p>FA</p>	<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 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</p>

<p>Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>needs are met, and this supported those 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, pharmacist, physiotherapist, district nurses, wound care specialist, and mental health services for older persons, and education of staff. 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 to attend external education opportunities for example, the fundamentals of palliative care, Nelson District Health Board (NDHB) training sessions, in-service training days, access to online learning hubs to support good practice, and Oceania Healthcare's commitment to support any RN willing to study and become a nurse practitioner.</p> <p>Other examples of good practice observed during the audit included the attention to wound care management enabling residents' pressure injuries to be healed, the commitment to enabling mealtimes to be a pleasurable experience that is not disrupted by medication rounds. This includes enabling flexibility to residents around mealtimes.</p> <p>Interviews with residents, family members and several allied service providers described the care provided by Green Gables staff as "magnificent", "outstanding", and "excellent".</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents and resident's family members 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.</p> <p>Interpreter services can be accessed via NDHB. Staff will read articles to residents if the print is too small, and magnifying glasses are available to assist residents to read articles independently. The menu is written in large print, and large print books are available in the library. An interview with a resident who was hard of hearing was enabled to communicate using earphones and a microphone.</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>A recent rebranding of Oceania Healthcare has seen a new motto developed, 'Believe in Better' or 'The pursuit of better.' The overall strategic direction is described in a simplified organisational plan that covers four value outcomes, includes key strategic direction statements, a purpose, and goals and measures related to 'People, Planet and Prosperity.'</p> <p>There are close links between the management of the facility and support office with the business and care manager having a one on one meeting with the regional operations manager at least monthly to discuss the monthly report and any emergent issues and risk. Similarly, the clinical manager meets with the regional clinical manager every four to six weeks to discuss a monthly report that has a clinical focus and includes updates on the pre-determined clinical indicators and emerging clinical risks. These meetings are supplemented by regular zoom meetings and regular contact by telephone or additional visits as required. This was especially evident as Green Gables was becoming established in the latter part of 2020. Meetings minutes and reports from the clinical governance committee confirmed that ongoing monitoring of clinical indicators is occurring and relevant corrective actions and quality improvement opportunities are being identified at the organisational level and relayed to the facility. A review of clinical governance was undertaken February 2020 and a clinical excellence strategy has since been developed.</p> <p>The service is managed by a business and care manager who also operates as the village manager. This person is suitably qualified and experienced with previous experience as manager of other aged care facilities and as an operations manager for another corporate aged care organisation. Ongoing attendance at training opportunities is maintained and mentoring processes are in place. Responsibilities and accountabilities are defined in a job description and there is a signed individual employment agreement. The business and care manager demonstrated knowledge of the sector and regulatory and reporting requirements.</p> <p>Although all sixty-one units are care suites occupied under occupation right agreements, the service holds age related residential care agreement (ARRC) contracts with the local Nelson Marlborough District Health Board for</p>

		the provision of rest home and hospital services, including respite care. On the day of audit, there were four people receiving hospital level care and eight people were receiving rest home care, of which two were receiving short term respite care.
<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>Plans are in place for the clinical manager to fulfil the management role according to guidelines as described in an organisational policy document on delegated authority. The clinical manager is second in charge to the business and care manager, was chosen as Oceania's International Nurse of the Year 2021 and has personal goals toward management. When the clinical manager is absent, or is relieving for the business care manager, then another registered nurse is delegated to step in as relieving clinical manager and to take responsibility for any clinical issues that may arise.</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>An organisational quality improvement policy defines quality, quality assurance and quality improvement and is supported by a quality plan, document controlled Oceania Healthcare policies and procedures, site-specific processes and Oceania Healthcare's model of care and a quality framework. There is a strong focus on residents' needs in quality policy statements. The business and care manager, along with the clinical manager is accountable for the quality of care provided at each facility and implementation of the organisation's quality and risk system. Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and are 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>Four sets of meeting minutes were reviewed and confirmed quality improvement meetings are being held every month with representatives from each area including clinical, kitchen and housekeeping for example. Key objectives of the quality improvement system cover the management and control of accidents/incidents and of complaints, corrective and preventative actions, internal quality audits, regular resident satisfaction surveys, monitoring of clinical indicators including infections and restraints, the analysis of quality related data and education. Systems and processes being reviewed as part of the monthly registered nurse meetings and staff meetings supplement implementation of the quality improvement system. Ideas for quality improvement projects have been proposed; however, there are not currently any such projects underway.</p> <p>Staff reported their involvement in quality and risk management activities through reporting incidents, attending education, reading and following policy documents and responding to corrective actions as requested. There were</p>

		<p>numerous examples of the documentation and implementation of corrective actions in response to identified shortfalls in activities such as incident reports, internal audits and outcomes of the monitoring of key performance indicators. An Oceania resident satisfaction survey distributed in April of 2021 at Green Gables had four responses. Despite the few responses, corrective actions relating to lost laundry items and the provision of information were developed. A staff survey has not yet been distributed.</p> <p>Health and safety meetings are occurring every two months with outcomes from these presented at the following quality improvement meeting. The business and care manager informed that although familiar with the Health and Safety at Work Act (2015) and requirements have been implemented, a new representative is to share this role and their training is scheduled for the beginning of August 2021. Risks are discussed at meetings at all levels and this was evident in meeting minutes. In addition to the hazard register, risks identified in a comprehensive risk register that has a strong health and safety focus are being reviewed at relevant meetings. The regional operations manager described the risk review system at the support office level and provided related documentation.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff document adverse and near miss events into an electronic accident/incident reporting system. A sample of incidents were reviewed and records sighted showed all relevant details had been entered, incidents were all investigated, action plans developed and corrective actions followed-up in a timely manner. Adverse event data is collated, analysed and reported to the support office where further analysis occurs at regional and national levels. Examples of patterns emerging and of outcomes of investigations being used for quality improvement purposes were viewed. Subsequent follow-up was evident in both the incident register and quality meeting minutes.</p> <p>The business and care manager described essential notification reporting requirements, which includes reporting any such event to the regional clinical manager at the Oceania support office. Significant events, including for a medication error and for two pressure injuries had been reported to the Ministry of Health since the last audit, as had changes of the facility manager and the clinical manager. Related documentation and responses were viewed. An employment issue has been responded to with responses to requests for information being completed in a timely manner.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good</p>	FA	<p>Human resources management policies and processes describe accepted employment practices and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained. Formal applications were in staff files, including for staff who have transferred from other facilities. Interview records were sighted in staff files, as was evidence of referee checks, police vetting and validation of qualifications and practising certificates, where required. Copies of current practising certificates and registrations for all health practitioners who support residents in this facility are on file and were viewed.</p>

<p>employment practice and meet the requirements of legislation.</p>		<p>The organisation has reviewed its orientation processes for new staff. New employees are now required to complete a workbook, rather than a signed checklist, and to demonstrate specified competencies that are relevant to their role. Staff informed they are comfortable about the orientation process and expressed appreciation that they can have additional buddied shifts over and above the minimum two required if they need it, or if the person orientating them thinks it would be advantageous. Staff records reviewed show documentation of completed orientation for all except one staff who has just returned their workbook and is about to have their three-month interview with the clinical manager.</p> <p>Staff education records were viewed and the business and care manager and the clinical manager explained the staff training processes. Monthly special interest training topics are provided alongside the staff meetings and toolbox talks are provided at handovers when issues arise or reminders are required. Continuing education is comprised of a study day that all staff are required to attend at least once a year. This is known as the Growth, Educate and Motivate (GEM) study day and covers the philosophy of Oceania facilities and services, plus key mandatory training expectations as required by the service provider's contract with the District Health Board. An Oceania registered nurse study day is planned once a year and they are provided with access to on-line trainings through the District Health Board. Healthcare assistants are supported to undertake the Certificate in Health and Wellbeing, a New Zealand Qualification Authority education programme. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments and all registered nurses are required to have a current first aid certificate. As Oceania Green Gables is still very new, many staff members are new to their roles and have either just completed their orientation or are just completing initial training requirements. Only staff who were previously employed at other Oceania facilities have a current performance appraisal, although there were records in the training files that the clinical manager does speak to new staff after eight to twelve weeks.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Policy documentation noted that staffing levels to cover 24 hours a day; seven days a week (24/7) are variance managed according to occupancy numbers, resident dependency and resident acuity. This was confirmed during conversations with the business and care manager, the clinical manager and the regional operations manager who informed an occupancy mix matrix is used to assist with ascertaining staffing levels.</p> <p>Review of four weeks of roster evidenced at least one registered nurse had been rostered on duty at all times. The rosters showed sufficient staff have been allocated to meet the needs of the lower number of residents as if all were hospital level care, with additional staff having been rostered on duty when numbers had temporarily increased to eighteen. Registered nurses may consult with the clinical and/or business and care manager when workloads increase with the regional operations manager responsible for agreeing to the employment of additional staff. An Oceania staffing framework for the "ramp-up of staff numbers in new facilities" currently guides this process at Green Gables.</p> <p>The business and care manager is on call 24/7 to respond to business matters and the clinical manager for</p>



		<p>clinical issues. If one of these managers is unavailable, then the regional operations manager is next in-line. Another senior registered nurse is rostered on call should the clinical manager be unavailable. Healthcare assistants informed there were adequate numbers of staff available to complete the work allocated to them while resident numbers remain low. Any unplanned staff absence is managed by the person being replaced with another staff person, a casual or by staff extending shift timeframes. Residents and family interviewed were satisfied with staffing levels. With all registered nurses having a current first aid certificate, there is always at least one staff member on duty who has a current first aid certificate.</p>
<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 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 legible with the name and designation of the person making the entry identifiable.</p> <p>Hard copy staff records are held securely on site, whilst the staff member remains employed. When the staff members resign, records are archived offsite and are readily retrievable using a cataloguing system.</p> <p>No personal or private resident information was on public display during the audit.</p> <p>Electronic resident and medication 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 enter Green Gables when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the business and care manager (BCM) and the clinical manager (CM). They are also provided with written information about Green Gables and the admission process.</p> <p>Family members 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>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience</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 NDHB 'yellow envelope' system 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 for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a</p>

<p>a planned and coordinated transition, exit, discharge, or transfer from services.</p>		<p>patient recently transferred to the local acute care facility showed transfer was managed in a planned and coordinated manner. Family of the resident reported being kept well informed during the transfer of their relative.</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 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 at Green Gables are not administered in the dining room at mealtimes unless they are required to be taken with food. Medications are generally administered to residents in their rooms, prior to or following meals, prescribing times accommodate this regime.</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 who self-administers a medication 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 Green Gables.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by a qualified chef and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian in March 2021. Recommendations made at that time have been implemented.</p> <p>An up-to-date food control plan registered with the Ministry of Primary industries is in place at Green Gables. Registration of this plan is due to expire 28 March 2022. A verification audit of the food control plan was undertaken 10 November 2020. No areas requiring actions were identified at that audit. A re-audit of the plan is due 10 November 2021.</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 chef is qualified and has undertaken a safe food handling qualification, with kitchen assistants completing relevant food control plan 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>The organisation is committed to ensuring the food service at Green Gables is a pleasurable experience. Breakfasts run from 0730 to 0930 and residents can have breakfasts in bed or the dining room. A daily cooked breakfast is available and prepared by the chef as requested. A light meal in addition to a soup is served at lunchtime. The main meal plus a desert is served in the evening. If residents prefer the light meal at teatime this can be accommodated, as can a meal service if residents are out when the meal is served. Medications are not dispensed in the dining room unless there is a specific request for a medication to be given with food. Mealtimes focus on making dining a pleasurable experience for the resident where they are not disturbed by nurses dispensing medications.</p> <p>Evidence of a high degree 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>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined,</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</p>

<p>the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>		<p>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 admission residents of Green Gables are initially assessed using a range nursing assessment tools such as pain scale, falls risk, skin integrity, nutritional screening, and depression scale to identify any deficits and to inform initial care planning. Within three weeks of admission residents (other than respite residents) are assessed 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>Except for the residents receiving respite care, resident's files reviewed have current interRAI assessments completed by four trained interRAI assessors (includes 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>	<p>FA</p>	<p>Care plans reviewed reflected the support needs of 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 note, 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</p>	<p>FA</p>	<p>Documentation, observations, and interviews verified the provision of care provided to residents at Green Gables was consistent with their needs, goals, and the plan of care. The attention to meeting a diverse range of resident's individualised needs was particularly evident in all areas of service provision. A review of the management of an</p>

<p>adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>acute event verifies the event was managed appropriately in a timely manner. 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. Ceiling hoists are discreetly located in each care suite, as is any other additional equipment required by that resident.</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 and an activities co-ordinator seven days a week.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities, and social requirements. The activities care plan is created that identifies the residents' goals, desires, and ongoing needs. The activities programme that is meaningful to the resident is formulated based on the assessment findings. The resident's activity needs are evaluated regularly and as part of the formal care plan review every six months.</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 include Tai Chi, move and groove, this day in history (discussion), walking groups, crosswords, travel club, weekly van trips, visiting entertainers, quiz sessions and daily news updates. An 'I love music' initiative implemented by Oceania Healthcare operates at its Green Gables site. Residents who love music are enabled to have an MP3 player loaded with music of their choice to listen to using earphones. Community groups (church, kindergarten, and school groups) visit Green Gables on a regular basis.</p> <p>The activities programme is discussed at the monthly residents' meetings and meeting minutes indicate residents' input on activities is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with the activity programme provided. Residents and family members of residents at interview confirmed they find the activity programme is diverse and meets resident's needs.</p> <p>There is a comprehensive library resource, jigsaws, games, and a media room accessible to residents of Green Gables. Internet access is available to residents throughout the facility.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and</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 were consistently reviewed for infections, pain, weight loss and progress evaluated as clinically indicated. Wound management plans were</p>

timely manner.		evaluated each time the dressing was changed. Pain medication was monitored for effectiveness and changed when it was not achieving the desired result. Residents and families/whānau when interviewed provided examples of involvement in evaluation of progress and any resulting changes.
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 disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	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 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. Evidence is sighted that an acute event requiring referral was managed in a timely manner.
Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	A policy and procedure on the management of healthcare waste provides staff with direction for management of waste. A contractor regularly removes waste from the facility.  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.  Protective clothing and equipment, including plastic aprons, gloves, face shields and goggles were available for staff use. Staff were observed using some of these items and confirmed they had received training on its use.
Standard 1.4.2: Facility Specifications  Consumers are	FA	As all care suites at Green Gables are on the ground and first floor levels of a three level building and all are for occupation under an Occupation Right Agreement, the facility specifications are consistent with those of all aged care facilities. A Code of Compliance certificate issued by the Nelson City Council on 21 December 2020 is on

<p>provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>display as a building warrant of fitness has not yet been issued.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. Electrical equipment has been tested and tagged when installed. Bio-medical equipment, including hoists, are all new and within their first year of use. These items are scheduled for checks, including calibration in August 2021. Hot water temperatures are checked for safety and efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted.</p> <p>A system for recording repairs, installation of items such as shelves and general maintenance is in place. Residents confirmed they know the processes they should follow if any repairs or maintenance is required and records signed confirmed any requests are appropriately actioned.</p> <p>External areas are professionally landscaped, are being safely maintained and are appropriate to the resident groups and setting.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>All care suites have their own ensuite off the bedroom. Three toilets for residents use are available, one of which is upstairs and two downstairs. These have sensor activated lighting systems. All toilets and ensuites are wheelchair accessible and have appropriately secured and approved handrails. Each care suite has its own shower chair.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the</p>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within their care suite safely. The care suites provide single accommodation, although one is a purpose built double room should it be needed. Care suites are studio units with a kitchen sink and cupboards or are larger units with a small sitting area and a separate bedroom. There are twenty-six of the smaller suites, with twelve on the ground floor and fourteen on the first floor. Seventeen of thirty-five larger care suites are on the ground floor and eighteen on floor one. All rooms currently occupied are personalised with furnishings, photos and other personal items displayed. Ceiling mounted hoists are installed in all care suites.</p>

<p>consumer group and setting.</p>		<p>There are storage areas for 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 relax, watch television or engage in activities. On the ground floor there is a café, dining area, lounge with a partial divider and a television lounge. On level one there is a large lounge, a smaller one off this, a main dining room and a private dining room.</p> <p>Dining and lounge areas are spacious and enable easy access for residents and staff, especially with only twelve people in residence. Residents can access areas for privacy, or socialisation as preferred. 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 in the laundry of another nearby Oceania aged care facility. Healthcare assistants demonstrated a sound knowledge of the handling of soiled linen. Residents interviewed are overall satisfied with the return of their clothes from the laundry, although residents have raised concerns about lost items, which the business and care manager has followed up.</p> <p>There is a small, designated cleaning team who have received appropriate training. The managers informed that these staff are being encouraged to undertake the New Zealand Qualifications Authority Certificate in Cleaning (Level 2) and records sighted confirmed training such as management of chemicals has been undertaken. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. Housekeepers' trollies are lockable to assist with the safety of chemical storage.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme and the results of the latest audits were viewed. Similarly, questions on these issues sit within the residents' satisfaction survey.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely</p>	<p>PA Low</p>	<p>As noted in 1.4.2, all care suites at Green Gables are configured similarly to an aged care facility. Hence, all essential, emergency and security systems are managed according to requirements of the standard for any residential healthcare service.</p> <p>Policies and guidelines for emergency planning, preparation and response are available and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the</p>



<p>response during emergency and security situations.</p>		<p>procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on 26 August 2020. A trial evacuation has taken place within the past month and a copy of the outcome was forwarded to the Oceania support office. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies of water, including 5,000 litres in tanks, and food are available for use in the event of a civil defence emergency. A civil defence kit was viewed in a cupboard; however, the contents require review and this has been raised for corrective action. There is a gas barbecue for cooking in the event of a power failure. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance and if not answered within five minutes the call will escalate to the cell phone of the business and care manager. Checks to ensure all call bells are operational are completed monthly. The business and care manager downloads the response timeframes at least monthly or when residents or family members suggest a response timeframe was too long. If timeframes are longer than considered acceptable, or patterns of delayed responses emerge, then this is followed up by the business and care manager or the clinical manager for quality improvement purposes. There were no complaints in relation to call bell answering.</p> <p>Appropriate security arrangements are in place, including windows having restricted openings. Doors and windows are locked at predetermined times for both winter and summer. Security checks of the premises are undertaken by a security company each night. A corrective action was raised as there were no signs in situ to alert people of closed circuit cameras at nine entrance doors.</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 were warm on the two days of the audit visit. Rooms have natural light, opening external windows with security latches and most have a patio door onto an outside balcony or patio. Heat pumps are in each bedroom and communal area and can be adjusted according to personal comfort. Vents to emit heat from a main heat pump unit were in communal areas and hallways. A small gas fire is in one of the downstairs lounge areas.</p>
<p>Standard 3.1: Infection control management</p>	<p>FA</p>	<p>Green Gables 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 by Oceania</p>

<p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>Healthcare's infection control team at the organisations support office. The infection control programme and manual are reviewed annually.</p> <p>The CM at Green Gables is the designated infection control nurse (ICN), whose role and responsibilities are defined in a job description. The ICN is responsible for Infection control matters, including surveillance results. These are reported to the infection control committee meeting, where any actions required is discussed and actions implemented. Surveillance results and required actions are tabled at the monthly quality, staff, and RN meetings. Infection control statistics are entered in the organisation's electronic database and benchmarked within the organisation's other facilities. The ICN meets fortnightly onsite with the organisation's regional manager and incidents of infections are discussed. Every month the four CMs in the region meet with the regional manager and discuss any IPC concerns. The organisations infection control advisor at the organisations head office is informed of any IPC concern.</p> <p>Details on the number of infections are made known to staff through meetings and an infection control report in the staff room.</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>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, and has undertaken post graduate training in infection prevention and control and attended relevant study days, as verified in training records sighted. The ICN has undertaken the e-learning Covid tracing training on the MOH website, in early 2021. Well-established local networks are available at the NDHB. The ICN/CM attends a clinical leader meeting every two months with the NDHB. Different topics are discussed, and discussion includes infection control practices.</p> <p>The ICN has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. When an infection is diagnosed the resident is commenced on a treatment plan as advised by the residents GP. A short-term care plan is implemented that documents the management strategies to manage the infection. Details of these strategies are handed over at handover. Family members/next of kin (as identified in the residents' notes), are kept informed.</p> <p>The ICN confirmed the availability of resources to support the programme and any outbreak of an infection.</p> <p>All present residents and staff who have consented to receiving the Covid-19 and flu vaccinations have been vaccinated. New staff requiring vaccinations will attend the local vaccination centre. Vaccination rollout meetings with head office occur fortnightly, via Zoom, as does a clinical support and Covid management meeting.</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>There is a documented Covid-19 management plan in place that details everyone's responsibility during a change in alert levels.</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 education sessions. Education is provided by the ICN. Training on donning and doffing of personal protective equipment is ongoing as is Covid training and associated questionnaires to evaluate staffs ongoing knowledge. Content of training is documented and evaluated to ensure it was relevant, current, and understood. A record of attendance is maintained.</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>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods</p>	<p>FA</p>	<p>Surveillance 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 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 reviews 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</p>

<p>that have been specified in the infection control programme.</p>		<p>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. Evidence is sighted of a very low number of infections at Green Gables.</p> <p>A good supply of personal protective equipment is available. Green Gables has processes in place to manage the risks imposed by Covid-19.</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>The clinical manager described their role as restraint coordinator in minimising the use of restraints and noted the challenges in discouraging restraints such as bed rails after a person has been in the public hospital.</p> <p>According to the restraint coordinator, no restraints have been used since the facility opened in August 2020. This was confirmed in the restraint register, which is blank.</p> <p>Bedrails are used as an enabler for one resident and is clearly recorded as being used voluntarily. The resident described their use of the enabler, which supports their independence.</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 any enabler is voluntary and the use of restraint is to be minimised.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency	PA Low	<p>New staff receive information about how to respond in an emergency and all staff receive ongoing training on this topic each year. Ensuring there are adequate and appropriate emergency supplies and equipment is an aspect of emergency management that is checked via internal audit processes. Adequate blankets, water and food supplies for example are available, as is a gas barbecue. Emergency lighting is in situ and a civil defence kit is stored in a cupboard. A review of the civil defence kit showed not all required items were there. The list of contents in the Oceania policy is not consistent with the list in the cupboard where the kit is stored and there is no evidence available to demonstrate the contents had been checked against either list since the facility opened.</p> <p>A tour of the facility revealed security cameras are in situ. The business and care manager explained these are only at doorways and informed there are nine in total. There was no evidence of signage to alert people of</p>	<p>Contents of the civil defence kit are incomplete. The list of contents in the Oceania policy is not consistent with the list in the cupboard where the kit is stored and there is no evidence available to demonstrate the contents have been checked against either list since the facility opened.</p> <p>Nine closed circuit</p>	<p>Appropriate supplies and equipment are available to meet the needs of residents and staff in the event of an emergency.</p> <p>Signage</p>

procedures.		the surveillance cameras as required by the Privacy Act 1993.	security cameras have been installed at entrances around the facility. There are no signs installed to inform people of these.	alerts all people entering the building that security cameras are in situ.  90 days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.